CLMC Bulletin 358 – 24.07.18

GMS and PMS regulations amendments

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on gov.uk but will not come into force until 1 October 2018.

One of the main changes is to the section around removing a patient who is violent; these changes have been made following r concern that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service.

A patient having a violent patient flag on their record, is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the regulations 'refusal of applications for inclusion in the list'). GPC also agreed the new addition to the regulations that if a practice does register someone with a violent patient flag on their record, they may remove them immediately by giving notice to the Board. While the latter will come into effect in October, the former is an agreement around interpretation of the regulations and so can be implemented immediately. GPC would also hope that commissioners would recognise the change coming in October and so may provide some scope for this too to be implemented right away.

NHS e-Referral Service

The hospital Standard Contract for 2018/19 in England requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. Earlier this year we secured agreement that the introduction of the eRS should be done in a supportive manner. Where a practice is having technical or other practical difficulties with eRS, it must agree a plan with the commissioner toward resolving the issues. Where the issues are not within the gift of the practice, it is for the commissioner to resolve.

NHS England has issued guidance for managing e-referrals which is aimed at commissioners, practices and providers of acute consultant-led outpatient services which accept referrals from GP practices. The latest paper switch off (PSO) dates for NHS Trusts can be accessed here.

Survey – Unfairness in the 2015 NHS Pension Scheme

The BMA is gathering data to find out whether certain groups of GPs are being discriminated against under the NHS Pension Scheme Regulations 2015. It is believed that GPs who take breaks from work are ending up paying more without receiving any increase in their pension. This is happening through a method for calculating contributions called 'annualisation'. If you are in the *2015 Career Average Revalued Earnings scheme*, please to complete this short survey. If you are unsure whether you are in this scheme you can find out here. To get the best possible data, GPC need as many GPs as possible to complete the survey. The objective is to persuade the Department of Health and Social Care to acknowledge and remove the unfairness in the way the NHS Pension scheme currently operates.

Supply chain update July 2018

The Department of Health and Social Care (DHSC) has published a supply chain update for primary care for July In addition, the DHSC have been working with clinical experts to produce advice on the Priadel 520mg/5ml Liquid supply issue, due to the important nature of this medication and the issues around switching formulations / brands of lithium. The advice is now available on the Specialist Pharmacy services website. Sanofi are advising that the next supply of Priadel 520mg/5ml Liquid will be available mid-August.

Evidence Based Interventions consultation

NHS England has launched an Evidence Based Interventions consultation, which looks at design principles of the programme, the interventions that should be targeted initially and proposed clinical criteria, including proposed new terms in the NHS Standard Contract. This follows research evidence which showed that some interventions are not clinically effective or only effective when they are performed in specific circumstances. This is counterpart to the items that should not be routinely prescribed in primary care programme, which the BMA responded to. The BMA will be responding to the evidence based interventions consultation (deadline 28 September), and GPC England will be feeding in to that response. For information on how to submit a response individually, see here.

Updated Rabies Guidance

PHE released the updated rabies guidance. Key changes to the guidance include:

- clarification of the employer's role in providing pre-exposure vaccination to those who may have an increased risk of exposure to rabies through their job
- pre-exposure vaccine will only be provided by PHE for bat handlers, where no formal employer can be identified
- the option of an accelerated course of pre-exposure vaccination if there is not sufficient time to complete the routine 28 day course of pre-exposure prophylaxis
- use of a composite rabies risk to guide risk assessment for post-exposure treatment
- bringing together country and animal risks into a single risk rating, to recognise the increased rabies risk from some animal species in certain countries
- revision to the categories of exposure
- reduction from five to four doses of vaccine for post-exposure treatment in immunocompetent individuals
- an emphasis on infiltration of human rabies immunoglobulin (HRIG) at the site of the exposure, rather than being given intramuscularly
- changes in the use of HRIG for certain exposures
- new guidance for the management of immunosuppressed individuals .

Low value appraisal guidance

A new guidance on supporting doctors who undertake a low volume of NHS general practice clinical work has been launched by NHS England. Mark Sanford-Wood, GPC England deputy chair, has also written a blog about the new guidance, which can be accessed here.

NHS Property Services (NHS PS) and Community Health Partnerships (CHP) Premises

Following discussion within Westminster, GPC reiterate practices previous guidance; in respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy.

GPC are aware that this issue is causing practices significant stress, and would like to reassure you that GPC will stand with you in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges. To this regard, if NHS PS take action to enforce charges against you please let GPC know immediately (email gpcpremises@bma.org.uk).

Further guidance and updates are available here.

Varicella Zoster Immunoglobulin (VZIG) in Pregnancy

Guidance on the use of Varicella Zoster Immunoglobulin (VZIG) in pregnancy during current supply constraints has been published.

VZIG is a scarce blood product that is offered to individuals at high risk of severe chickenpox following an exposure. This includes immunosuppressed individuals, young babies in their first week of life and pregnant women. VZIG is centrally procured and issued by Public Health England. When supplies of VZIG have been short in the past, restrictions have been placed on its use in pregnant women.

In response to a significant shortage of VZIG due to manufacturing issues, from 6 July 2018, VZIG will only be issued to susceptible pregnant women who have had a significant exposure to chickenpox or shingles in the first 20 weeks of pregnancy. This urgent advice has been considered and agreed between PHE experts and the chair of the JCVI varicella subcommittee. This group have also advised that, based on extensive safety evidence, pregnant women who are exposed after 20 weeks, should be offered the oral anti-viral drug, aciclovir (800mg four times a day from day 7 to 14).

GPC UK Newsletter

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