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/dc1s/gp-bulletin/](https://www.england.nhs.uk/south/info-professional/medical/dc1s/gp-bulletin/)

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

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### Key Deadlines

<table>
<thead>
<tr>
<th>CQRS declarations for payment in the same month</th>
<th>9th of each month</th>
<th>Via CQRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity, paternity, parental or sickness absence</td>
<td>Last working day of each month</td>
<td>Via email to <a href="mailto:england.primarycaremedical@nhs.net">england.primarycaremedical@nhs.net</a></td>
</tr>
</tbody>
</table>

### Items for all Practices

### PHE Briefing note 2019/54: Briefing on Polio – Update 3 on Declaration of Public Health Event of International Concern by World Health Organisation

Please see the attached briefing note on Polio (24-October-2019).

PHE Centres may be asked for advice about travel to affected countries. As per normal arrangements, travel advice for professionals and the public should be obtained from the National Travel Health Network and Centre (NaTHNaC). NaTHNaC continues to update its travel advice and country information pages in line with current recommendations [2].

Please note that the link is given in the reference section at the end of the BN https://nathnac.net/

Please note that the NaTHNaC website provides up to date information and in addition, the following page from NaTHNaC is also very useful https://travelhealthpro.org.uk/countries

### Supply issue with seroxat (paroxetine) and withdrawal of SSP on fluoxetine 10mg capsule

On behalf of DHSC, please see the attached information regarding the following important drug supply issue notifications on:

• **Seroxat (paroxetine) 20mg/10ml oral solution**

And information on the withdrawal of Serious Shortage Protocol for fluoxetine 10mg capsule from 23.55 on Friday 25 October 2019.
These supply issues have been categorised as tier 1 or 2 and therefore in this instance DHSC and the MSRG have requested that we use our commissioning routes to reach community pharmacy and GP practices. More serious supply issues requiring urgent action will be communicated via the Central Alerting System.

We hope this information is helpful and thank you for your assistance with this issue.

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk

SSPs on fluoxetine 30mg and 40mg extended
On behalf of DHSC please see below regarding the extension of the SSPs on fluoxetine.

Please be aware that the Serious Shortage Protocols for fluoxetine 30mg capsules and fluoxetine 40mg capsules are being varied to extend the end date, which was previously 31 October 2019.

The revised end dates for these SSPs are now:

**Fluoxetine 30mg capsules** – 20 November 2019
**Fluoxetine 40mg capsules** – 11 November 2019

If you have any questions regarding the SSPs please contact the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk
Telephone: 0300 330 1349
Textphone: 18001 0300 330 1349

To access the latest information about SSPs (including supporting guidance), please visit the following link – [https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps).

Please be aware this communication is also being circulated separately onto all community pharmacies in England.

**Supply issue with Jext 300mg, Delmosart 18mg & Salofalk 500mg & 1g**

On behalf of DHSC please see below and attached information regarding three medicine supply notifications (the information below is also contained on the attached documents).

- Supply of unlicensed Jext<sup>®</sup> 300 microgram adrenaline auto-injectors in Austrian packaging
- Delmosart<sup>®</sup> (methylphenidate) 18mg prolonged-release tablets
- Salofalk<sup>®</sup> (mesalazine) 500mg and 1g suppositories

Please be aware this communication is also being circulated separately onto all community pharmacies in England.
Supply of unlicensed Jext® 300 microgram adrenaline auto-injectors in Austrian packaging
Tier 2 – medium impact
Date of issue: 1 November 2019

Summary
- UK licensed Jext® 300 microgram devices are currently unavailable.
- ALK-Abello Ltd (manufacturers of Jext®) has obtained acceptance from the Medicines and Healthcare Products Regulatory Agency (MHRA) to import a quantity of Jext® 300 microgram from Austria.
- This stock has an Austrian German language pack, label and patient information leaflet. Although not licensed in the UK, it is equivalent to the UK licensed product.
- Each device will be supplied in a clear envelope which will also contain a UK Patient Information Leaflet.
- UK licensed supplies of EpiPen® 300 microgram and Emerade® 300 microgram remain available.

Actions Required
- For patients who require Jext® 300 microgram, prescribers may consider prescribing an unlicensed device.
- When prescribing a product that is not licensed in the UK prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done by annotating the prescription with the following wording: “special order”.

Pharmacies can place orders for unlicensed Jext® 300 microgram via Alliance Healthcare using the PIP code: 801-6941

Supporting Information
- Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:
  - Prescribing unlicensed medicines, General Medical Council (GMC)
  - The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA)
  - Professional guidance for the procurement and supply of specials, Royal Pharmaceutical Society (RPS)
- Specific training and advice are required for each brand of adrenaline auto-injector, however, there is no difference in administration between the UK and Austrian Jext® 300 microgram devices. Links to the training videos can be found at the following link: https://hcp.jext.co.uk/
- See the attached Dear Healthcare Professional letter from ALK-Abello Ltd for further information.
Summary
- Delmosart® 18mg prolonged-release tablets are out of stock until mid-November 2019.
- All other strengths of Delmosart® tablets remain available.
- All other brands of methylphenidate XL 18mg tablets remain available during this period.
- Anticipated resolution date: 15/11/2019

Actions Required
- For patients without sufficient supplies of Delmosart® 18mg tablets to last until the resolution date, prescribers may consider switching to an alternative brand of methylphenidate 18mg prolonged-release tablets (listed below):
  - Concerta XL® 18mg prolonged-release tablets
  - Matoride XL® 18mg prolonged-release tablets
  - Xaggitin XL® 18mg prolonged-release tablets
  - Xenidate XL® 18mg prolonged-release tablets

Supporting Information
- UK Medicines Information has confirmed a switch to one of the above brands is bioequivalent and clinically appropriate, there are no licensed indication differences and no dosing adjustments are required.

Medicine Supply Notification Reference: MSN/2019/003

Salofalk® (mesalazine) 500mg and 1g suppositories
Tier 2 – medium impact
Date of issue: 1 November 2019

Summary
- Salofalk® 500mg suppositories are out of stock until w/c 16th December 2019.
- Salofalk® 1g suppositories will be out of stock from late November until w/c 16th December 2019.
- Pentasa® (mesalazine) 1g suppositories remain available during this period.

Actions Required
- For patients without sufficient supplies of Salofalk® suppositories to last until the resolution date, prescribers may consider switching to Pentasa® suppositories.
- The below table can be used to support dose conversion between brands:

<table>
<thead>
<tr>
<th>Salofalk®: Existing regimen</th>
<th>Pentasa®: Proposed regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1g daily</td>
<td>1g daily</td>
</tr>
<tr>
<td>500mg twice daily</td>
<td>1g daily</td>
</tr>
<tr>
<td>500mg three times daily</td>
<td>Either 1g daily (within licence) or 1g twice daily (off label)</td>
</tr>
<tr>
<td>2 x 500mg suppositories twice daily</td>
<td>1g twice daily (off label)</td>
</tr>
<tr>
<td>2 x 500mg suppositories three times daily</td>
<td>1g three times daily (off label)</td>
</tr>
</tbody>
</table>
Clinicians (both prescribing and dispensing) should counsel patients regarding the different dosing regimen prescribed, where appropriate.

Supporting Information

- Any decision to prescribe an off-label medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:
  - Prescribing unlicensed medicines, General Medical Council (GMC)
  - The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA)
- See the UKMi memo for further information: https://www.sps.nhs.uk/articles/shortage-of-salofalk-mesalazine-suppositories-500mg-and-1g/

Enquiries
If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk

Annual Quality Outcomes Framework (QOF) report for England published
NHS Digital has published its annual report on the quality and outcomes framework (QOF). It uses data reported by general practice to show the prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes and depression, as well as changes to prevalence recorded since last year’s report.

Correction to Special Bulletin 339a
The paragraph on ‘Sample Taker Consumables’ was incorrect and has been corrected. The correct text is below and updated versions are attached.

Severn Pathology will be requesting that all cervical screening samples be transported in new bags which will have orange swirls with a white outline. The bags will be provided with the sample taker consumable kits. Existing kits and bags can be used up before switching over. The current arrangements in place for requesting sample taker kits will remain unchanged until further notice.

Please read and pass on the update to sample takers and anyone involved in the cervical screening programme the attached information regarding the imminent changes to the cervical screening programme. Please note the changes affect different areas in different ways so there are three documents:

- Document A2 summarises the changes, which are most substantial, for practices in Bath & North East Somerset, Swindon, Wiltshire (practices currently served by RUH Bath for cervical cytology) and Somerset.
- Document B2 summarises the changes for practices in Gloucestershire, West Cornwall, North Devon, South East Devon and Exeter.
• Document C2 summarises the changes for practices in BNSSG, South West Devon and East Cornwall, where there is least change but please read and cascade to ensure that you are aware of changes that will happen in your area.

Contact details for queries, please contact swscreeningandimms@nhs.net

GP Appraisals Team - for practices in BNSSG & DCIOS Only
Please note our new mobile telephone numbers below - the previous ‘0113’ prefixed landline numbers are no longer in use:

Tamsin Wall – 07702 403674  Lesley Phillips – 07730 375462
Vanessa White – 07730 379680  Lynne Bradshaw – 07976 961909

Kindly note that all contact email addresses and the appraisal website remain unchanged:

Administration Team - england.gpappraisalsw@nhs.net

Website Link: Useful appraisal and revalidation information can be found on http://www.gpappraisals.uk/

Latest PCSE Updates – October GP Bulletin
The latest PCSE updates are contained within the attached – October 2019 GP bulletin:
• Direct link to PCSE Latest News - website page
• New Performer List processes - being introduced, December 2019
• Improvements to the Online Contact Us Form
• December 2019 - Total Rewards Statement Update
• Important information about ordering urgent supplies

In addition, further information about the forthcoming Performer List Transformation will be released soon.

Performer List Transformation - Please note:
• A letter will be sent out to all GP Practice’s, to highlight the importance of User Registration
• User Registration is important – Practice’s should follow the guidance contained within the letter a.s.a.p.
• Practices will be able to register for PCSE Online, as soon as they receive a letter sent to the main contact
• The letter will contain an access code to allow User Administrator Registration
• The User Administrator will use PCSE Online to manage user access, dependant on an individual’s role
• For more information, please visit: https://pcse.england.nhs.uk/about/whats-changing/#MedicalandDentalPerformers

Primary Care Networks - Next Steps for Practice Managers Conference
Thursday 28th November, South West
St Mellion Resort, Plymouth, Devon
NHS England and NHS Improvement are holding a series of dedicated regional events this autumn for Practice Managers:

- Hear about PCNs, the fundamental role that you play and the development funding that is available
- Talk to Practice Managers who are working within PCNs and understand how their roles have developed
- Join interactive workshops that focus on:
  - PCN leadership: in the context of practice management
  - Coaching: support for practice managers
  - Population Health Management and collaborative working
  - Workforce – newer workforce roles and the impact on capacity

Register via NHS England events – please note that the London, North West and Midlands events are currently all showing up as being fully booked. If delegates want to go on to a waiting list they can send me their details and I will notify them if places become available.

For further information please contact england.gpdevvelopment@nhs.net

**Book your place on the South West event** Thursday 28th November at St Mellion Resort, Plymouth, Devon: South West

**Flu vaccination (LAIV) for children and young people under 18**
Further to correspondence on the Live Attenuated Influenza Vaccine (LAIV) for under 18s, please see the attached flyer with information for parents. You can find further leaflets for parents, including some translated documents, here: https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters

Please contact the Screening & Immunisation Team if you have any queries: england.swscreeningandimms@nhs.net

**Rise in Group A Streptococcal (IGAS) and MRSA infections in people who inject drugs, and the homeless populations**
There has been a national and regional increase in cases of IGAS and MRSA infections with people who inject drugs and people who are homeless/living in hostels being at increased risk. Somerset currently has higher rates of IGAS compared with the national/Southwest figures. PHE Health Protection Team request the following of Primary Care:

- Be vigilant for possible Group A Strep (GAS) infections
  - sore throats or mild skin infections such as impetigo;
  - signs of invasive disease: high fever, severe muscle aches, localised muscle tenderness, redness at the site of a wound

- If you suspect a GAS or MRSA infection in one of the above, please ensure the following samples are sent to the laboratory:
  - throat swabs if no other evidence of infection
  - wound/skin swabs in cases of soft tissue infection
• If you suspect sepsis, arrange urgent admission for assessment including blood cultures.

• Please remind those at risk of the importance of good hand/skin hygiene and safe injecting practices. Sharing injecting apparatus can lead to infection.

If you have any questions or require any further information, please do not hesitate to contact the PHE HPT on 0300 303 8162 option 1 option 1.

Call for website users to take part in research
NHS England and NHS Improvement are looking for colleagues in General Practice roles (particularly GP Practice Managers) who use the website www.england.nhs.uk. A project is underway to create a new website which better meets the needs of its users and helps them to achieve their goals more easily. With their input, volunteers will be helping the NHS to build a better digital service by means of a brief phone interview. If you would like to take part, please send expressions of interest or questions to tom.blackwell1@nhs.net.

• Items for Bristol, North Somerset and South Gloucestershire Practices only
  None

• Items for Somerset Practices only
  None

• Items for Devon Practices only
  None

• Items for Cornwall and Isles of Scilly Practices only
  CQRS – Learning Disabilities Health Check Service 2019-20 Extraction and Payment
  Further to the bulletin Item, last week, regarding an issue with the Learning Disabilities data extraction, NHS Digital have confirmed that there has been an issue with the TPP data returns for Quarter 1 and Quarter 2 of 2019-20.

  Action for TPP Practices only – a re-extraction of Quarter 2 data was undertaken on Wednesday 30 October 2019 and the data is now available in CQRS for review and declaration as appropriate.

  We are awaiting further guidance regarding Quarter 1 and Quarter 2 where the submissions have already been approved for payment, once we have this we will confirm any further actions that may be required.
All other Practices – Please ensure that you have reviewed and declared the Quarter 1 and Quarter 2 submissions on CQRS, if you have done this no further action is required.