

To: All Practices in Surrey and Sussex

5th January 2018

Dear Colleagues

Arrangements for managing localised community outbreaks of influenza.

I am writing to clarify the current contractual arrangements for managing localised community outbreaks of influenza.

All GP practices should ensure that when receiving any requests from their CCG or Public Health England in relation to such outbreaks, the CCG commissions the necessary service as NHS England has confirmed this workload is outside Global Sum funded essential services.

The key NHS England guidance from Dr David Geddes is enclosed (20th November 2017 Gateway 07402). This is addressed to CCGs. It:

- Outlines the current evidence supporting the NHS use of antivirals for at-risk patients during localised community outbreaks of influenza, and that:
- Describes how Local PHE Teams routinely receive reports of such outbreaks, undertake an assessment, and, if indicated, will recommend the use of anti-virals for exposed patients in at-risk groups.

In the summer of 2017 NHS England asked all CCGs to ensure local PHE Teams were aware of the commissioning arrangements they had put in place to ensure a response to localised outbreaks of influenza-like-illness (ILI) in the out-of-season period. Not all CCGs did so, although many have, for example, commissioned OOHs services to deliver anti-viral treatment on an ad-hoc basis.

Dr Geddes' November letter confirms that although patients who are ill, or believe themselves to be ill, with an ILI fall within the scope of core essential GP services, this does not cover patients who are not ill, but for whom post-exposure prophylaxis with anti-viral drugs has been recommended.

CCGs were therefore asked in November to, "with some urgency", ensure commissioning arrangements were in place to respond to a PHE Health Protection Team alert by ensuring appropriate clinical assessment, prescribing and supply of antivirals (which during the flu season can be prescribed on an FP10). As patients should begin prophylaxis within 36 hours of contact with an index case for zanamir and within 48 hours of contact within an index case for oseltamivir, a commissioning strategy needs to cover both weekday and weekend periods.

Local Medical Committees for
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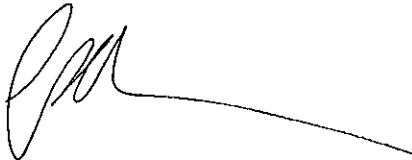
Unfortunately, not all CCGs appear to have commissioned an appropriate service.

If your practice is contacted by PHE in relation to a localised community outbreak of influenza you should: -

- Ask PHE to contact your CCG, who are responsible for commissioning a service to respond to requests for post-exposure prophylaxis with anti-viral drugs in these circumstances.
- If necessary, send a copy of this letter to PHE (although the LMC has written to PHE)
- If the CCG indicates it may wish to commission your practice to deliver this service, you can agree to do so if you wish and have the necessary resources, in the context of your workload. The LMC has SLA for this purpose, available on our website but you should obtain written/email confirmation from your CCG that they will reimburse your practice for this work before undertaking it. CCGs are not obliged to use this SLA, nor commission a practice, but the LMC believes this specification and pricing are reasonable. Equally practices are not obliged to use the LMCs version. The CCG is free to commission alternative arrangements as it wishes
- If your practice is not commissioned, you may be contacted by the commissioned service to provide medical information including recent renal function (for dosing purposes) and medication/problem summaries for exposed patients: this is a service the CCG is supposed to commission, as Dr Geddes' letter describes clearly ("ensuring appropriate clinical assessment, prescribing and supply of anti-virals"), and the LMCs' advice is that CCGs should be asked to resource the practice workload in enabling this. Alternatively, practices may wish to offer access to a clinician to the medical records of such patients, for this purpose.

I hope this background is helpful; if practice have any queries please contact any LMC Medical Directors.

With best wishes

A handwritten signature in black ink, appearing to be 'JP', with a long horizontal line extending to the right.

Dr Julius Parker
Chief Executive