

GP Bulletin

Date 18 January 2019 / Issue 299

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

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
Devon Cornwall & Somerset: Updates to GP vacancy information on website	20 th each month	Please e mail updates to: england.swpcruitment@nhs.net
Maternity, paternity, parental or sickness absence	Last working day of each month	Via email to england.primarycaremedical@nhs.net For BNSSG practices, via email to bnssg.pc.contracts@nhs.net

• Items for all Practices

EU Exit Operational Guidance

The Department of Health and Social Care has published operational readiness guidance for commissioners and providers of health and social care in the event of a no deal Brexit. The guidance and letter can be found [here](#)

Patient Registration

Following some enquires regarding what practices may request from patients as part of the registration process please find attached a further copy of the Standard Operating Principles originally published in November 2015 for practices to review against their registration procedures

Two cases of XDR gonorrhoea have been identified in UK residents

Patients often present to their GP with signs and symptoms and it is important to ensure that timely referrals are made to a sexual health clinic. This email contains information about the cases and measures that are being taken to prevent onward transmission. In the last three months, two cases of infection with extensively-drug-resistant (XDR) *Neisseria gonorrhoeae* (Ng) in heterosexual females have been confirmed by the PHE Reference Laboratory. These cases are from different locations in England and may have links to a party destination in Europe.

The first case presented to a sexual health clinic in October 2018 with genital symptoms and cleared the infection following treatment with ceftriaxone 500mg and azithromycin 1g. The second case presented to a sexual health clinic in November 2018 with anal and genital symptoms. They failed initial treatment with ceftriaxone 1g, and subsequent treatment with gentamicin 240mg and azithromycin 2g. Three days of IV ertapenem cleared the infection.

Microbiology: The two isolates are resistant to ceftriaxone (MIC 1.0mg/L) and have intermediate susceptibility to azithromycin (MIC 0.5mg/L). The isolates are resistant to cefixime, penicillin, ciprofloxacin and tetracycline, but are susceptible to spectinomycin. The isolates are classed as extensively drug resistant but are different to the case in 2018 connected to Thailand, which had high-level azithromycin resistance. The MICs to gentamicin and ertapenem are low, suggesting susceptibility, but the MICs at which resistance occurs is not currently defined. Whole genome sequencing is underway.

Incident management: Identifying the origins of these isolates and the potential for further transmission is a priority. Multidisciplinary teams have been convened to progress the

investigations, ensure contacts are traced, and contain spread.

For your information, sexual health clinics and Laboratories are being advised to do the following:

1. Clinics should ensure that before treatment is given, a specimen is taken for culture from all patients with suspected gonorrhoea. It is essential that all cases have a test of cure.
2. Anyone with genital gonorrhoea (regardless of gender or reported sexual behaviour) should have pharyngeal sampling if either of the following apply:
 - Susceptibility results are not available and the infection may have been acquired in the Asia-Pacific region where there are high levels of antimicrobial resistance that may lead to treatment failure
 - Genital infection with a confirmed ceftriaxone resistant strain
3. Clinics are requested to ensure that their local microbiology laboratory refers any isolate reported as ceftriaxone resistant to the Reference laboratory at PHE Colindale.

Link to relevant guidance:

- Public Health England. Guidance for the detection of gonorrhoea in England. Public Health England. London. 2014. Available [here](#)
- BASHH guideline for the management of gonorrhoea (2011). Available [here](#)

Useful reading:

Clifton S, Bolt H, Mohammed H, Town K, Furegato M, Cole M, et al (2018). Prevalence of and factors associated with MDR Neisseria gonorrhoeae in England and Wales between 2004 and 2015: analysis of annual cross-sectional surveillance surveys. J Antimicrob Chemother (30 Jan).

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

None

- **Items for North, East and West Devon Practices Only
Delegated Commissioning Update for NEW Devon Clinical Commissioning Group (CCG)**

As part of moving towards fully delegated commissioning, NEW Devon CCG have extended their role as commissioners from 1st January 2019 to one of “delegated light”. From January, the CCG will be the principle lead for contract variations such as partnership changes, mergers and temporary practice closures. A full list of the change in responsibilities will be shared with Practice Managers.

Formal liability for primary care contracts, for legal reasons, will remain with NHS England.

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

None

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

None