

CLMC Bulletin 378 – 19.02.19

Primary Care Networks (PCNs)

Following the announcement of the [GP contract for England](#), Krishna Kasaraneni, GPC England Executive member, has written a [blog](#) about what practices should be considering with regards to the structures for Primary Care Networks. This follows on from his previous [blog](#) about PCNs. Further guidance and information relating to [GP contract](#) will be published in the coming weeks.

We are aware that both CCGs have provided the opportunity for all practices in Tees to receive additional funding if they form their PCN by an earlier date to that required in the contract – 15 March for HaST and 31 March for ST. Whilst we welcome this additional funding we advise practices to proceed with caution. It is absolutely correct that practices should be having early discussion in order to commence their PCN formation but it is also important that practices do not rush into forming a PCN but understand all the requirements, risks, flexibilities and opportunities prior to committing.

We will not have the DES until a later date and it is not possible to know what the requirements will be until we have seen this; can you commit to a final structure when you do not know what it needs to do? Please take the time to read the blog on the link above and any other guidance to facilitate your discussions. CLMC is more than happy to meet with any practices/clusters/possible PCNs to explore the art of the possible within the information we have to date. Please email janice.foster@nhs.net to chat through any ideas or organise a meeting.

Access Guidance

GPC England has released additional guidance that provides an overview of all elements of the contract agreement which could change how patients will access primary care in the future and the impact of these changes on practices. You can read the access guidance [here](#)

Electronic Transfers of Childhood Vaccination Data – Potential GDPR Breach

We have been made aware of an issue elsewhere in the country where the local trusts have changed their system for the process for electronic transfer of childhood vaccination and immunisations data from GP systems to Child Health Information Services. Whilst we are not aware of this issue being in the Tees area, GPC understand it may impact on other extraction services; they are in the process of clarifying this.

Having received legal advice, GPC England is concerned that practices using the new proposed extraction system to share childhood immunisation data may be placing themselves in breach of the GDPR. They are seeking urgent clarification from NHS England. In the meantime, they would advise that practices do not sign up to this new system until concerns have been addressed.

Practices and Unfunded Services

[Pulse](#) reported on a group of eight GP practices in Buckinghamshire that have collectively agreed to stop providing unfunded non-core services due to concerns over workload. The group say they will stop providing seven different services, including ear syringing, 24-hour blood pressure monitoring and ECGs – by August at the latest. GPC England executive team workload lead Dr Farah Jameel said: “If work is done without appropriate funding, GPs are forced to stretch themselves to the extent that they risk the quality and safety of the essential service they are contracted to provide to their patients. Examples such as this are not about restricting GP services. They are about providing safe, quality and accessible care to patients.”

Pensions Blog

Krishan Aggarwal, Deputy Chair of the Sessional GPs subcommittee, has written a blog focusing on the Type 2 forms for Sessional GPs. Read the blog [here](#)

Pregabalin & Gabapentin

Tees LPC has requested we share this information with all practices as they feel it may be helpful. Community pharmacies have received the same information.

Please find below a recent briefing relating to the reclassification of Pregabalin and Gabapentin as Schedule 3 Controlled Drugs. This was issued by NHS England dated 12th February 2019.

As an LPC the safety and efficiency of the medicines dispensing service remains a priority and as such we would like to urge CCGs/practices to consider the impact of split prescriptions and liaise with their local pharmacies on whether the whole script request will be paper issue or just the CDs separately.

This will ensure a consistent message from both the GP practice and the Pharmacy to patients ensuring they have a full understanding of the changes that may be required of their prescription.

It would also be beneficial to share any communications which have also been sent out to patients in the run up to the reclassification in order that again consistency of message can be achieved.



Pregabalin and
Gabapentin Briefing N

GPC Newsletter

Read the latest GPC newsletter [here](#)

GPC Sessional GP Newsletter

Read the latest Sessional GPs newsletter [here](#).