

3 May 2019

Dear Colleagues

Support for Primary Care Networks

This week we have published two **VAT advice notes** (provided by MHA Larking Gowen) for the two main PCN structures we see being implemented – lead practice, and federation-led, and a really useful **PCN calendar** to help you plan the next couple of months. These are accessible via our [PCN webpage](#), with the VAT guidance available under the toolkit tab.

We still have some spaces available at our **PCN Clinical Directors Conference**, Wednesday 5 June, and the programme is to be published shortly. [Register here](#).

Warning labels on opioid medicines

The BMA has welcomed the announcement by the Government to introduce clear warning labels on medicines that contain opioids. In response to this, Andrew Green, GPC clinical and prescribing lead, said: "Clearer labelling around what medicines contain, and explicit warnings about the risks of addiction are a step in the right direction. Over recent years the BMA has put forward a number of tangible recommendations that would reduce the harm caused by prescription drug dependence, including the creation of a dedicated national helpline and an increase in the provision of specialist support services for those who find themselves in the grip of dependence. Read the full statement [here](#). He was interviewed on the main BBC News bulletins and his comments appeared in the [Sunday Times](#) and [Pharmaceutical Journal](#). It was also reported by the [BBC](#), [Guardian](#), [Telegraph](#)

RCGP 'tech' manifesto

The Royal College of GPs published its ['tech' manifesto](#) this week, where they call for a 'robust and joined-up IT system across the NHS' to be prioritised before a technological 'revolution' in patient care can truly happen. In response to this, Farah Jameel, GPC England Executive member and IT lead, said: "Ensuring NHS IT systems and infrastructure are fit for purpose is fundamental for improving patient care and increasing productivity, and advances in technology have the potential to transform the lives of both healthcare staff and patients. As the RCGP points out, we must walk before we can run, and getting the basics right must be the priority ahead of any promised 'digital revolution'. The College's manifesto echoes what the BMA has been saying for some years about IT in general practice, and across the health service." Read the full BMA statement [here](#). This was reported in [Practice Business](#), [GP Online](#) and [OnMedica](#).

Letter to NHS Property Services tenants regarding occupation regularisation

NHS England and NHS improvement have published a [letter for practices who are NHSPS tenants](#) which states their commitment to supporting a regularisation of tenancy arrangements and explains the benefits of a formal lease. They want practices to either sign up to a full lease or to a rental agreement letter, which they see as an interim measure, while they continue work on agreeing facilities management, other services and ultimately lease terms. Where it is evident that providers are failing to engage, they may seek legal

recourse. We oppose any form of intimidation and GPC England remain committed to reaching a negotiated settlement.

The agreements need to be reached after discussion including any commitments from previous commissioners and must be affordable. The lease regularisation programme needs to be backed up by NHS England's previous offer of reimbursement of some legal costs and SDLT.

Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. This would adversely impact on patients. The BMA is committed to working with NHSPS and NHSE to resolve these issues. Read our guide to NHSPS leases [here](#).

Out of hours services

An investigation by Pulse magazine has shown that six regions, including three in Wales, operated without GPs out of hours in 2018. In response to this, I commented: "The GP workforce across the United Kingdom is under severe strain, with the number of doctors continuing to fall, despite repeated government pledges to recruit more. Combined with rapidly increased demand from a population with more complex health needs, this staffing shortfall means workload has reached unmanageable levels. Given the increased workload and longer daytime hours, it is no surprise that many GPs do not have the capacity to do additional overnight shifts, particularly if they are expected to cover a wider geographical area, dealing with high-risk situations." Charlotte Jones, Chair of GPC Wales, also commented "These figures are unsurprising and confirm what we have been saying for some time: that many out-of-hours services throughout Wales, but in west Wales in particular, have evidenced services that are at breaking point and some are clearly in crisis." Read the full BMA statements [here](#). Read the story in [Pulse](#), and in the [Daily Mail](#).

Sessional GPs elections

Voting for all sixteen seats of the Sessional GP Subcommittee for the 2019-22 session are open until 12pm *Thursday 9 May 2019*. To participate in the election, please login to the BMA's elections [webpage](#). Find out more [here](#)

Winter pressures (England)

The BMA published an analysis this week of the pressures on the NHS in England over the winter, which showed that the NHS was once again stretched to breaking point with almost 1 in 4 waiting over 4 hours at major A&Es, dangerously high bed occupancy, GP appointment waits growing, cancer treatment waiting times at their worst ever and 4.3 million people waiting for treatment.

It is vital that action is taken to tackle the pressures facing the NHS – which are now extending well beyond winter and affecting the NHS all year round. Our report makes nine recommendations, including asking NHS England to collect and publish more data on primary care pressures, demanding that the perverse incentive mechanism related to NHS pensions be taken away, and that the government must provide a funding settlement for the NHS. Read the full report [here](#). This was reported in the [Telegraph](#), [iNews](#), [East Anglian Daily Press](#), [Yahoo](#), [Pulse](#) and [Practice Business](#).

ESA65B - Issuing fit notes for patients appealing their Work Capability Assessments (UK)

Following concerns raised over the ESA65B letter, a reminder was sent out last week from the Department for Work and Pensions (DWP), advising GPs that if a patient is found fit for work following a WCA, GPs may continue to issue fit notes if the patient appeals against the decision. The BMA and RCGP have now also confirmed that neither organisation approved the current wording of the ESA65B letter. Peter Holden, GPC member and Chair for the BMA's Professional Fees Committee said: "BMA representatives attend meetings with the Department for Work and Pensions in an advisory capacity, and have done so for many years. However, our remit is not to sign-off or approve government policies. We support a revision of the letter to ensure that both doctors and their patients are crystal clear of expectations, and we will continue to offer advice on its drafting." Read the statement [here](#). The story was covered in [iNews](#), [BMJ](#), [Practice Business](#), [OnMedica](#) and [Disability Rights UK](#)

NHS e-Referral Service (e-RS) – how has implementation gone? (England)

GPC England is represented on the NHS England / NHS Digital-led Electronic Referral Advisory Board and is keen to report any difficulties or gripes that GPs may be having with the e-RS since it became a contractual requirement for practices to use it in October 2018. We're particularly keen to hear about any technical issues, functionality limitations, including across federated models of care, or anxieties GPs may have around transfer of clinical responsibility. Email Alex Ottley (A.Ottley@bma.org.uk) with your feedback - this will be used to help improve the e-RS. [A guide for GPs](#) on the e-RS, jointly produced by GPC, NHS Digital and NHS England, was published on the BMA website in January 2019.

Update on General Practice Indicators temporary outage

We have been informed by NHS England that the [general practice indicators](#) will have a new go live delivery date of 31 May. All efforts will be taken to bring this date forward if possible however there remains a number of items relating to formatting and resolving outstanding data issues for some specific indicators so they are not ready to launch as planned on 1 May.

NHS England have put in place a contingency plan to support commissioners or practices if needing to access indicators for any urgent operational needs. The idea is that if there is an urgent need to view data, they will share a cut of most recent indicators either for the practice requesting it or the commissioner for the practices in the geography requested, this would include all General practice indicators (most recent data available) – except for specific indicators where they are resolving issues and they would also exclude providing the practice banding. The data access requests would be highly exceptional circumstance requests rather than an expectation that all practices and commissioners should be using a data extract in May. Exceptional data access requests can be made to nelcsu.england.primarycareindicators@nhs.net

Supply issue Epanutin 50mg Infatabs

Please see the following update from the Department of Health and Social Care on an impending supply issue with Epanutin 50mg Infatabs:

Pfizer, the sole supplier of Epanutin (phenytoin base 50mg) Infatabs have experienced global delays in the manufacturing of this product. As a result, they are anticipating an imminent gap in supply until early November 2019 when their next batch arrives. Pfizer has issued the attached letter with detailed information on the issue and management plan.

The MHRA has classified phenytoin as a Category 1 antiepileptic drug. In the event that you need to prescribe a product from a different manufacturer then this must be carefully managed and increased monitoring of the patient may be required as clinically relevant differences between different manufacturers' products might occur. Pfizer have been able to secure supplies of a Canadian phenytoin base Infatabs (Dilantin 50mg Infatabs), which will be available when current supplies of Epanutin Infatabs are depleted. Further information on this is attached and below:

- Pfizer have sufficient supplies of Dilantin 50mg Infatabs to meet demand for Epanutin 50mg Infatabs to cover the full out of stock period. However, Dilantin will be considered an unlicensed medicine in the UK
- The active ingredient in Epanutin 50 mg Infatabs and Dilantin 50 mg Infatabs is the same, but in the absence of bioequivalence data from Pfizer, there may be clinically relevant differences between the two products. Further information in the attached DHCP letter and documents
- Switching to alternative presentations should be managed under medical supervision and monitoring of phenytoin serum levels are advised to ensure the correct dosage is being given.
- Epanutin 30 mg/5 ml Oral Suspension remains available, however, supplies are only available to meet normal market demand, as such **patients should not be switched to Epanutin Oral Suspension as this may precipitate a shortage of this presentation**
- GPs should identify all patients currently prescribed Epanutin 50mg Infatabs. Early contact should be made with the patient or the patient's parent/carer to determine if and when switches are likely to be required during this stock out period.
- Alternative formulations of phenytoin remain available including tablets, capsules and injections

Details on prescribing and ordering

- If a clinician chooses to prescribe Dilantin 50mg Infatabs, they should be aware this is an unlicensed medicine in the UK.
- Any decision to prescribe an unlicensed medicine must take into account the relevant GMC guidance and NHS Trust governance procedures. Please see link to [GMC guidance](#)
- Prescribers should ensure that they issue a prescription for the unlicensed product and clearly mark on the prescription that this is a special/unlicensed product. This is to ensure the pharmacy/contractor is reimbursed appropriately.
- Pharmacies/ contractors may be unable to dispense Dilantin 50mg Infatabs and/or be reimbursed if the prescription states Epanutin.

Pharmacies/contractors wishing to order Dilantin should contact Pfizer Customer Contact Centre on 0845 608 8866 directly who will manage the order.

Shortage of expert witnesses survey

The Royal College of Paediatrics and Child Health has devised [a questionnaire](#) to gather information about the shortage of expert witnesses in family law cases involving children. The purpose is to identify the various fields of experts where shortages are apparent, to identify any regional variations and to identify causes and propose solutions. The BMA's Medico Legal Committee would appreciate if you could complete this short questionnaire.

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

Have a good weekend

Richard