

NEWSLETTER

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VACANCY BULLETIN DISTRIBUTION

An increasing number of GPs have contacted the LMC office recently requesting a copy of the LMC's vacancy bulletin, stating that the original copies addressed to the practice manager have been destroyed.

It would be appreciated if practices could put a system in place whereby the vacancy bulletins addressed to practice managers are disseminated to all GPs within the practice, unless a GP has given a specific instruction to the contrary.

Many thanks for your assistance with this matter.

SALARIED GPs: PRESCRIBING NUMBERS

*Extract from GPC News
12 April 2006 (M9)*

Following pressure from the GPC sessional GPs and clinical and

prescribing subcommittees, we are pleased to report that salaried GPs are now entitled to have their own prescribing number.

PCOs can apply to the NHS Information Centre (GMS Team) for an individual unique number for each of the salaried GPs on their Performers' List. We therefore advise salaried GPs to contact their PCO for a prescribing number.

We continue to make representations for locum GPs also to have a unique prescribing number.

PERFORMING RIGHTS LICENCE

Further to the article in the May 2006 edition of the LMC newsletter, it has been brought to the LMC's attention that the cost of a Performing Rights Licence is considerably more than was originally quoted to the LMC.

The Performing Rights Society has confirmed that the cost varies depending on a number of factors, including:

- The number of seats in the surgery waiting room;
- Whether or not the music user applied for and obtained a licence before musical performances commenced;
- Whether a TV, radio, record player, CD, tape player or video player is being used.

Annual costs for small premises range from £63.24 (for up to 19 seats) + £3.18 for each additional seat (up to a maximum of 30) to £94.86 (for up to 19 seats) + £9.51 for each additional seat (up to a maximum of 30).

Further details and a current tariff can be obtained from the Performing Rights Society - www.prs.co.uk/health.

**ACCESSING INFORMATION
ON AREA PRESCRIBING
COMMITTEE (APC)
WEBSITE**

Some practices have had difficulty accessing items on the APC website, notably shared care protocols (SCPs).

The following information has been provided by Stella Voaden, Secretary to CPSAG & APC:

When you click on "info" button for the SCP, a link takes you to the SCP website at the teaching hospital. You then click on "view guideline" - and a few practices find that this link does not work, or an 'applet failure' or similar notice comes up. The IT manager here informs me that we cannot correct this. It is up to the IT helpdesk that practices use to flag up this fault and ensure that Gerry Parmakis, who sorts out the SCPs at the teaching hospitals, is aware of it, if they cannot rectify the fault themselves - Gerry.parmakis@sth.nhs.uk.

**COMPUTERS IN THE
CONSULTATION ROOM**

Unfortunately, a patient in Sheffield recently found reason to make a complaint against a GP because the doctor left the room to collect some information from reception. The patient subsequently complained that the case notes were accessible in the room and the computer was running.

It was pointed out that there was a risk that patients might use such an opportunity to access confidential information about other patients.

The LMC Executive would advise GPs to maintain necessary caution when leaving their computers running with a patient in their consultation room. It is important that all GPs make their best effort to comply with patient confidentiality and the Data Protection Act.

COPD 9

The GPC has received a number of queries in relation to COPD 9 questioning why it does not have a start date of 1 April 2004.

The GPC has discussed this with the NHSE and is aware that putting together both COPD2 and COPD3 in to the new QOF COPD9 has not translated well with regard to what happened with the Business Rules.

A new set of Business Rules is currently in preparation and in it COPD 9 will reflect the situation that existed with COPD3 in the 2004 QOF.

**REPORTING ADVERSE DRUG
REACTIONS: A GUIDE FOR
HEALTHCARE
PROFESSIONALS**

In 1996 the BMA's Board of Science published Reporting Adverse Drug Reactions (ADRs) – A Policy Document. Since this report there have been a number of significant changes to the yellow card scheme. Therefore, updated guidance was issued in May 2006, which includes these changes and acts as a signposting resource for health professionals. Recommendations about ways in which healthcare professionals can help improve reporting of ADRs are listed at the end of the report.

A copy of the report can be:

- viewed on the GPC website at: <http://www.bma.org.uk/ap.nsf/Content/AdverseDrugReactions>
- downloaded in pdf format from the BMA website: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFADR/\\$FILE/ADRFinal.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFADR/$FILE/ADRFinal.pdf)
- emailed to practices (in pdf format) by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**FLU PANDEMIC
GUIDANCE**

The joint RCGP/GPC Flu Pandemic Emergency Planning Group has produced the above guidance on infection control to help GP practices plan for and respond to the threat of pandemic flu. A copy of the guidance can be:

- downloaded in pdf format from the BMA website: [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDF/pandemicflu0506/\\$FILE/PandemicFlu.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDF/pandemicflu0506/$FILE/PandemicFlu.pdf)
- emailed to practices (in pdf format) by the LMC office. Please email a request to: adminassistant@sheffieldlmc.org.uk.

**INITIAL HEALTH
ASSESSMENTS**

*Article submitted by
Jill Lancaster,
Health Improvement Manager
for Children & Young People,
North Sheffield PCT*

At the request of the Primary Care Trusts, Sheffield Children's (NHS) Trust have appointed Dr Alison Green to start work on Initial Health Assessments and she is supported by Pamela Goodison as Medical Secretary. They will both be based on Floor 3 Castle Market Buildings.

Dr Alison Hunter has agreed to cover the post of Designated Doctor for Looked After Children and Young People for an interim period, until permanent arrangements are firmed up.

GP's should start to see over the next few months requests for IHAs becoming fewer but it may be a while before we have the full capacity to completely take over the work.

The continued support of GPs during this transition period would be welcome.

The Designated Nurse for LAC & YP, Nikki Shepherd is now based at Floor 3 Castle Market Buildings, together with the Specialist Nurse for Residential Homes, Sarah Jewitt and the Health/Data Base Manager, Ian Ashforth.

We hope that the Medicals for Adoption and Fostering team will also join them shortly at Castle Market Buildings. Support Services for Looked After Children and YP have also moved on to Floor 3 at Castle Market Buildings.

Thanks for your patience and we will endeavour to keep you up to date with further progress.

**MANAGEMENT OF CHRONIC
KIDNEY DISEASE (CKD)
AND eGFRs**

It was brought to the attention of the full LMC meeting on Monday 12 June 2006 that the Clinical Chemistry laboratories at Sheffield Teaching Hospitals NHS Trust had started printing eGFR results for all patients on whom a serum creatinine was requested.

This has caused some confusion for GPs with regard to how to deal with these results and the LMC Executive would refer them to the Renal Association website, which is listed on the laboratory forms. This is a helpful and relatively GP friendly site.

There is also a working group in Sheffield developing a care pathway for the interpretation of eGFRs (in order that the Renal Unit does not get inundated with new referrals). This has involved conversations between the Renal Unit, led by Professor El Nahas, Dr Jeremy Wight (Consultant in Public Health, North Sheffield PCT), the hospital laboratories and the LMC Executive. It had been the intention to publish guidelines on the management of eGFRs prior to the results being circulated to GP practices but, unfortunately, this does not appear to have happened.

At this stage the LMC Executive advise simply that GPs start to create a CKD register and put the eGFRs on to their computer system. The management of abnormal eGFRs should be available shortly.

**COMMON ASSESSMENT
FRAMEWORK (CAF)
REFERRAL FORMS**

GPs referring children to Child and Adolescent Mental Health Services (CAMHS) may have been made aware of a new form which is in circulation. The CAF form suggests that GPs need to fill in extensive details with regard to child development.

The LMC Executive has been in contact with Des Charles, Manager for the SafetyNET and CAF Programme, who feels that it is important that GPs are aware of the information that is required in the assessment of children and, therefore, would prefer to keep the form in its current format. However, the LMC Executive would point out that completion of this form is by no means a contractual requirement and, indeed, we have been in contact with CAMHS, who have agreed that they will accept a standard, satisfactory GP referral letter.

It may be that some GPs with a special interest in child development would find it useful to go on and complete the further information suggested.

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

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