

GP Bulletin

Date 05 October 2018 / Issue 284

About this bulletin

To minimise the number of emails sent to practices, the Local Regional Team is using this weekly bulletin as its main method of communicating with practice managers covering the 350 practices in Bristol, Somerset, North Somerset, South Gloucestershire, Devon, Cornwall and the Isles of Scilly. The bulletins contain important information for practice managers, which might include requests for information and deadlines, as well as updates on issues relating to GP contracts.

Copies of the bulletins and attachments are available on our website:

<https://www.england.nhs.uk/south/info-professional/medical/dcis/gp-bulletin/>

If you have any questions or wish to provide feedback, please contact the Primary Care Team: england.primarycaremedical@nhs.net

Contents

- Key Deadlines
- Items for all Practices
 - Flu information for Health Care Professionals
 - Monkeypox 2018 external briefing note
 - Screening and Immunisation Information for non-clinical GP Surgery staff
 - GP Career Support Pack
 - NHS England Gender Identity Services and Private On-Line Medical Services
 - Guide to Social Care Support
 - Keeping Your Head Above Water: How NHS England can support GPs
 - Service improvement & evaluation project: The development of an online patient safety questionnaire for primary care
 - Correction: FLU Campaign 2018
- Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices Only
 - Bristol, North Somerset and Gloucestershire school aged flu immunisations dates
- Items for North, East and West Devon Practices Only
 - The Minor Eye Conditions Service (MECS)
- Items for South Devon and Torbay CCG – CCG Delegation Light
 - None
- Items for Cornwall and Isles of Scilly Practices only
 - East Cornwall only please see item: The Minor Eye Conditions Service (MECS)

Key Deadlines

CQRS 2018/19 Service Offers Sign-up	ASAP	Via CQRS
CQRS declarations for payment in the same month	9 th of each month	Via CQRS
Maternity, paternity, parental or sickness absence	Last working day of each month	Via email to england.primarycaremedical@nhs.net

• Items for all Practices

Flu information for Health Care Professionals

Following a considerable number of enquiries about what to do when the 'wrong' flu vaccine has been given inadvertently and further discussion within the national team about this, Public Health England has revised the guidance on what to do when this occurs. The following advice has been republished in the [Inactivated influenza vaccine: information for healthcare practitioners](#) available on the [PHE flu immunisation webpage](#). This can be found on pages 19 and 20 of the attached document.

Individuals who have inadvertently been given a flu vaccine that is not the one recommended for their age group

If an individual has inadvertently received a flu vaccine different to the one recommended for their age group, they should be informed of the error and the potential implications of this error. Although both the QIV (Quadrivalent Influenza Vaccine) and aTIV (adjuvanted Trivalent Influenza Vaccine) should provide some protection against flu in all age groups, individuals aged 65 years and over (particularly those more than 75 years of age) may not respond as well to the QIV as they would to the aTIV, and individuals aged under 65 years will not benefit from the opportunity to make protection against an additional flu strain if they have been given aTIV.

If the individual wishes to receive the vaccine that they should have been given, this can be offered following a discussion of the benefits and risks. The clear benefit is the additional protection that may be offered by the correct vaccine but they should be alerted to the potential increased risk of a local or systemic reaction. Although there is no data available on the safety and effectiveness of administering a second flu vaccine shortly after the first in adults, this advice is based on general principles of vaccination, experience of flu revaccination following cold chain and administration incidents and information about the high dose flu vaccine used in the United States (which contains four times the amount of antigen that is in a single dose of QIV or aTIV).

If a decision is made to offer the vaccine the individual should have received, it is recommended that this is done as soon as possible after the first dose was given and ideally within a week. This will enable protection to be made as soon as possible. It can still be given if more than a week has elapsed however.

This advice also applies to those who have been given unadjuvanted TIV.

The advice about vaccination for 65+ and under 18 HCWs has also been incorporated into the updated document, along with changes to the latex section and other minor additions/clarifications in response to some of the many flu queries PHE are receiving. If you are getting queries that are not currently covered in this document that you think would be of use to others, please let us know (england.swscreeningandimms@nhs.net) and we can pass on to the PHE immunisation team. We have also attached the childhood flu programme information for healthcare professionals, for further reference.

Other Frequently asked questions

The Screening & Immunisation Team is also receiving queries around the aTIV and egg or latex allergies and so the guidance from the programme documents on GOV.uk have been highlighted below:

Latex

Fluad (aTIV) will be supplied to the UK market predominantly as a pre-filled syringe with a syringe tip cap. The manufacturer's SPC states that no natural rubber latex is detected in the syringe tip cap. The unattached needles supplied along with the pre-filled syringes do not contain latex: the needle hub and needle sheath are both polypropylene.

Egg (ovalbumin) content

There is no ovalbumin-free vaccine available for the 2018/19 flu season.

Inactivated influenza vaccines may contain traces of egg such as ovalbumin. A table stating the ovalbumin content of the flu vaccines for the 2018/19 season is available on the PHE Annual flu programme webpage.

With the exception of those individuals with a severe anaphylaxis to egg which has previously required intensive care, patients with less severe egg allergy can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms in a 0.5 ml dose).

The aTIV vaccine, Fluad, contains more than the recommended ovalbumin content for patients with egg allergy (each 0.5ml dose contains less than or equal to 0.2µg ovalbumin). Patients aged 65 years and over with an egg allergy should therefore be given a quadrivalent vaccine with an ovalbumin content less than 0.12 micrograms/ml (0.06 micrograms in a 0.5 ml dose).

Patients with a previous anaphylactic reaction to egg

Patients with severe anaphylaxis to egg who have previously required intensive care should be referred to specialists for immunisation in hospital. If there is any uncertainty about the cause of an anaphylactic reaction, the patient should be advised to consult with an immunologist.

All of these responses and other FAQs can be found here:

<https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

If you have any additional questions, please email:

england.swscreeningandimms@nhs.net

Monkeypox 2018 external briefing note

Please see the attached Monkeypox briefing

Screening and Immunisation Information for non-clinical GP Surgery staff

These three modules are designed to give an overall impression and insight into the cancer screening and immunisation programmes being offered to adults and children in the UK, they are short modules designed to support receptionists and admin colleagues in general practice. For those staff unable to attend the recent face to face training this will cover the content but also provide an opportunity to refresh the content delivered. This is also very suitable for new staff joining the receptionist and admin teams in practices.

Please use the link to access the modules on the NHSE SW site:

<https://www.england.nhs.uk/south/info-professional/public-health/training/>

GP Career Support Pack

NHS England and the GP professional bodies have developed a career support pack for GPs. This document sets out the various types of support available to general practitioners at all stages of their careers, whether in the first five years, mid-career, nearing retirement or after taking a career break.

<https://www.england.nhs.uk/publication/gp-career-support-pack/>

NHS England Gender Identity Services and Private On-Line Medical Services

Please see the following documents (attached) which provide guidance on the above

- Primary Care Responsibilities In Regard to Requests by Private On-line Medical Service Providers to Prescribe Hormone Treatments for Transgender People
- Guidance on NHS Patients Who Wish to Pay for Additional Private Care

Guide to Social Care Support

NHS Digital has published a guide for people who may need social care, their families and carers.

The guide has been written by experts and extensively tested with users, including members of the public, local authorities, care providers and the third sector. It provides clear information about social care to help people understand their options and where to go if they need help.

<https://digital.nhs.uk/news-and-events/latest-news/new-care-and-support-guide-released-on-the-nhs-website>

Keeping Your Head above Water: How NHS England can support GPs

Please see the attached flyer for an interactive study day hosted by NHS England and the South West LMCs.

Service improvement & evaluation project: The development of an online patient safety questionnaire for primary care

The South West Academic Health Science Network is supporting the Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC) project. This service

improvement and evaluation project involves the completion of an online patient safety questionnaire.

The project is being overseen by Professor Tony Avery at the University of Nottingham and has now launched in the South West in collaboration with a team led by Professor Jose Valderas at the University of Exeter Medical School.

Ethical approval has been received from the Universities of Nottingham and Exeter, and a successful pilot has been carried out in the East Midlands. Following on from this success, we would like to offer all GP practices in Devon the opportunity to participate. In return, £200 is available for participating practices.

The team from the University of Exeter Medical School or the University of Nottingham will be in contact with practices about the project.

If you would like further information, or have any questions about the project, please contact Dr Jaheeda Gangannagaripalli, Postdoctoral Research Associate, Health Services and Policy Research Group, University of Exeter Medical School

j.b.gangannagaripalli@exeter.ac.uk.

Correction: FLU Campaign 2018

Please note that the email address provided in this item of last week's bulletin was incorrect and should read england.pharmacysouthwest@nhs.net

- **Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices Only**

Bristol, North Somerset and Gloucestershire school aged flu immunisations dates

Please find attached Bristol, North Somerset and Gloucestershire school aged flu immunisations dates

- **Items for North, East and West Devon Practices Only**
The Minor Eye Conditions Service (MECS)

Please see the attached document 'Plymouth based Minor Eye Conditions Service - September 2018'

- **Items for South Devon and Torbay CCG - CCG Delegation Light**

None

- **Items for Cornwall and Isles of Scilly Practices only**

None