

# OXFORD-RCGP RSC DIRECTOR'S MESSAGE



YOUR WEEKLY UPDATE FROM PROF. SIMON DE LUSIGNAN,  
DIRECTOR OF THE OXFORD-RCGP RSC

## We still have sampling pathways available

### RSC Virology & Serology Sampling Pathways 2026-27

Commissioned by UKHSA

LabReach In-Practice Swabbing AVAILABLE - NEW!	Serology In-Practice Sampling AVAILABLE
<ul style="list-style-type: none"><li>✓ Latest Pathway (from Dec 2025)</li><li>👤 All age groups eligible</li><li>📄 Swab MUST be taken within 7 days of onset of symptoms</li><li>📦 Swab kits supplied directly to practices</li><li>🌿 Tested for Flu A/B, Covid and RSV</li><li>💷 £12.50 per valid sample received by the laboratory</li></ul>	<ul style="list-style-type: none"><li>✓ Established Pathway</li><li>⚠️ Paediatric sampling priority (under 18s) Adult sampling capacity currently full</li><li>📦 Sample kits supplied directly to practices</li><li>📄 Practice collects the blood sample</li><li>💷 Tiered remuneration by age bands: 0-8 years old : £30 9-17 years old : £15 (previously £11) 18 years and above: £5.50</li></ul>

Interested in joining or learning more?

Contact the Practice Liaison Team: [practiceenquiries@phc.ox.ac.uk](mailto:practiceenquiries@phc.ox.ac.uk) to get started

It's not too late to sign up for one or more of our sampling pathways.  
Contact our Practice Liaison Team today to learn more.

## *Articles of the week*

This week we are presenting two articles of interest about Structured Medication Reviews (SMRs) and inappropriate prescribing. Links can be found below along with an accompanying summary written by one of our Research Fellows, Bernardo.

### [Impact of structured medication reviews on prescribing in English Primary Care - PubMed](#)

Reducing problematic polypharmacy is a key aim of Structured Medication Reviews in English primary care. This retrospective cohort study used electronic health records from 635,698 adults aged  $\geq 65$  years with polypharmacy to evaluate the impact of SMRs in routine practice. Using matched analyses based on age, sex, and primary care practice, the study found that patients receiving SMRs were more likely to have medications started and existing prescriptions stopped compared with usual care. These findings suggest that SMRs may influence prescribing decisions and medication optimisation, although further research is needed to determine whether these changes translate into improved patient outcomes.

### [Exploring the implementation and integration of structured medication reviews in primary care: A qualitative evaluation using normalization process theory - PubMed](#)

Structured Medication Reviews were introduced into primary care in England to improve the safe and effective use of medications through holistic patient reviews. This qualitative study explored the experiences of 18 clinical pharmacists and 5 SMR leads involved in implementing and integrating SMRs into routine practice. Participants valued SMRs and highlighted the importance of building trust and tailoring consultations to individual patient needs. The study identified a need for clearer communication about SMRs for patients and primary care teams, appropriate resourcing, and greater support for consultation skills training to optimise the benefits of medication reviews.

## *Payment Update - Quarter 4*

We are currently reconciling the Q4 surveillance samples with UKHSA and appreciate your patience while this process is ongoing. We are hoping to begin Q4 payments towards the end of June.

Thank you for your patience and understanding while we complete this process — we greatly appreciate your support.



# Sampling Is Informing

Welcome to the newest segment of our weekly newsletter

## Hantavirus

The Hantavirus outbreak has worried the world over the past week, as evidenced by the newsfeeds and google searches, and following the news reporting of Gene Hackman and his wife Betsy Arakawa in early 2025, as her death was also attributed to Hantavirus.

The WHO has updated their factsheet ([Hantavirus](#)) which gives an excellent summary. As most of us are now aware, this disease mainly affect rodents and only a few strains are known to affect humans. The Andes variant implicated on the cruise ship, is present in the Americas, and can cause hantavirus cardiopulmonary syndrome (HCPS), and human-to-human transmission has been noted among prolonged contacts. The other main variant present in Europe and Asia is known to cause haemorrhagic fever with renal syndrome (HFRS) but human-to-human transmission has not been documented for this strain.

It is a notifiable disease and while there is no specific treatment, early detection and supportive care markedly improves the clinical outcomes.

It is worthwhile us all being aware of these uncommon and rare diseases in our increasingly global patient populations, but reassuringly there have never been any coded entries or cases recorded in our database – at time of writing.



359761005 : Disease caused by Hantavirus (disorder) : Usage NONE  
788871006 : Atypical Hantavirus disease (disorder) : Usage NONE

## Acute Respiratory Infection

As expected for Spring, we are seeing declining numbers of all acute respiratory infections (ARIs).

Rates across England show a very even geographical spread, with the most seen in the North, followed by the Midlands and East, then the South, then London.

Between ISO week 10 and current week 18, the graphs show a near-identical waveform pattern across all regions.

Are there latitude or climate/temperature reasons for this, or are our Northern network practices just better at coding?

(I) Acute Respiratory Infections (ARI): national incidence rate by region

