

NEWSLETTER

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PRESCRIBING RESPONSIBILITIES

Following the death of a patient in Sheffield from Methotrexate toxicity, the subsequent Coroner's Inquest and discussions at the Sheffield Area Prescribing Committee (APC), the LMC has been asked to remind all GPs:

When a GP writes a prescription for a patient, that drug becomes the GP's legal responsibility. As such, it is the GP's responsibility to ensure that appropriate monitoring is being undertaken and acted upon.

The LMC recommends that GPs have a robust system for ensuring that they are aware of the monitoring situations for all drugs that they prescribe. There are still examples of practices writing prescriptions for patients for drugs that are being monitored by the hospital.

Even if a GP is not actually prescribing a drug, for example Warfarin, it is still their responsibility to ensure, when prescribing any other medication, that they are aware of any potential dangerous interactions or contraindications. Failure to do so puts the GP in a very difficult position medico-legally.

SHEFFIELD EATING DISORDERS SERVICE REFERRAL FORM

At the request of GPs, the LMC Executive has negotiated with Sheffield Eating Disorders Services that GPs **do not** have to use the referral form designed by the service. However, it has been requested that the following information is contained within any GP referral letter:

- Height and weight for BMI.
- Description of eating disorder behaviour and the frequency of the behaviour.
- Relevant past mental health history.
- Current mental health issues.

Alternatively, the referral forms can be used!

PATIENT CHOICE

The LMC office has been made aware that practices in some areas of the city are being asked to confirm in writing that they have been offering patient choice since 1 January 2006. This is despite the fact that the appropriate literature was not circulated to many practices until early to mid February. In addition, as the office

understands it, the literature contained some significant inaccuracies about local services.

A choice and book DES is being rolled out from 1 April 2006 and it may be that practices wish to consider whether they intend to offer choice prior to this date. At present, there is no contractual obligation for practices to offer choice, particularly if they do not feel they have received all appropriate accurate information.

The LMC would recommend that practices only offer choice where they feel they have the appropriate and accurate information to be able to offer their patients a genuine opinion.

**LIQUID BASED CYTOLOGY
(LBC) IN CERVICAL
SCREENING – A SUCCESS**

*Summary of article by
Dr Jeremy Wight, Commissioner
of Screening, North PCT*

Sheffield was one of the first areas in the country to convert to LBC following recommendation from NICE. It has involved a coordinated delivery of retraining to clinical staff, new laboratory equipment and training, and information to patients. As a result, the inadequate rate has fallen from 6% to 1%, which means that since April 05, 2,200 fewer women have had to be recalled. Also, the turn-around time has fallen dramatically from over 40 days to under 5, so clinicians and patients are getting notified of results sooner.

Thank you to everyone!

**DEALING WITH
INRS ON
THURSDAY AFTERNOONS**

The issue of hospital trusts being able to contact GPs whose surgeries are closed on Thursday afternoons was recently raised with the LMC.

The trusts reasonably pointed out that it was extremely difficult for hospital laboratories to deal with INRs that had been performed on a Thursday morning as, more often than not, Sheffield GP Collaborative did not have the relevant details.

The LMC Executive would like to remind practices to try to avoid taking blood tests that need action on the same day on Thursday mornings. Obviously, where there is a clinical indication for doing such a blood test, it would be sensible if the practice left a message with the Collaborative as to how they would like the result to be dealt with.

**REFERRAL MANAGEMENT –
FREQUENTLY ASKED
QUESTIONS**

The GPC has recently issued this guidance, noting that there are considerable concerns about referral management and related organisational arrangements. The LMC feels that this is a particularly useful document in the current climate and would particularly refer practices to the statement with regard to medico-legal risk:

The development of referral management centres has led to widespread concern about medico-legal risks. Referral management centres should take responsibility for the outcome of any decision they make and must not be allowed to off-load liability to the referring GP.

If practices have concerns, they should seek confirmation from the appropriate PCT that the PCT accepts responsibility for the actions of the centre. If the PCT will not acknowledge responsibility, the LMC would like to be informed.

A copy of the guidance can be:

- downloaded in pdf format from: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrefmanfaqsjan06/\\$FILE/referrmanagejan06.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrefmanfaqsjan06/$FILE/referrmanagejan06.pdf)

- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**OUR HEALTH,
OUR CARE,
OUR SAY:
A NEW DIRECTION FOR
COMMUNITY SERVICES**

The above White Paper was published in January 2006. It sets a new direction for the whole health and social care system and confirms the vision set out in the Department of Health Green Paper *Independence, Well-being and Choice*.

A copy of the White Paper can be:

- downloaded in pdf format from: <http://www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf> (full version) <http://www.dh.gov.uk/assetRoot/04/12/76/04/04127604.pdf> (brief guide)
- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**THE NHS IN ENGLAND:
THE OPERATING
FRAMEWORK FOR
2006/7**

This document sets out the agenda for the NHS for 2006/7 and is designed to assist NHS Chief Executives to lead health services and health improvement locally. It sets out the framework for priorities, expectations and rules that the Department of Health wants Chief Executives to operate. Although it is aimed at Chief Executives, the Department of Health recommends that *Practice Based Commissioning: Achieving Universal Coverage*

(which is aimed at GPs and Practice Managers) is read in conjunction with this document.

A copy of the document can be:

- downloaded in pdf format from: <http://www.dh.gov.uk/assetRoot/04/12/73/15/04127315.pdf>
- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**PRACTICE BASED
COMMISSIONING:
ACHIEVING UNIVERSAL
COVERAGE**

This guidance follows *Practice Based Commissioning: Promoting Clinical Engagement* (issued December 2004) and *Making Practice Based Commissioning a Reality: Technical Guidance* (issued February 2005). The principles of these earlier documents are still relevant, but this latest guidance replaces the detail of the technical guidance. It should be read in conjunction with *NHS in England: the operating framework for 2006/07* and the White Paper *Our health, our care, our say: a new direction for community services*.

The guidance covers issues such as:

- What is practice based commissioning?
- Achieving universal coverage.
- Budget setting and financial management.
- Support for practices.
- Accountability and governance.

A copy of the guidance can be:

- downloaded in pdf format from: <http://www.dh.gov.uk/assetRoot/04/12/74/25/04127425.pdf>
- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**PRACTICE BASED
COMMISSIONING:
EARLY WINS AND
TOP TIPS**

The above document has recently been issued by the Department of Health. It contains case studies of pathway redesign in a number of clinical areas such as:

- COPD
- Dermatology
- Heart failure
- Long-term conditions
- Mental health
- Ophthalmology
- Orthopaedics
- Podiatry
- Urology

A copy of the document can be:

- downloaded in pdf format from: <http://www.dh.gov.uk/assetRoot/04/12/82/74/04128274.pdf>
- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**ALLERGY
RECORDING IN GP
CLINICAL SYSTEMS**

The above guidance has been issued by the GPC, following discussions and consultation with the GP2GP team, system user group suppliers and the GPC's legal advisor.

It has been developed to highlight the importance of correctly Read coding diagnoses within the patient record, so that the accurate translation of information from one system to another can potentially take place.

A copy of the guidance can be:

- downloaded in pdf format from: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFallergyrecordingjan06/\\$FILE/IMTAllergiesjan06.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFallergyrecordingjan06/$FILE/IMTAllergiesjan06.pdf)

- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

**JOB PLANNING:
SALARIED GPs**

The sessional GPs subcommittee of the GPC has produced a guidance note for salaried GPs and their employers, which covers:

- Principles of a good job plan
- Frequently asked questions
- Job plan – specifying the weekly schedule, on call duties, CPD provision and meetings
- Job plan diary.

A copy of the guidance note can be:

- found on the GPC website at: <http://www.bma.org.uk/ap.nsf/Content/jobplannov05?OpenDocument&Highlight=2,salaried,GPs,job,plan>
- downloaded in pdf format from: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFjobplannov05/\\$FILE/JobplanNov05.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFjobplannov05/$FILE/JobplanNov05.pdf)
- emailed (in pdf format) to practices. Please email a request to: adminassistant@sheffieldlmc.org.uk

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Articles for the March 2006 edition of the LMC newsletter to be received by **Tuesday 14 March 2006**.