

CLMC Bulletin 374 – 15.01.18

NHS Long Term Plan

As mentioned last week, NHS England has launched its [long-term plan for the NHS](#) which sets out its vision for the future direction of the NHS. The BMA has developed the briefing below for ease of reference in terms of what this means in general practice. The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of the current contract negotiations with GPC. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an “NHS-first” and is a direct result of GPC campaigning in recent years.

There will be a focus on the development of [primary care networks](#) with a network contract built on the current GMS contract. We will provide more details about this shortly, once contract negotiations are completed. The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.

The recommitment to a state backed indemnity scheme, to begin in April 2019, is welcomed as is the commitment to implement the premises review. There is also a clear commitment to move away from the NHS Act's competition agenda, something again the BMA has been campaigning for and is pleased to see NHS England and the government acting on. [Long Term Plan - GP.docx](#)

QOF registers and business rules coding issues

GPC England wrote to NHS England and NHS Digital after problems relating to the deployment of QOF business rules (v39). They have received a response to say that NHS E are confident that the corrections in the data collection that will come into force with QOF business rules version 41 will resolve the problems identified to date. These [rules](#) are publicly available so that practices will be able to see the changes made prior to implementation by suppliers. NHS E advise that all four system suppliers will have appropriate resources and processes in place to ensure that version 41 will be implemented in January. In addition, EMIS have already deployed version 41 in their internal search engines and practices using this system will be able to view reports that will reflect the new set of business rules.

NHS England and NHS Digital are aware that as a result of the change to SNOMED coding and the concerns raised that there may be closer scrutiny to achievement at year end than usual and additional work for practices and commissioners. As a result, there may also be an increase in queries raised before practices and commissioners are happy to sign off achievement.

NHS England will contact local commissioners and NHS England local teams requesting that where possible they support practices in resolving any queries as quickly and efficiently as possible and ensuring workload is kept to a minimum. NHS Digital will ensure their customer service team are fully briefed on the issues raised and will anticipate the possibility of an increase in activity this year end. The support teams will be ready and able to support practices with their queries.

EU Exit operational readiness guidance

The Government have published 'EU Exit operational readiness guidance' for the health and care system in England which identifies actions that GPs and commissioners should take to prepare for, and manage the risks of a no-deal exit scenario. A summary of the guidance is below.

As you are aware, much of the Brexit information is in a state of flux and subject to change on a daily basis as we do not know the final outcome of negotiations and cannot begin to second guess what may happen. Please bear this in mind when reading any information.

The Department of Health and Social Care are engaging with the BMA along with other stakeholders as they build on their guidance in response to the situation. Further information about the BMA position on Brexit and all of their briefings are available [here](#). [Summary of EU Exit.pdf](#)

New CQC Chief Inspector of Primary Medical Services and Integrated Care

Dr Rosie Benneyworth will be appointed the next CQC Chief Inspector of Primary Medical Services and Integrated Care, and begins her work in March. She will take over from Professor Steve Field. Dr Benneyworth has been a GP for 15 years and is currently the Director of Strategic Clinical Services Transformation for Somerset CCG and Vice Chair of NICE.

Clexane 40mg Injection supply issue

Sanofi has informed NHS England and DHSC that there has been a quality issue with their most recent batch of Clexane 40mg injection that was due to arrive this week in the UK. It is anticipated that all wholesalers will be out of stock of Clexane 40mg injection by the end of the week with an anticipated resupply date of week commencing 18 February 2019. This date may be brought forward to end of January/early February if the current batch passes further QA testing.

Alternative options include Clexane (Sanofi) Imported stock – available from 23rd January 2019 – as Sanofi have imported Clexane 40mg stock from Italy to help cover an anticipated shortfall in stock. This product is imported under a batch specific variation to the UK and is therefore classed as licensed in the UK. The most important difference between the two preparations is the difference in the needle guard device. To deploy the Preventis needle shield on the Italian syringes, users need to firmly push the plunger after completing the injection. The user will hear an audible “click” to confirm the activation of the protective sleeve and the protective sleeve will automatically cover the needle. Patients and HCPs will need to be trained on this new device; instructions for use can also be found within the PIL. This product will NOT be over-labelled in English but an English PIL will be included in the pack.

DHSC have also been in contact with the suppliers of Enoxaparin biosimilar agents:

Inhixa 4,000 IU (40mg) in 0.4ml solution for injection pre-filled syringe (supplied by Techdow)

- Techdow supply Inhixa (enoxaparin) and have confirmed that they have sufficient stock of Inhixa 40mg injection to cover the additional demand:
www.medicines.org.uk/emc/product/784/smpc
- If you wish to switch Clexane 40mg to Inhixa please see attached support / training materials and link to online video: <https://www.youtube.com/watch?v=E8AytPojtVI>
- For further support and to arrange a visit with a field director who can provide training on how to use Inhixa please contact: selina.temperton@uk.techdow.com 07376280709 or jo.phillips@uk.techdow.com 07540979066. Orders for product can be placed via wholesalers.

Arovi 4,000 IU (40mg) in 0.4ml pre-filled syringe (supplied by Rovi Biotech)

- Rovi Biotech supply Arovi (enoxaparin) and have confirmed that they have sufficient Rovi 40mg injection to cover additional demand in primary care.
- If you wish to switch Clexane 40mg to Arovi please see attached supporting / educational material and link to further online material: <https://www.rovi.es/en/biosimilar-de-enoxaparina>
- For any queries or to order training material please contact: Blanca Esteban, besteban@rovi.com 0203 642 06 77. Orders for Arovi can be place via Alliance Healthcare.

Alternative Clexane presentations remain available however Sanofi cannot support increased ordering of any other presentations to support the shortfall in 40mg syringes. Pharmacies will be

asked to continue to order all other strengths in line with historical demands and reminded that NHS Purchases will be monitored during this period.

GPC Newsletter

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