Kingston GP Chambers

19/09/2021

Dear Extended Access/Minor Illness Service GPs

Please find below some important information regarding the Extended Access and Minor Illness Services.

This email covers:

- F2F working
- MHRA updates
- Antimicrobial guideline update
- Covid vaccine programme
- Lateral Flow testing

Face to Face working

The extended access service mirrors the rest of General Practice in its need to safely facilitate F2F appointments for patients who would like these. The Chambers team have been considering how best we can introduce a hybrid model of working for some time with the aim that patients who feel a F2F appointment is necessary and who are pre-screened as not having infective symptoms can be booked in directly for F2F.

Some practices have adopted this approach for a while now and the feedback has been positive. GP's and patients alike have enjoyed the return to F2F and it has reduced duplication of appointments and inefficiency for patients who need examinations.

I attach full details of how this will work moving forwards. Initially we will start with weekends only where bookings are all made by the chambers reception team and so we can ensure appropriate triage questions are asked and backed up by text messaging.

Your feedback on how these changes work in practice would be very welcome.

MHRA

Topical Steroid Withdrawal reactions

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions - GOV.UK (www.gov.uk)

This highlights the risk of withdrawal reactions if patients stop using topical steroids after a prolonged use and highlights the need to differentiate between a withdrawal reaction which doesn't require more steroids, and a flare of dermatitis which may.

See relevant section below

The most common reaction is a rebound (or flare) of the underlying skin disorder such as atopic dermatitis. However, patients have described a specific type of topical steroid withdrawal reaction in which skin redness extends beyond the initial area of treatment with burning or stinging and that is worse than the original condition. It can be difficult to distinguish a flare up of the skin disorder, which would benefit from further topical steroid treatment, and a topical steroid withdrawal reaction.

A topical steroid withdrawal reaction should be considered if:

- burning rather than itch is the main symptom
- redness* is confluent rather than patchy (which may not be so obvious in people with darker skin)
- rash resembles atopic dermatitis but involves unusual sites and is 'different' to the skin condition that the patient has experienced before
- there has been a history of continuous prolonged use of a moderate or high potency topical corticosteroid

*Redness can be a spectrum of pink, red, and purple, or subtle darkening of the existing skin colour, which can vary depending on the skin tone of the individual.

AZ vaccine and Guillan Barre Syndrome

MHRA have added a section to the guidance on the AZ Covid vaccine (now known as Vaxzevria) to highlight the very rare risk of Guillan-Barre Syndrome

Neurological events

Seek immediate medical attention if you develop weakness and paralysis in the extremities that are persistent and can affect both sides of the body at the same time and can progress to the chest and face (Guillain-Barré Syndrome). This has been reported very rarely after vaccination with Vaxzevria.

For GP's not associated with practices it is good practice to sign up for monthly MHRA updates – see link

https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup

Primary Care Antimicrobial update

Primary Care Antimicrobial Guidelines Update

NICE/PHE currently update sections of the antimicrobial guidance on a rolling basis rather than reviewing every 2-3 years. Therefore, the following sections of the local antimicrobial guidelines have been updated to reflect these changes. Further updates are anticipated. Please ensure you use the correct online version of the guidelines. It is not recommended to print guidelines as they will swiftly become superseded.

Impetigo
- Addition of hydrogen peroxide.
- Addition of erythromycin option for pregnant patients.

Leg ulcers
- More detailed guidance on prescribing considerations and treatment.
- More detailed antimicrobial choice information.

Human and animal bites
- More detailed guidance on prescribing considerations and treatment.
- Removal of clarithromycin and metronidazole as option.
- Addition of co-trimoxazole as alternative to penicillin based antibiotics in paediatrics.

Cellulitis/erysipelas
- More detailed guidance on prescribing considerations, treatment pathway and antimicrobial choice.

Acute diverticulitis
- Updated detailed guidance on prescribing considerations, treatment pathways and antimicrobial choice.

Infected eczema
- New guidance on prescribing considerations, treatment pathways and antimicrobial choice.

This is the link to the updated guidelines:

https://www.kingstonformulary.nhs.uk/page/29/5-infections-guidelines

Covid vaccination programme

You may be asked about Covid vaccinations so just as a brief update:

Vaccination of healthy children aged 12-15 – these vaccines have been recommended by the UK CMO and they have stated 'the benefits of vaccination are marginally greater than the risk of harm' but given the impacts on the child of missing education etc. have recommended vaccination but this is for individual patient/ parent decision. These vaccines will be done in school

Booster programme of vaccination

This is for priority groups 1 – 9 and states we should be vaccinating in order, down the cohorts as before. The guidance states it should be a minimum of 6 months between completion of primary course (second dose) and booster vaccine.

Please note – health and social care staff are obviously included and, as some of the first vaccinated in phase 1, should be some of the first to get booster vaccines.

Lateral Flow testing

As part of the arrangements in place to manage the risks presented by COVID, all NHS patient-facing staff are required to take a lateral flow test twice weekly. We expect that you will already be in the habit of taking these tests as part of your role in your own practice; however, if you do not already undertake twice-weekly testing, you will need to start doing so.

Lateral flow tests can be obtained free from https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests. Lateral flow test packs include an information leaflet which explains the method for taking the test.

Once you have taken a lateral flow test, it is a **statutory requirement** to report the result. You can do this via the government online portal (here). You will receive an automated response via email to confirm that your test result has been received; please keep this email, as we may need you to provide it as evidence of compliance with the testing programme.

If your lateral flow test is positive, you must self-isolate and arrange to take a PCR test. Further details about what to do if your test is positive are set out here. Please let us know as soon as possible if your test is positive, so that we can arrange to have your shift covered if necessary.

If you have any concerns or queries about the testing programme, please contact Laura Langton. For issues which come to light during evenings or weekends (e.g. a positive test), please contact the duty manager.

Bw

Rick

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