

CLMC Bulletin 405 – 29.10.19

NHS Practitioner Health

NHS England has announced that all NHS doctors and dentists in England now have access to a [mental health service](#) 24 hours a day through a dedicated phoneline and a crisis text service available through the night. This builds on the service already available to GPs in England. To sign up, call 0300 0303 300 or email prac.health@nhs.net (Monday to Friday 8am to 8pm and Saturday 8am to 2pm). Text NHSPH to 85258 for the out-of-hours crisis text service.

Flu Immunisation for Practice Staff

The state-funded indemnity scheme for England and Wales does not cover GP practices providing flu vaccinations to their own staff. The [Seasonal influenza DES Specification](#) makes clear that staff of GP practices/contractors and other primary care staff are the responsibility of their employer as part of occupational health arrangements. However as previously reported, GPC have been assured that the schemes provided by all three main Medical Defence Organisations do cover this activity.

In 2018, the BMA's Occupational Health Committee worked with the Specialist Pharmacy Service and other key stakeholders to identify a way that organisations can offer employee seasonal 'flu vaccinations within the legislation. The outcome of this work has been to produce a written instruction for seasonal influenza vaccination. The template and advice on how to use it is available [here](#). This advice has also been published on the [BMA website](#)

Supply Issue with the Flu Nasal Vaccine

Public Health England has asked us to cascade the following information regarding a supply issue with the flu nasal vaccine, requiring a phasing of supply of the vaccine. Practices are requested to implement the seasonal influenza programme as outlined in the [Direct Enhanced Service Specification](#). Due to the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated influenza vaccine (QIVE)
- Children in high risk groups from 2 to 18 years should be prioritised and offered LAIV (unless contraindicated).
 - those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
 - those of primary school age (4-10 years) will be invited through schools, but should be vaccinated with LAIV or QIV if they choose to present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. 2 year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.

Practice staff are asked to only order vaccine needed for the forthcoming week, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage. Further details on eligible groups can be found in '[The Green Book](#)' An [information leaflet](#) has been developed for parents to explain which children are eligible for vaccination and where this will be delivered.

PCN Clinical Pharmacists – extension to transfer deadline

NHSE has written to CCGs to extend the deadline for transferring clinical pharmacists from the *Clinical Pharmacist in General Practice Scheme* to the PCN ARRS scheme, in exceptional circumstances. The deadline was originally 30 September 2019, but has been extended to 30 November 2019. The eligibility criteria for transfer has not changed, it simply provides more time for the transfer to take place. After 30 November 2019, any clinical pharmacists who have not transferred will no longer be eligible to do so. They will not be counted as an exception to the baseline, meaning that these clinical pharmacists will need to be maintained by PCN member practices in order to claim reimbursement for PCN clinical pharmacists.

PCN Conference 2020

GPC have started planning for their second annual PCN Conference. They want this to be as informative and useful as possible, so are looking for PCNs to share their stories. If you have an example of innovation or good practice that would benefit others, why not showcase it at the PCN conference, which will be held in Birmingham on Saturday 8 February 2020. Whether it's inventive ways of utilising the funding, success in recruitment, or working well together to deliver PCN services, they want to hear from you. Please email Dan Hodgson (dhodgson@bma.org.uk) with a short description of your project/work and how it is benefitting your PCNs, teams and/or patients, and Dan will get back to you to discuss further.

Social Prescribing Academy Launched

Health and Social Care Secretary, Matt Hancock, has [announced](#) the establishment of the National Academy for Social Prescribing. The independent academy will receive £5 million and will be led by Professor Helen Stokes-Lampard, the outgoing Chair of the RCGP. It has been developed in partnership across government, with Sport England, Arts Council England and a range of voluntary sector partners. It is expected to:

- standardise the quality and range of social prescribing available to patients across the country
- increase awareness of the benefits of social prescribing by building and promoting the evidence base
- develop and share best practice, as well as looking at new models and sources for funding
- bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing
- focus on developing training and accreditation across sectors.

Rules on IR35 are Changing

Matt Mayer, deputy chair of the Sessionals GPs committee, has put together a helpful [blog](#) highlighting that the rules on IR35 are changing and how locum GPs might be affected. Private, as well as public sector bodies will now be responsible for determining the employment status of their workers.

CCG-Practice Agreement for the Provision and Receipt of Digital Services in General Practice

Last month the NHS England and NHS Improvement published the revised [GP IT Operating model](#). It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care. The 2019 edition includes;

- An updated description of roles and responsibilities.
- A strong emphasis on ensuring the security and safety of digital services in general practice.
- Arrangements for the replacement for GPSoC Framework with the new GP IT Futures Framework.
- An updated definition of organisational and functional scope.
- A re-categorised schedule of requirements and capabilities underpinned by applicable standards. Includes addition of a 'national digital services' category.

A new CCG-Practice Agreement accompanies the release of this operating model. All CCGs and practices will be required to sign this new agreement which will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model. GPC have been told that NHS England will be publishing this on their website shortly.

Rollout of Electronic Prescription Service

The Department of Health and Social Care has announced the roll-out of electronic prescription service (EPS) in England next month following work done in pilot areas. Phase 4 will be rolled out to all GP practices from Monday 18 November 2019, making EPS the default method for prescribing and dispensing in primary care in England. Find out more about the implications for prescribers [here](#). Please see the [Phase 4 national rollout schedule](#).

NAO Investigation into Pre-School Vaccinations

The [National Audit Office published a report](#), which found that NHS England has fallen short of Department of Health and Social Care's (DHSC) performance standard for the uptake of nearly all pre-school vaccinations in England in 2018-19. The National Audit Office said that NHS systems for reminding parents to get their children vaccinated are 'inconsistent' and appointments are difficult to book.

GPC responded saying that practices are doing their best to reach everyone who could be vaccinated and called for improved information systems, so that records of vaccine figures are kept accurate. It is positive that the government, NHS England and Public Health England are beginning to prioritise improving vaccine uptake, and crucially we need better research into why certain groups are still not having their children protected and how best to target them effectively.

Interim Findings of the Vaccinations and Immunisations Review

GPC have been working with NHS England on a [Vaccinations and Immunisations Review](#). This is an interim report which notes that while coverage for most vaccines is high, there has been a decline in the last few years, meaning that we do not have a high enough coverage to prevent the onward transmission of infections, particularly measles. The work of the review will continue and this will then lead in to potential GMS contract negotiations with NHS England in the coming months.

Supply Alerts for Seroxat (paroxetine), Opicapone and Mitomycin-C Injection

Paroxetine 20mg/10ml oral solution will be out of stock until January 2020 due to manufacturing delays. Paroxetine tablets remain available from various suppliers. For patients who do not have sufficient supplies of paroxetine 20mg/10ml oral solution for the duration of the expected out of stock period, clinicians should consider the alternatives below as soon as possible.

- Prescribing paroxetine tablets in place of oral solution.
 - UK Medicines Information (UKMi) have advised that tablets can be crushed and mixed with water for administration, however this would be an off-label use. The crushed tablets are bitter and have a slight local anaesthetic effect.
- Prescribing an unlicensed preparation of paroxetine 20mg/10ml oral solution, which is currently available to order from the following importers – *Clinigen, WEP Clinical, Mawdsleys and Target Healthcare Ltd.*
- Clinicians will need to work with local pharmacies to understand which specific unlicensed products can be sourced and lead times. The price of specials varies.
 - 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)
 - In order for pharmacies to dispense an unlicensed drug, FP10 prescriptions must indicate that a special is required/prescribed by the GP. This could include the GP annotating the prescription with the following wording: "special order".

GP practices may want to consider using local IT systems to identify patients who may be impacted by this shortage and to manage these patients by prescribing paroxetine tablets or prescribing unlicensed products, where appropriate. If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk

Supply Disruption Alerts have also been issued for [opicapone 50mg capsules](#) which will be out of stock from mid-November 2019 to mid-January 2020, and [Mitomycin C](#) 2mg, 10mg, 20mg powder for solution for injection and Mitomycin-C 40mg powder for intravesical which is unavailable with no date for resupply until further notice.

Withdrawal of Serious Shortage Protocol for fluoxetine 10mg capsule (Ref: SSP01)

You will be aware that on Thursday 3rd October Serious Shortage Protocols were implemented for fluoxetine capsules in 10mg, 30mg and 40mg strengths with an expiry date of Thursday 31st October 2019. Please be advised that sufficient stock is now available of fluoxetine 10mg capsules to supply normal demand, so the Serious Shortage Protocol for fluoxetine 10mg capsules (SSP01) is being withdrawn from 23.55 Friday 25th October 2019. Following this date, fluoxetine 10mg capsules can be prescribed and must be dispensed in the usual way, as the SSP will no longer be valid for use.

The Serious Shortage Protocols for fluoxetine 30mg and 40mg capsules remain in effect and can be viewed on the NHS Business Services Authority's [website](#).

GMC Support for GPs as Specialists

Speaking at the RCGP conference in Liverpool, Dame Clare Marx, the chair of the GMC, reiterated the organisation's support for GPs to be recognised as specialists. She welcomed the initiative led by GPC UK and the RCGP and committed to work with us to actively encourage the DHSC to bring all medics together on a single advanced practice register. She said: "There still is within the medical community some very old fashioned snobbery about GP training. [Recognising GPs as specialists] would simplify the structure and make crystal clear the parity of expertise across UK general practice."

She also called for to the legislation governing how overseas GPs apply to join the UK register to be changed which could 'make a significant difference' to the GP workforce, and said she wanted to see more support for international medical graduates.

General Practice Under Pressure – GMC workforce report published

During June and July, 3,876 doctors completed a GMC survey about satisfaction of their role, the environment they work in and their career intentions. Overall the findings showed that GPs are more likely to feel dissatisfied, to have already reduced or plan to reduce their hours, and to be thinking about leaving the profession. The results showed that over the last year 36% of GPs reduced their clinical hours, compared with 21% of all doctors having taken this action. Only 9% of GPs reported always or usually feeling able to cope while rarely or never working beyond their rostered hours, compared with 29% of all doctors. Conversely, 50% of GPs reported often feeling unable to cope and often working beyond their planned hours, compared with 26% of doctors overall. The report also notes that more GPs work less than full time than other doctors (49% compared to 23% of doctors overall), and touches on the changing make-up of GP training, with international medical graduates now representing 23% of all GP trainees, up from 16% three years ago. The results underline what GPC has been saying publicly for many years: general practice is in crisis. The report containing the full survey results and a wide range of data on the GMC register is available [here](#).

Medical Students in General Practice Underfunded

The British Journal of General Practice has published an article which [showed that teaching medical students in general practice is seriously underfunded](#), arguing that this would have serious consequences for the NHS workforce if it was to continue. The article clearly demonstrates that the cost of providing undergraduate placements in general practice is considerably more than the funding given. It found that the actual cost of placing a medical student in general practice for a 37-week academic year was £40,700; similar to the cost of teaching undergraduates in secondary care. The average payment rate received by practices, however, was just £22,000 per year.

GPC Newsletter

Read the latest GPC newsletter [here](#).

Sessional GPC Newsletter

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