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

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Key Deadlines

| Annual GP Practice Electronic Declaration (E-Dec) 2018/19 | 5th December | Via the Primary Care Web Tool |
| CQRS 2018/19 Service Offers Sign-up | ASAP | Via CQRS |
| CQRS declarations for payment in the same month | 9th 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**

**NEW: PHE leaflet for over 65s flu vaccine**
Public Health England have produced a leaflet for patients aged over 65 about this year’s adjuvanted trivalent influenza vaccine (aTIV) or Fludac. The leaflet explains why the aTIV is the best flu vaccine for patients aged 65 and over and why patients may have to wait for their GP practice or pharmacy to have the scheduled stock of the vaccine. The leaflet is available for immediate download or to order in hard copy.

**Cannabis-based products for medicinal use**
Following the Government’s announcement to reschedule certain cannabis-based products for medicinal use from 1 November 2018, NHS England has provided guidance to clinicians following the re-scheduling which sets out our expectations of what this regulatory change will mean in practice for clinicians working in the NHS and in private practice in England. Read more here. Information for patients and the public explaining what the changes mean will be available on the NHS website here from 1 November 2018.

**Reminder of your responsibility to call your registered two- and three-year-olds for their flu vaccination**
Please see the attachment titled Reminder of your responsibility to call your registered two and three year olds for their flu vaccination.

**CQRS: Pneumococcal Vaccination Service 2018-2019**
Further to recent bulletin items regarding the omission of clinical codes from some of the at risk clusters for Pneumococcal and Flu services, we have been advised that it has now been identified that further clinical codes have been omitted from the following cluster in the Pneumococcal Service:

- **CRDATRISK1_COD cluster**
  81423003 Cystic fibrosis without meconium ileus
A full list of omitted codes for the Pneumococcal 2018-2019 service is attached for your information, this includes codes which we have provided advice about in previous bulletins.

If you have any patients affected by these codes, that are not being picked up through other clusters/conditions, and you have vaccinated them, please do not declare the submission on CQRS and submit a data amendment request to england.primarycaremedical@nhs.net

If you have patients affected that have not yet been vaccinated, then please use the standard code 247951000000102 – ‘Requires a pneumococcal vaccination’.

If you encounter other codes which you believe should be included in the service, then please forward these to qofrules@nhs.net. The team will look through these, clinically assure them and they will be added to the Pneumococcal 2019/20 service if appropriate, along with the aforementioned codes.

The links below provide coding look-up tables and the Technical Requirements in all three coding languages (READv2,CTV3,SNOMED).

- Read v2 to SNOMED CT Mapping Look-up
- Read CTV3 to SNOMED CT Mapping Look-up
- Technical Requirements 2018/19

If searching on Practice systems, then it is recommended to search for the term rather than the codes, the terms in SNOMED are very similar, if not in many cases identical, to those in READ.

New Plans to combat NHS Fraud
The government has announced how it will take tougher action on fraud. Measures include digitising prescription payment exemptions and a new collaboration between the NHS and a leading U fraud prevention service. More information can be found here

Quality Outcomes Framework (QOF) 2018/19 CQRS service
We have been advised by the CQRS Team of a couple of issues in relation to the QOF 2018-19 Service:

1. **For TPP practices only - TPP QOF 2018/19 October achievement extraction:**
   Ahead of the QOF collection which was extracted on 31st October 2018, TPP had not met all of the testing requirements of NHS Digital. NHS Digital will be collecting QOF October 2018 achievement data for TPP practices only as an ad-hoc collection once all testing requirements have been met. Further communications will be issued once this data is available to view in CQRS. For the other GP system supplier Practices the data will be available to view in CQRS from 4 November.

2. **QOF 2018/19 clinical coding issue:** The QOF collection currently being extracted via GPES is based on the October 2017 clinical code release and is referred to as Version 39. The clinical coding issue which has been identified is present within
QOFv39 which is collected for information only and it is not linked to any payment. QOF v39 will continue to be collected until the coding issue has been resolved. This is a priority for NHS Digital to support a smooth calculation of QOF 2018/19 for payment.

It is helpful to check the QOF data on CQRS from time to time to ensure that the figures reported on CQRS do accurately reflect the work you are doing with patients. It may be easier to resolve any differences now that try to resolve an issue closer to achievement day.

CQC outlines proposed regulatory fees for providers from next April

The Care Quality Commission (CQC) is publishing its consultation on the fees that it proposes to charge providers in 2019/20. The proposals follow the plans CQC set out to continue to meet the Treasury’s requirement to recover its ‘chargeable costs’ in full from providers. Details of the proposals and consultation can be found at the [here](#).

Physical Health in SMI Event: Thursday 8\(^{th}\) November 2018 09:30-16:30

Holiday Inn Taunton Jct 25 M5, Deane Gate Avenue, Taunton, TA1 2UA

The South West Mental Health Clinical Network would like to invite you to our Physical Health in Severe Mental Health Illness Event on Thursday 8 November 2018. We’re delighted now to confirm that our key speakers for the day will be Kate Dale and Dr Alan Cohen. Kate is the Lead for the Bradford PH in SMI Project and Alan has over 20 years’ experience as a GP and is currently the chair of the Clinical Advisory Group of the national Equally Well initiative.

People living with severe mental illness (SMI) face one of the greatest inequality gaps in England. The life expectancy for people with SMI is 15-20 years lower than the general population. This disparity in health outcomes is partly due to physical health needs being overlooked. Smoking is the largest avoidable cause of premature death with more than 40% of adults with severe mental illness smoking. Individuals with severe SMI also have double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia than the general population.

NHS England Five Year Forward View for Mental Health is committed to leading work with CCGs, Primary and Secondary Care to offer NICE recommended screening to ensure that by 2018/19, 280,000 people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence based physical care assessment and intervention. This will improve the quality of physical healthcare for people with SMI as part of a broader commitment across STPs to reduce premature mortality and address health inequalities; alongside the expectation outlined in the Improving physical healthcare to reduce premature mortality in people with SMI CQUIN 2017-2019 that 50% of all physical health assessments will be undertaken within primary care.

**Outcomes:**

- Understand the challenges and difficulties being faced in both primary care and secondary care settings
- Find out the local and national approach to physical health checks for people with severe mental health illness
- Provide an opportunity to discuss shared care protocols and to share local good practice
- To provide a platform from where needs and challenges can be discussed and how we can learn from each other
- Explore approaches for maintaining an overview of performance for physical health checks and intervention
- Discuss developing the digital requirements to meet the needs of the service
Target Audience: General Practitioners, Primary Care Health Teams and Mental Health Leads, CCG Service Managers and Mental Health GP Leads, Mental Health Service Providers and Acute Trusts, Public Health England, Health Education England, Physical Health Forums/Care Groups, NHS Digital Mental Health Leads. To book your place on this masterclass please follow the link [here](#).

Criteria changes for NHS England Clinical Pharmacist in General Practice Programme

The Clinical Pharmacists in General Practice programme aims to help ease general practice workload, and improve patient care, and enables pharmacists to take a greater clinical role within an integrated multidisciplinary team.

The eligibility criteria for the Clinical Pharmacists in General Practice programme has recently been amended to make it easier for sites to apply for co-funding for a clinical pharmacist. The changes will offer more flexibility by enabling sites to operate across a smaller population size than before, and allowing clinical pharmacists to work part-time.

What are the criteria changes?

* Reduction of the current population from 1 WTE clinical pharmacist per 30,000 population, to 1 WTE per 15,000 population;
* Permitting part-time clinical pharmacists of a minimum of 0.5 WTE.

Please see the attached letter, titled Letter to GP Practices, for more details about the revised scheme, and how you can apply.

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

BNSSG CCG delegation of primary medical services

BNSSG CCG have taken on delegation of primary medical services, we have been working closely together to transition a range of contractual elements across to them. The CCG will be issuing a bulletin to practices regarding relevant contact points moving forward. NHS England can still be contacted through our usual routes for functions that have not passed to the CCG under delegation. If in doubt our main email contact is england.primarycaremedical@nhs.net

Somerset GP practices only – Capita Translation Service – LiveLINK

Language Code List

Please see the attached which provides the latest list of language codes for remote interpreting, with added languages, and amends to rare languages that require pre-booking. Capita have asked for this to be shared with service users.

- Items for North, East and West Devon Practices Only

Plymouth practices only - Please see item under Cornwall and Isles of Scilly Practices: Transfer of RCHT Cervical Screening Service Update

Please see item under Cornwall and Isles of Scilly Practices: Newly Approved Cervical Cytology Training Provider for Devon and Cornwall

Coil Fitters Forum

Please see poster attached titled Fitters Forum Flier
• Items for South Devon and Torbay CCG - CCG Delegation Light

Please see item under Cornwall and Isles of Scilly Practices: Newly Approved Cervical Cytology Training Provider for Devon and Cornwall

• Items for Cornwall and Isles of Scilly Practices only

Transfer of RCHT Cervical Screening Service Update
As you will be aware we are currently in the process of decommissioning the RCHT Cervical Screening Service with samples in future being sent to either the Exeter or Bristol Labs based on GP Practice location. We can now confirm the changes are due to go live on 20\textsuperscript{th} November 2018 – further communications and new sample bags will follow direct to your Practice.

Newly Approved Cervical Cytology Training Provider for Devon and Cornwall
We are very pleased to be able to introduce a newly approved local provider of foundation cervical sample taker training in the South West.

The Devon CEPN (Devon Community Education Provider Network) is commissioned by Health Education England to provide quality health education to Devon and the surrounding areas. The 2 Day initial sample taker training course in Cervical Cytology with follow up support, initial and final practical assessment costs £400 per candidate for none CEPN members and £350 per candidate for members.

More information about course dates and membership applications are available via the Devon CEPN website

Lead Tutor: RN Lucy Wood (Education Facilitator Devon CEPN and Practice Nurse at St Levan Rd Surgery). The course has been approved by Public Health England South West Screening & Immunisation Team, is fully accredited by the Royal College of Nursing and complies with the requirements of Public Health England – Guidance for the training of cervical sample takers. Further information on course dates and requirements are available from: devon.cepn@nhs.net or call 01752 435293