

GP Bulletin

Date 12th April 2019 / Issue 311

About this bulletin

To minimise the number of emails sent to practices, NHS England and NHS Improvement – South West 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 affecting payments, as well as updates on issues relating to GP contracts. We recognise that CCGs with delegated authority may also issue information to practices regarding their areas of specific responsibility, however, the bulletin remains relevant to the practices in those areas in terms of the public health areas for which NHS England and Improvement remain responsible.

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

2019-20 Enhanced Services Sign-up	By Friday 3rd May 2019	Via form to england.primarycaremedical@nhs.net
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

URGENT - Supply issues with Labetalol tablets – all strengths

DHSC has been made aware of a supply issue with the following products and as a result, supplies will be very limited from April until early-mid May.

- Labetalol 50mg tablets;
- Labetalol 100mg tablets;
- Labetalol 200mg tablets;
- Labetalol 400mg tablets.
- There are two suppliers of labetalol tablets in the UK, Mylan and Recipharm:
 - Mylan have had a delay in resupply due to an internal delay in serialisation of FMD packs, further stock is expected in early-mid May.
 - Recipharm have experienced an issue with the active pharmaceutical ingredient and currently unable to provide a resupply date.
- Prescribers should be aware that no new patients should be commenced on labetalol during this time as there are currently very limited stocks available.
- Labetalol is indicated for the management of hypertension, particularly in pregnancy. Patients who do not have sufficient supplies to last until early May and who are unable to obtain supplies of labetalol will need to be switched to an appropriate alternative treatment during this time.
- The clinical management plan for pregnant patients will be different to patients who are not pregnant.
- Please see a memo developed by UK Medicines Information with input from national experts at NHSE and NHSI, which advises on management options for patients affected by this supply issue, including the use of alternative anti-hypertensives during pregnancy. This is available on the SPS website at the following link: <https://www.sps.nhs.uk/articles/shortage-of-labetalol-tablets/>

- Suppliers of the clinical alternatives are aware of the issue. Manufacturers of both nifedipine modified release and methyl dopa are confident they are able to support any additional demand on their products during this time.
- Different versions of modified-release preparations may not have the same clinical effect. Prescribers should liaise with their community pharmacy to determine which brands of nifedipine modified release tablets are currently available in your area.
- Suppliers of alternative beta blockers have been contacted to determine if they can meet any additional demand and currently, the manufacturers of carvedilol and metoprolol have indicated they would be unable to meet demand if patients were switched to this product. Manufacturers of bisoprolol, atenolol and propranolol have indicated they have capacity to support any additional demand on their products.
- Some specialist importers have identified unlicensed stock they can bring into the UK from abroad. Lead times for these products vary between 7 and 21 days. Under the medicines legislation, doctors can prescribe unlicensed products for their patients if they think it appropriate, but do so entirely on their own responsibility.

URGENT Levomepromazine 25mg/ml injection supply issue – information for Primary Care

Overview of Supply

- Sanofi informed NHS England and DHSC on 5th April 2019 that they are going out of stock this week of levomepromazine 25mg/ml injection and new stock is expected to be available from the end of April.
- The supply issue is due to a quality deviation experienced at their Italian factory and is not linked to EU exit.
- The only other UK supplier, Wockhardt, have informed us that due to the unexpected increase in demand, they will also go out of stock of levomepromazine injection and their next delivery has been delayed with further stock expected at the end of April.
- Wockhardt have confirmed the remaining levomepromazine 25mg/mL injection stock which is held at Alliance will be ring-fenced for primary care use only. Stock at Alliance is limited and will not last until the end of April.
- Existing stocks are likely to be exhausted by end of this week and no new supplies are expected until end of April.
- GPs, palliative care networks and community pharmacies should consider the following advice and work together during this period to ensure patients can be managed appropriately.

Alternative agents

- UK Medicines Information with support of national clinical specialists have developed the following clinical information to help support the management of patients who may be affected by this issue.
- Please follow the link to view this guidance:
<https://www.sps.nhs.uk/articles/shortage-of-levomepromazine-hydrochloride-25mg-ml-solution-for-injection/>
- All the suppliers of the following medicines have been made aware of this supply issue and have confirmed they can support an increase in demand should this be required.
 - Haloperidol 5mg/1ml solution for injection ampoules (DrugsRUs)
 - Midazolam 10mg/2ml solution for injection ampoules (Hameln, Accord, Roche)
 - Cyclizine 50mg/ml solution for injection ampoules (Advanz)
 - Metoclopramide 10mg/2ml solution for injection ampoules (Hameln, Ennogen)

Management Plan – GPs, Palliative Care Networks and Community Pharmacies to review and action immediately

1. During the period of shortage, new patients should only be started on levomepromazine if other treatment options have been exhausted. This is to try to avoid disrupting existing treatment regimens where possible whilst acknowledging that for some new patients levomepromazine may be the only option available.
2. Community pharmacies who require stock for existing patients should order Wockhardt stock from Alliance.
3. Community pharmacies having difficulty obtaining stock should contact their local secondary care trusts as they have been asked to support primary care and hospices where possible, to understand if they have stock that can be made available to allow the continuation of treatment in existing patients.
4. Some specialist importers have identified stock they can bring into the UK. Lead times vary between 7-21 days. If community pharmacies are considering ordering unlicensed imports, the community pharmacist will need to inform the prescribing doctor the product being supplied to the patients is an unlicensed product. Please consider placing orders now for 1-2 weeks of stock based on forecasted demand. We are currently aware that Clinigen, Waymade, Alium and Mawdsleys have sourced unlicensed supplies from abroad.
5. Community pharmacies unable to obtain levomepromazine injection should liaise with the prescriber to discuss using an alternative product as outlined in the memo above.

Quit Smoking advice for Pregnant Women in NHS Drive to Prevent Stillbirths

Pregnant women are to be offered specialist stop smoking referrals as part of NHS action to reduce stillbirths. Following the success of a programme introduced in 2015 which saw 20% fewer babies dying at birth, NHS England has today confirmed that the scheme will be rolled out across the county as part of its Long Term Plan for the health service.

<https://www.england.nhs.uk/2019/04/quit-smoking-advice-for-pregnant-women-in-nhs-drive-to-prevent-stillbirths/>

Primary Care Networks Podcasts

NHS England has launched a new monthly podcast on primary care networks.

<https://www.england.nhs.uk/publication/primary-care-network-podcasts/>

New Submission Format for GP SOLO Process

Primary Care Support England (PCSE) has changed the format of the spreadsheet used to collect monthly SOLO contribution payments from out-of-hours GP providers. PCSE says the new format should improve efficiency of the process and result in fewer returned payments. There is still a legal requirement to submit annual GP SOLO forms.

<https://pcse.england.nhs.uk/help/gp-pensions/gp-solo/>

All GP Practices to be on NHS App by 1 July 2019

The NHS App is now available to the public on [Google Play](#) and [Apple app](#) stores. GP practices are being connected to the app gradually and will all be connected by 1 July 2019. People will only be able to use all features when their GP practice is connected to the app. Patients can check if their GP practice is connected when they open the app for

the first time. If the practice is not connected, patients can leave an email address and will be notified when it is.

NHS England and NHS Digital are working closely with CCGs to schedule in connection dates for GP practices.

To help ensure that patients have a positive experience of the NHS App we are also asking practices to prepare before they promote the app to patients. This means briefing staff so they are able to support patients and preparing systems so that appointments are available to book and are named so patients understand what they are. Further information is available in our [guidance for GP practices](#) and [guidance for CCGs](#). Further details are also available from the NHS Digital website: <https://digital.nhs.uk/services/nhs-app>

South West Perinatal and Infant Mental Health Clinical Network – Improving Quality and Consistency for Perinatal and Infant Mental Health in Primary Care

The RCGP GP Spotlight Project has launched in the South West and is now available to better support GPs, their practice staff as well as Health Visitors and Midwives to be competent and confident in recognition, treatment and support for women with perinatal mental health problems. This networking and training event is being made available to support the spread of understanding and identification of Perinatal Mental Health conditions. Please see the attached flyer for further information.

The National Infected Blood Inquiry – Letter to GP Practices

Please see the attached letter from Dr David Geddes.

Changes to Vaccinations and Immunisations for 2019/20

Please read this as supplementary information to your Enhanced Services Sign-up Sheet, see your appropriate CCG specific section for further details.

As noted in [“A five-year framework for GP contract reform to implement The NHS Long Term Plan” \(BMA, NHS England, 31 January 2019\)](#) and in the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019 <https://www.gov.uk/government/publications/gp-contract-directions-2019-to-2020>, there is a new service for practices to implement from 1 April, in the form of a catch up programme for MMR vaccination for 10 and 11 year olds. Pending publication of the Guidance and Audit Requirements, the information in these two documents above includes all the information we currently hold regarding the MMR catch up for 10 and 11 year olds. As soon as the guidance is published in will be circulated in the GP bulletin.

Please note the inclusion of **care home and social care staff** in the main seasonal influenza enhanced service, there will not be a separate sign up process to participate in this service. However, we understand this may continue to be a separate service on CQRS. Further information about the offer of services on CQRS will be sent out in due course, as usual.

Please note the extension of the **HPV completing dose programme to girls up to the age of 25**. Please also note that the boys programme starts in school this year but there is **no completing dose programme for boys to be offered in practices at this point**. (School immunisation pathways will be circulated early in the school year, including contact details for providers that you can pass on to families if needed).

Target payments in respect of childhood immunisations – one-off opportunity to submit claims for quarters missed.

The General Medical Services Statement of Financial Entitlements includes provision for practices to claim target payments related to uptake of certain immunisations at aged two and aged five (Section 11, Additional Services. Further details and annual updates here: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>).

To claim these payments, practices must submit details of all vaccinations via Exeter (NHAIS) on a quarterly basis.

Childhood vaccinations are paid six months in arrears. PCS England (PCSE) uses NHAIS/Exeter to calculate the payment. For further information and details on how to submit vaccination lists via Exeter, please see the [childhood immunisations guide](#).

It is important that vaccination lists are submitted before the cut-off date or PCSE will be unable to calculate the payment. When this happens, PCSE advises any practice who misses the submission date to contact their NHS regional/local team. Payment would then be made at the local team's discretion.

It has been local policy to work to the understanding that the PCSE process meets the provisions in the Statement of Financial Entitlement (SFE) and not to approve any backdated payment for these claims except in truly exceptional circumstances. Staff changes, sickness absence, holiday are not considered exceptional circumstances.

At the same time as this local policy was implemented in July 2017, after a period of some disruption due to the transfer of this service to PCS England coinciding with the removal of this funding from the PMS baseline, an 'amnesty' was operated – a short-term window of opportunity for practices to submit claims for quarters missed between April 2016 and July 2017.

It has recently been agreed to review the local policy and pending that review, to implement a second 'amnesty' or short term opportunity for practices that have missed quarters to submit a late payment claim. Balancing the fact that the funding for claims is only still available to NHS England within the current financial year, with some known issues, we have agreed this will go back no further than the quarter starting 1 October 2017.

Backdated claims for the 5 quarters from 1 October 2017 to 1 October 2018 are invited as follows:

Practices who believe they have missed a quarter payment for any of the relevant quarters should email phcontractssouthwest@nhs.net for a claim form. We will verify whether you have indeed missed a quarter, and if so, we will send you a claim form to complete and details of evidence that we require you to send us.

If practices have previously contacted us and not had a response, or had a negative response, for any quarter in the claim period, they will need to resubmit their request as we will not be seeking these practices out.

Your initial enquiry must have been received by Friday 10 May and forms should be submitted within 6 weeks of the date they are sent to you.

It is not possible for us to 'reopen' the quarter(s) on Open Exeter and therefore any children not updated on OpenExeter in a quarter, who appear in the next quarter, will still need updating.

The window is open until 1 May to submit claims for the quarter starting 1 January 2019 via OpenExeter, please make sure you are on track to complete these before 1 May as these will not be included in the current 'amnesty'.

Please note there is no guarantee the review of local policy will result in any changes so in future we may still not process backdated claims except in truly exceptional circumstances. Staff changes, sickness absence, inclement weather, and holiday are not considered exceptional circumstances. This is on the basis the submission window is open for a full month after the last date immunisations can be included.

Below please find details of target, claim and payment deadlines.

Target	Submit Claims (from)	Cut-off date for Submission by practices	Payment Date
1 st January	31 st March	1 st May	30 th June
1 st April	30 th June	1 st August	30 th September
1 st July	30 th September	1 st November	31 st December
1 st October	31 st December	1 st February	31 st March

Practices can log in any day from the start of the quarter until the 'Cut-off date' i.e. within 4 months, to update and save the list. If complete you can submit the claim without waiting for the Cut-off date.

We recommend that practices

- do not wait until the last day before the cut-off date to make the submission. There is a month after the last day that immunisations can be counted, to complete the submission.

- do not rely on a single member of staff to make the submission, with no arrangements for sickness, holiday or staff changes
- consider training and access to the system for new and additional members of staff before existing staff responsible for this leave the practice
- contact PCS England before the cut-off if you are having any problems submitting, or if you notice an error after submitting, but before the cut-off.
- ensure you are signed up to receive reminder emails from PCS England, via a generic email address that is checked routinely and accessible to more than one member of staff
- ensure staff are following all the steps in the PCSE guide '[Practice Guide – Childhood Immunisations](#)'
- ensure that, as far as possible, patients who are no longer attending the practice have been removed or 'de-registered' in a timely fashion so the denominator is not including children that you have no opportunity to vaccinate.

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

ACTION REQUIRED: 2019-20 Public Health Enhanced Services Sign-up

As you will be aware, your CCG now has delegated commissioning responsibility and they will be therefore be commissioning the Directed Enhanced Services in 2019-20. However, NHE England retains the commissioning of the Public Health immunisation and vaccination services.

Please find attached the Enhanced Services sign up form for 2019/20, to sign-up to provide Public Health Directed Enhanced Services commissioned by NHS England for the 2019/20 contract year. Please follow the directions and complete the '2019-20 Enhanced Services Sign-Up Form (Public Health Services)' form attached, which has been designed to be filled in and returned via email electronically and in excel format:

- Select your practice code from the drop down list this will populate the other boxes
- Select your choice from the drop down lists in the offered boxes
- Annotate your name at the bottom of the form
- Click on our email address link, this will launch an email with your Practice code automatically in the subject, you can then attach your completed form

Please return your completed form to us no later than **Friday 3 May 2019**.

Information about changes to vaccinations and immunisations for 2019/20 is included in the section for all Practices of this bulletin.

- **Items for Somerset Practices only**

Please see item 'ACTION REQUIRED: 2019-20 Public Health Enhanced Services Sign-up' under Items for BNSSG Practices (above)

• **Items for Devon Practices only**

Please see item 'ACTION REQUIRED: 2019-20 Public Health Enhanced Services Sign-up' under Items for BNSSG Practices (above)

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

ACTION REQUIRED: 2019-20 Enhanced Services Sign-up

Please find attached the Enhanced Services sign up form for 2019/20, to sign-up to provide both Primary Medical Care and Public Health Directed Enhanced Services commissioned by NHS England for the 2019/20 contract year. Please follow the directions and complete the '2019-20 Enhanced Services Sign-Up Form (Kernow)' form attached, which has been designed to be filled in and returned via email electronically and in excel format:

- Select your practice code from the drop down list this will populate the other boxes
- Select your choice from the drop down lists in the offered boxes
- Annotate your name at the bottom of the form
- Click on our email address link, this will launch an email with your Practice code automatically in the subject, you can then attach your completed form

Please return your completed form to us no later than **Friday 3 May 2019**.

As the Extended Hours DES is only until 30 June 2019, after which it becomes part of the Network Contract DES, we will not be asking Practices to confirm their provision arrangements. However, Practices should ensure that they are providing the minimum of 30 minutes per 1,000 patients per week.

Good Friday, Easter Monday and May Bank Holidays

Friday 19 April, Monday 22 April, Monday 6 May and Monday 27 May 2019 are bank holidays and normal bank holiday arrangements should be in place to ensure that patients can access primary medical care during this period. Where Practices would usually provide Extended Hours under the Directed Enhanced Service (DES) on any of these days, it is our expectation that the Practice will notify NHS England as soon as possible, via england.primarycaremedical@nhs.net, to inform of the planned re-provision of hours to another day within the two week period around the bank holidays to help meet demands. Please also consider how to ensure your patients are informed in advance, by utilising patient communications and the practice website.

Information about changes to vaccinations and immunisations for 2019/20 is included in the section for all Practices of this bulletin.

Please note, for the Network Contract DES there is also a registration form to complete, which will be sent to you by the CCG, for completion by 15 May 2019.

If you have any queries please email england.primarycaremedical@nhs.net

EU Exit

Established processes and systems already exist for responding to serious supply disruption events for medical products and you should continue to use these channels. However, to enhance this capability at a national level, these processes will be coordinated through National Supply Disruption Response (NSDR) systems set up by the Department of Health and Social Care as part of its Operational Response Centre. The NSDR systems and operations will monitor the supply situation and co-ordinate actions to address supply disruption incidents. Details on how to escalate shortages to the NSDR are available below.

In addition to this, guidance has now been issued to primary care organisations. A copy of this guidance has been attached.

This guidance is a companion to the Operational Guidance, published by the Department of Health and Social Care on 21 December 2018, and outlines what has been done nationally to assess the risk to primary care organisations, and give clear direction on the actions that organisations delivering primary care still need to take locally.

The guidance also asks primary care organisations to seek to resolve medicines supply disruption issues through your normal supply arrangements. In cases where there are other issues which may affect service delivery, including supply disruption, primary care organisations have been asked to report concerns to their commissioner. For Kernow practices, please let us know via england.primarycaremedical@nhs.net.