

CLMC Bulletin 366 – 25.09.18

Claiming LD Health Checks

NHS England have made us aware that a number of practices across the area are/have not claimed for the LD health checks they have been completing under the DES. Please double check you have made your claim as it requires more than inputting the numbers on CQRS. Payment is not automatically made via CQRS count but rather for this DES there is an additional box on CQRS you need to tick to draw down the funding. Please remember that all claims for a quarters activity must be made within 1 month of the quarter end otherwise a practice will not be paid.

Flu Vaccinations and Correspondence with Pharmacy

The LPC asked that we make practices aware that if they have not been receiving correspondence from pharmacy with regard to flu vaccinations etc it could be that they have not had the practice email address validated. There are a few practices who have invalidated emails. If you are unsure, please send your preferred correspondence email address to Sandie Hall (sandie.hall1@nhs.net)

Pulse reported that GP practices can administer the quadrivalent (QIV) flu vaccine to patients over 65 as a 'last resort' and still be reimbursed in the usual way. GPC have been working with NHS England, who will be producing further guidance shortly, but is important that all practices work to ensure their patients get the appropriate vaccine for their age. If this means they have to direct a patient to another provider that is what they should do. While practices will be reimbursed for delivering the clinically appropriate vaccine, GPC understand that consideration will be given to special circumstances related to availability.

Pharmacists have been given the same advice in terms of directing patients to general practice etc where they do not have aTIV available in stock. We have spoken to the LPC and understand many pharmacists are redirecting patients as they simply do not have supplies.

Read the GPC guidance on vaccinations and immunisations [here](#).

Docman Issue – extension to submit clinical risk assessment

NHS England has informed CCGs that a 2-week extension to the current deadline of 20 September will be allowed in exceptional circumstances, for affected practices to submit their clinical risk assessments in phase 2 reporting cycle of relation to the Docman incident. Note that practices will need to explain to CCGs why they are not able to meet the 20th September deadline, despite any support being offered, for example due to staff absence or if a practice has a high volume of unique records to review. For further information please contact your CCG.

Workforce Minimum Data Set – September extraction

The next regular extraction of practice workforce data will take place on Sunday 30 September. It is recommended that practices have completed updates by the end of the day on Friday 28th September. This is important information that helps the BMA highlight and respond to the recruitment and retention crisis impacting general practice, and we encourage all practices to take part so that General Practice workforce data is as accurate as possible.

Specialty Training Application dates

Ahead of the opening of applications for specialty training on 7-29 November, Health Education England (HEE) has launched a *One career Endless opportunities Choose GP* [Facebook page](#) to keep up to date with news and views. More information on the [GP National Recruitment Office](#) website. If you would like the opportunity to work flexibly, pursue a portfolio career or develop specialist or clinical interests within general practice, HEE has a large number of registered GP trainees and trainers, newly qualified and experienced GPs who are able to help you with local or general enquiries. Email gprecruitment@hee.nhs.uk for further information.

Locum GP Appraisals

The GMC are to discuss with their employment liaison service the issue of locums being asked as part of their evidence in appraisal documents to provide excessive details relating to all their placements in the last 12 months. They will reinforce the message that Responsible Officers and appraisers need to be proportionate in their approach and not demand, for example, contact details for every locum placement that has taken place in the last 12 months. Despite earlier suggestions, as a GP you would not have to list every GP practice and time that you worked if there are many placements, however you should highlight the practices where you worked the most.

BMA Survey – pressure on general practice

The BMA has published results from its [major pan-professional members' survey](#), which highlights the extraordinary high workload pressures all doctors are experiencing. This is particularly the case in general practice with the survey finding that GPs are more likely to highlight excessive workload pressures than colleagues in hospital (91% vs 72%).

The survey showed that more GPs were being pressured to attend to multiple tasks simultaneously, experience lack of time with patients, experienced fatigue from working long hours, were being pressured to work outside their scope or competence and had limited access to diagnostic facilities. It also showed that overtime is particularly prevalent among GPs, who are more likely to say that they provide significantly more hours of work per week than they are contracted for.

When asked for solutions to these now well documented problems, there are some differing views between GPs and hospital doctors on what would improve their day-to-day lives. GPs are more likely to state a limited number of consultations is required to enable them to better manage their workload. In addition, they called for improved systems and processes for the primary and secondary care interface, additional support from other healthcare professionals, patient empowerment to self-care/manage and better access to health and wellbeing services.

Investment in General Practice Report

NHS Digital have published their annual [Investment in general practice report](#) this week. It is important to note that this report, following the pattern of previous years, outlines the investment made not just to practices but also the reimbursement for drugs dispensed in GP practices, out of hours, IT and other activity related to primary medical care from 2013/14 to 2017/18. For the first time this year the cost of providing GP services in A&E as part of the national scheme have also been included. The GPC have made it clear to both NHS England and NHS Digital that the headline figures they use could mislead and it would be unacceptable to do this.

Whilst it is positive to see an increase in investment, and much of this relates to what has been directly negotiated by GPC England, NIGPC, SGPC and GPC Wales, it is still not enough to ensure the sustainability of general practice and provide the necessary capacity to meet the growing needs of patients. For instance, the real investment figure of £10.2bn in England (a real-terms increase of 4.4 per cent since last year) represents 8.1 per cent of the NHS budget going to general practice in England – falling £3.6bn short of the BMA's target of 11 per cent. This is money that could be spent supporting practices and improving patient care at a time when surgeries are buckling under the pressure of increased demand, unmanageable workloads, and the rising costs of premises and indemnity costs.

GP Partnership Review

Dr Nigel Watson, the independent chair of the ongoing review into the partnership model of general practice and Wessex local medical committee chief executive, has written a blog about *primary care networks (PCNs) – a GP's perspective*. The blog is available on the [Wessex LMC webpage](#)

As part of the review, a key lines of enquiry document was published in July calling for evidence to feed in to an interim report, which will make recommendations that will revitalise the partnership model. If you would like to feed in to the review, please email GPPartnershipReview@dh.gsi.gov.uk

Epipen Supply Update

The Department of Health and Social Care (DHSC) have been in contact with the UK supplier of Epipens, Mylan, for several months regarding the ongoing supply issues affecting this product. Due to manufacturing delays from their contract manufacturer, Meridian Medical Technologies, a Pfizer company, there continue to be supply constraints of EpiPen Adrenaline Auto-Injectors in the UK.

0.3mg Adrenaline Auto-injectors:

- Currently supplies are available of EpiPen 0.3mg via a stock management process. Pharmacies are allocated stock on a prescription-only basis and can place orders for up to a maximum of two EpiPen 0.3mg Auto-Injectors per prescription.
- Pfizer recently made available to Mylan a limited volume of EpiPen 0.3mg Auto-Injectors that will expire in February 2019. This supply is not subject to the current prescription validation process, as outlined above, and will be available for pharmacists to order and hold in stock.
- Further information regarding this stock and a statement from Mylan is available [here](#)
- There are two alternative adrenaline auto-injector products in the UK, Emerade and Jext.
- Supplies are currently available but may be limited due to the ongoing Epipen supply issues.
- Emerade also supply a 0.5mg adrenaline auto-injector.

0.15mg Adrenaline Auto-injectors:

- This issue is now also affecting EpiPen Jr 0.15mg Adrenaline Auto-Injector in the UK
- Mylan recently informed us that EpiPen Jr 0.15mg Adrenaline Auto-Injectors is now out of stock until the next shipment arrives, estimated to be by the end of September.
- Due to the supply situation with EpiPen Jr 0.15mg, supplies of both Jext and Emerade 0.15mg adrenaline auto-injectors have been rapidly depleted and are currently unavailable. Additional supplies of Jext are expected next week and Emerade by the end of September. However, supplies will be limited and the situation is likely to be constrained until the Mylan supply situation has resolved.

Further information:

- Mylan have shared a statement, which is available on their website www.epipen.co.uk.
- Mylan is working closely with Pfizer to increase production and anticipates supply will stabilise in the fourth quarter of 2018; however, it is important to note that currently supply from Pfizer continues to vary and, as such, may not always be available for pharmacies to order.
- Further supplies of both Jext and Emerade are currently expected by the end of September.
- DHSC is in contact with the both manufacturers of the alternative devices, who both have additional deliveries of adult and paediatric presentations arriving over the coming weeks and are working to expedite future deliveries and bring additional stock to the UK where possible.
- During this period if patients are unable to obtain a supply of their usual adrenaline auto-injector DHSC would encourage patients to speak to their healthcare provider about alternate adrenaline auto-injectors. Further advice is also available via the [Anaphylaxis UK website](#)
- DHSC would also suggest that consideration is given locally to conserve and manage supplies as constraints are likely to last into the coming months.
- DHSC is working with Mylan and the MHRA to determine if it is possible to extend the expiry of certain batches of Epipens, as has been done with selected batches of Epipen 0.3mg in the US, to help alleviate the situation in the short term.
- DHSC continue to work closely with all the manufacturers of adrenaline auto-injectors, the MHRA, Anaphylaxis UK and other stakeholders to try to resolve these issues

GPC Newsletter

Read the latest GP newsletter [here](#)