

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

JULY 2006

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NON PRINCIPAL REPRESENTATIVE VACANCY ON SHEFFIELD LMC

A vacancy has arisen on the LMC for a non principal representative. Therefore, the LMC would welcome expressions of interest from any non principal GPs who feel they may wish to represent the views of their section of primary care as a co-opted member of Sheffield Local Medical Committee.

The LMC Executive feels that it is extremely important that the LMC remains representative of grassroots general practitioners in Sheffield and that the membership should be as eclectic as possible. The Executive also feels that it is important that all groups of primary care doctors in Sheffield have the opportunity to be represented at LMC meetings.

The full LMC meets on the second Monday of the month, at

the HSBC Sports & Social Club in Dore at 7.45 pm.

Please forward expressions of interest to Margaret Wicks, Manager, Sheffield LMC via:

email: manager@sheffieldlmc.org.uk
or post: Media House, 63 Wostenholm Road, Sheffield S7 1LE.

If you would like further information prior to expressing an interest, please email Margaret or tel: (0114) 2588755.

REQUESTS FOR MEDICAL INFORMATION BY TELEPHONE

It has come to the attention of the LMC Executive that a number of organisations are obtaining patient consent and telephoning Sheffield GPs asking for confidential information to be released over the telephone.

This has occurred on at least one occasion with significant legal implications.

The LMC Executive sought the advice of the Medical Protection Society (MPS) and the General Practitioners Committee (GPC).

Both organisations advised strongly that doctors should not give confidential information out with regard to their patients over the telephone, regardless of whether or not there is consent.

In particular, the MPS stated that the duty of a doctor is very much a duty to the patient rather than a duty to an outside organisation and the doctor must therefore observe the strictest code of confidentiality and ensure that an appropriate audit trail is maintained.

The LMC would suggest that information is only released in a

written format and, of course, if this is not to an NHS organisation then a charge can be made.

CHANGES TO THE MISUSE OF DRUGS REGULATIONS

Misuse of drugs regulations amendments were laid before parliament on Friday 9 June 2006 and were signed off by Home Office Ministers.

These changes came into force on 7 July 2006.

Copies of the statutory instrument and explanatory memorandum can be downloaded in pdf format from:

Statutory instrument:
http://www.opsi.gov.uk/si/si2006/uksi_20061450_en.pdf

Explanatory memorandum:
http://www.opsi.gov.uk/si/em2006/uksiem_20061450_en.pdf

LETROZOLE

We would like to remind GPs that while Letrozole is covered by a shared care protocol (SCP) as a second line drug for breast carcinoma, no GP should be asked to start it and GPs should only prescribe Letrozole if they have agreed to participate in shared care.

URGENT CANCER REFERRALS

*Article submitted by
Dr Jeremy Wight,
Director of Public Health,
North Sheffield PCT*

There are a couple of points that have emerged from the recent Peer Review of Cancer Services in Sheffield which I need to bring to your attention.

1. The hospital needs to fax back to practices to confirm when a referral has been received under a two week wait rule. Unfortunately in a small minority of cases the practice

fax number is not included on the referral proforma that is faxed into the hospital. It is clearly much more straight forward for the clinic administrative staff to fax a confirmation back to the practice if this is included. We would be grateful, therefore, if you could ensure that in future it is included on all two week wait referral forms.

2. Occasionally it happens that patients who are referred in under the two week wait rule are not aware that cancer is a possible diagnosis, and when they become aware of this in the clinic they suffer some distress. It will readily be appreciated that since the clinics concerned are dealing with large numbers of patients in whom a cancer diagnosis is suspected, there is in the clinic a general acceptance that cancer is a diagnostic possibility for most if not all patients.

We discussed this at a recent meeting of the Sheffield Cancer Committee, with primary care representation present as well as representation from the hospitals. It was recognised that there may be some cases where the referring GP has made a reasoned decision not to inform the patient that cancer is a possible diagnosis and that the purpose of the referral is to exclude or confirm this. However it was also felt that it was not an unreasonable presumption on the part of clinic staff that patients would be aware that this is a possible diagnosis.

The view of the Cancer Committee, therefore, is that this presumption should stand. If a GP has made a specific decision not to inform the patient that cancer is a possible diagnosis, then the onus is on the GP to inform the clinical staff that this decision has been made, and to ask the clinic staff to act with appropriate discretion.

We hope that this will help to prevent any further cases of distress being caused by patients learning that cancer is a possible diagnosis when they are not prepared for this.

Thank you for your cooperation.

CERVICAL CYTOLOGY TRAINING PACK – INTERIM ARRANGEMENTS

*Article submitted by
Dr Jenny Stephenson*

The cervical cytology training pack is being revised in line with new requirements, now that liquid based cytology is established.

Anyone currently using the pack should continue and complete the training with it.

Others needing first time training should apply to Janet Johnson (named in the pack).

A finalised pack will be available shortly.

TRANSFER OF PATIENTS ON WARFARIN

A new system has been introduced at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) regarding discharge of patients taking Warfarin.

All in-patients in the Royal Hallamshire Hospital (RHH) and Northern General Hospital (NGH) who are given Warfarin during the in-patient stay are now having Warfarin dispensed from pharmacy (previously some of those admitted on Warfarin would have used the supply given to them by their GPs and would not have had it dispensed).

A list of all patients who have Warfarin dispensed at RHH/NGH is sent to the anticoagulation clinic. A member of clerical staff tracks these patients.

When these patients are discharged, if the patient has not been referred to the RHH/NGH anticoagulant clinic

the following letters will be sent:

- 1 If the patient was previously monitored by RHH/NGH anticoagulant clinics and has not been re-referred, a letter is sent to the consultant with a copy to the patient's GP to make them aware of the situation.
- 2 If the patient was not previously known to the RHH/NGH anticoagulant clinics, a letter will be sent to the patient's GP.

These letters inform the consultant/GP that their patient was dispensed Warfarin whilst an in-patient and has not been referred to an STHFT anticoagulant clinic.

Should you receive one of these letters it is your responsibility to check to see if your patient has been discharged on Warfarin and if so, to ensure appropriate monitoring arrangements are in place (either refer to RHH/NGH anticoagulant clinic or monitor INR and dose Warfarin yourself).

If a patient is initiated on Warfarin for the first time in hospital, then it is the hospital consultant in charge of that admission who is responsible for ensuring appropriate monitoring and documenting it (usually with the anticoagulant clinic). However, the LMC Executive and the anticoagulant clinic would recommend that it is good practice for any GP to check that the patient is getting appropriate monitoring somewhere.

The aim is to ensure that patients are not being discharged on Warfarin without follow-up arrangements in place.

SALARIED GPs: PRESCRIBING NUMBERS

Further to the article in the June 2006 edition of the LMC newsletter, please note that any salaried GPs wishing to obtain a prescribing number should contact Sue Whitham as follows:

Sue Whitham
Assistant Director of Primary
Care
Sheffield Family Health Services
Brincliffe House
90 Osborne Road
Sheffield S11 9BD

Tel: 2263112

Email:
[Sue.Whitham@sheffieldse-
pct.nhs.uk](mailto:Sue.Whitham@sheffieldse-pct.nhs.uk)

READ CODE E1

It has been brought to the LMC's attention that there is a problem with the Quality and Outcomes Framework (QOF) business rulesets such that there is insufficient distinction between mild depression, single episodes of depression, multiple episodes but no psychosis, manic episodes, psychosis etc.

There has been considerable debate about this subject nationally and the problem has been brought to the attention of the GPC IT Committee, who have made representation centrally to have the situation simplified or changed.

We understand from Grant Ingrams, Coventry LMC Secretary, that the situation should be altered shortly and that no action should be needed by practices other than to recognise the anomaly.

SINGLE ASSESSMENT PROCESS (SAP): UPDATE

Organisations across Sheffield have agreed to share relevant information in the interests of patients.

Information from GPs is vital to enable the following agencies to provide the best services they can for patients and these organisations have asked us to provide this on the SAP assessment forms, which will enable them to process referrals more efficiently:

- Neighbourhoods & Community Care (Social Services) for Older People, Physical Disabilities, Learning Disabilities & Equipment and Adaptations
- Neighbourhoods & Community Care (Housing Services)
- Sheffield Care Trust Older Adult Mental Health (eg Community Mental Health Teams)
- Sheffield Care Trust Learning disabilities
- Intermediate Care (eg CART)
- Community Therapy Services (eg clinic based & Domiciliary Physiotherapy)
- Primary Care Trusts (eg District Nurses)

A full list of organisations and their contact details can be found on the Health Intranet 'Implementing The Single Assessment Process (SAP) in Sheffield' at:

[http://nww.sheffield.nhs.uk/sap/
generalpractice.php](http://nww.sheffield.nhs.uk/sap/generalpractice.php)

It is a future aim to incorporate referrals to secondary care, eg STHFT (RHH & NGH).

SOUTH YORKSHIRE MEDICO-LEGAL SOCIETY: 2006/2007 PROGRAMME

*Article submitted by
Miss Cathie Delaney,
Irwin Mitchell Solicitors*

Our programme for 2006/2007 commences on Tuesday 19 September 2006 at the Medico-Legal Centre, Watery Street, Sheffield at **6.30 pm prompt**, when Dr Nat Carey, Home Office Pathologist will speak on the subject "The Soham Murders".

Other topics for discussion at our monthly meetings include:-

- The Role of the NHSLA
- The Trials of Sion Jenkins
- Autism and The Police
- Ethical Issues Surrounding IVF/Stem Cell Research
- Tsunami: The Identification Nightmare

Plus there is the ever popular Summer Ball at Whirlowbrook Hall, Sheffield on 15 June 2007.

Attendance at meetings qualifies for CME points (one hour).

Meetings conclude between 7.45 pm and 8.00 pm with wine and soft drinks.

The annual membership fee is £20.00 or £10.00 students, unsalaried, retired.

If you are interested in joining the Society, please contact the Membership Secretary for an Application Form at the postal address or e-mail address below.

Alternatively, you are invited to attend the meeting on 19 September 2006 when you can obtain an Application Form.

The Membership Secretary:

Miss Cathie Delaney
 Irwin Mitchell Solicitors
 Riverside East
 2 Millsands
 Sheffield S3 8DT
 Tel: 0870 1500 100
 Email:
caitlin.delaney@irwinmitchell.com

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**PRIMARY CARE
 RHEUMATOLOGY SOCIETY
 ANNUAL CONFERENCE
 2006**

**MOAT HOUSE HOTEL, YORK
 5 - 7 OCTOBER 2006**

The above Conference will comprise of lectures, workshops and topical sessions. Subjects covered include joint resurfacing, musculoskeletal education for primary care clinicians, fibromyalgia and back pain osteopathy.

For more detailed information including costs and an application form, please contact:

Helen Livesley
 PCR Society
 PO Box 42
 Northallerton
 DL7 8YG

Telephone: 01609 774 794

Email:
helen@pcrsociety.freeserve.co.uk

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**PCOS UK
 CONFERENCE 2006**

**MANCHESTER CONFERENCE
 CENTRE
 21 SEPTEMBER 2006**

The programme has been developed to encourage debate around issues such as:

- Early recognition of symptoms of polycystic ovary syndrome
- Appropriate referral
- Psychological problems
- Management of the broad range of symptoms
- Prospects for the future

The conference will take the delegates from the first presentation at the GP surgery, through diagnostic tests, the management of insulin resistance and the risks of diabetes to the assessment and management of the range of presenting symptoms.

Registration fee:

£135 (inc VAT) before 21 August
 £159 (inc VAT) after 21 August.

For further information call:

Holly Small
 Tel: 020 7922 5768
 Fax: 020 7760 7193.

Visit www.pcos-uk.org.uk for information and a copy of the conference registration form.

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**PRIMARY CARE
 NEUROLOGY SOCIETY
 CONFERENCE 2006**

**CUTLER'S HALL, SHEFFIELD
 12 OCTOBER 2006**

This year's programme includes the following topics:

- Primary Care Neurology in the Psychiatrists Chair
- Fits Faints and Funny Turns
- Access to MS Services
- Development of Neurological Rehabilitation Services
- Diagnosis and Long-term Management Issues in Parkinson's Disease
- Establishing a Primary Care Epilepsy Service

The format is a mix of keynote lectures, an Interactive Question Time and clinical workshops.

To book a place at the conference please call 020 7921 0002 or email info@p-cns.org.uk.

Booking forms are also available from www.p-cns.org.uk.

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

Email:
manager@sheffieldlmc.org.uk

Fax: (0114) 258 9060

Post:
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 Media House
 63 Wostenholm Road
 Sheffield
 S7 1LE

Articles for the August 2006 edition of the LMC newsletter to be received by **Monday 14 August 2006.**