

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

FEBRUARY 2013

INSIDE THIS ISSUE:

GP CONTRACT ROADSHOW: REQUEST FOR GP ACTION

FAREWELL TO JULIE TAYLOR

INSURANCE COMPANY REQUESTS FOR MEDICAL REPORTS/ACCESS TO MEDICAL RECORDS

FIREARM/SHOTGUN LICENCES: GUIDANCE FOR SHEFFIELD GPs

PERSONAL ADMINISTRATION FEES FOR ORAL TYPHOID VACCINE – VIVOTIF

REJECTED PATH LINKS REPORTS

GP TRAINEES SUBCOMMITTEE NEWSLETTER: JANUARY 2013

CONFIDENTIAL HELPLINE/ONLINE DECISION AID: PATIENT SAFETY

GOOD PRACTICE IN PRESCRIBING AND MANAGING MEDICINES AND DEVICES

WHEN A PATIENT SEEKS ADVICE OR INFORMATION ABOUT ASSISTANCE TO DIE

DIABETIC EYE SCREENING SERVICE UPDATE

DIABETES CARE

MEDICINES SUPPLY CHAIN GUIDANCE

CALCULATING QUALITY REPORTING SERVICE (CQRS) TRAINING

GP CONTRACT ROADSHOW: REQUEST FOR GP ACTION

As many of you will be aware, Dr Richard Vautrey, Deputy Chair of the General Practitioners Committee (GPC) gave a detailed presentation on the GP contract imposition at the Sheffield Roadshow on Thursday 7 February 2013.

Dr Vautrey urged GPs to:

- Complete the British Medical Association (BMA) survey by 11 February 2013 (hence the LMC Newsflash reminder on 8 February);
- Respond directly to the Department of Health (DH) consultation by 26 February 2013, via their contact page: <http://www.info.doh.gov.uk/contactus.nsf/memo?openform>
- Write to the Secretary of State for Health:

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

- Write to Sheffield MPs – contact details available at: <https://www.sheffield.gov.uk/your-city-council/roles-who/mps.html>
- Copy the GPC into any correspondence to the Secretary of State for Health or MPs via info.gpc@bma.org.uk
- Keep up-to-date on the detail of the proposed contract impositions via the BMA website: <http://bma.org.uk/working-for-change/negotiating-for-the-profession/gp-contract>
- Start to plan for the changes, by considering the cost of services and work.

FAREWELL TO JULIE TAYLOR

It is with regret that the LMC office has to announce that Julie Taylor recently left the post of LMC Administrative Assistant.

Although Julie had only been with the LMC since August 2012, she was already proving to be a key member of the Secretariat, bringing a wealth of health service experience to the role. Unfortunately, Julie has had to take a break from employment for health reasons.

We wish Julie a full and speedy recovery and every success in all future ventures.

The LMC Secretariat is now embarking on a recruitment process and hopes to be able to make a further announcement shortly.

In the meantime, we welcome Emma Birtles to the LMC. Emma has been appointed to the Administrative

Assistant post on a temporary basis whilst the recruitment process is conducted.

**INSURANCE COMPANY
REQUESTS FOR MEDICAL
REPORTS/ACCESS TO
MEDICAL RECORDS**

As you will be aware from previous newsletter articles and LMC guidance, some insurance providers are using the Subject Access Request (SAR) provisions of the Data Protection Act (DPA) to obtain full medical records from customers applying for insurance.

This is a change from the traditional use of the GP Report (GPR), which allows specific relevant information from medical records to be provided to the underwriters, and is very much at odds with the principles established in the BMA/Association of British Insurers (ABI) agreement.

Doctors' professional, ethical and legal duties require them not to disclose information about their patients without consent.

Consent for disclosure of information is valid only where applicants understand the nature and extent of the information that is being requested, and the use to which it will be put. If doctors are in any doubt about whether valid consent has been given, they should check with the applicant.

The LMC has been made aware of a number of cases where this check has resulted in the patient withdrawing their consent.

The legal advice received so far by the BMA indicates that it is quite permissible for the insurer to request a DPA release of records. In order for negotiations to progress, the BMA requires evidence that patients object to this process. So far they only have anecdotal evidence. Therefore, if any practices are able to offer written evidence of patient dissatisfaction with this process, it would be appreciated if this could be forwarded to the LMC office via:

administrator@sheffieldlmc.org.uk.

**FIREARM/SHOTGUN
LICENCES: GUIDANCE FOR
SHEFFIELD GPs**

The LMC has become aware of an update made to the BMA website on 6 December 2012, regarding the agreement between the Association of Chief Police Officers (ACPO) and the BMA with regards to the process of sending a letter to the GP enquiring as to whether there is any medical information that might have a bearing on the applicant's suitability to hold a firearm.

The BMA is now suggesting that such enquiries from the police should be kept in patient records, whereas their original guidance said that they should not be retained in the records.

Therefore, we have amended our guidance, a copy of which can be downloaded from the LMC website at:

http://www.sheffieldlmc.org.uk/lmc%20guidance/Firearm-Shotgun_Licences.pdf

**PERSONAL ADMINISTRATION
FEES FOR ORAL TYPHOID
VACCINE - VIVOTIF**

Following Sanofi Pasteur raising concerns with regard to certain batches of Typhim vaccine, a number of Sheffield GP practices have been offering their patients an oral typhoid vaccine, Vivotif, as an interim measure. This has raised the issue of the appropriate way to claim the equivalent vaccine fee for the typhoid travel vaccination.

Sheffield Clinical Commissioning Group (CCG) guidance and DH guidance suggests that oral typhoid vaccine can be claimed on an FP34 Appendix.

After lengthy debate a practical solution has been agreed between the Medicines Management Team at NHS Sheffield (NHSS), the CCG and the LMC.

If a practice buys in oral Vivotif they can claim a personal administration fee if they comply with the following guidance:

1. The oral vaccination box is appropriately labelled in line with the Medicines Act (practice pharmacists should be able to offer guidance on the appropriate labelling), to include:

- patient name;
- the name and address of supplier;
- date of supply
- name of medicine;
- directions for use;
- precautions relating to use, such as "keep out of the reach of children".

2. The first vaccine is given at the practice and the patient takes the second and third doses according to the labelling instructions.

Please note that if a practice issues an FP10, a personal administration fee cannot be claimed.

**REJECTED PATH LINKS
REPORTS**

The LMC has been made aware of a potential clinical governance issue with regards to practices receiving Path Links reports relating to patients who are not on their list.

Most GP clinical systems have a facility to flag a report as rejected but, after discussions with David Drew, Laboratory IT Lead Manager at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), it has been established that these rejected reports are not returned to the laboratory from where the test result originated. Instead, the result is lost in a black hole.

In the short term, David Drew has proposed that rejected reports are sent directly back to the clinical managers of the laboratory, on a specific email address.

There is no point in contacting the laboratory directly. Therefore, please see below the proposal from STHFT as to how rejected reports should be handled:

If you are using nhs.net email then use sht-tr.p mip@nhs.net - note that is **SHT not STH** - and include as many details as you think fit.

If you are using any other email environment (even within .nhs.uk domain) then demographics should not be sent - just give the specimen number or the NHS number and send to pmip@sth.nhs.uk

The laboratory will then investigate and re-address as appropriate.

The LMC feels that this is not a satisfactory long term solution and should only be used in the short term. Therefore, we are pressing STHFT to look at an alternative solution that does not put the onus on GP practices.

GP TRAINEES SUBCOMMITTEE NEWSLETTER: JANUARY 2013

The GP Trainees Subcommittee is a subcommittee of the GPC that provides national representation for all doctors in GP training, whether they are members of the BMA or not.

The January 2013 edition of the subcommittee's newsletter contains articles on:

- Enhanced GP Training (EGPT)
- LMC Conference – May 2013
- Five things you need to know about reclaiming expenses
- Junior Member's Forum – make your voice heard!
- What gets you out of bed?
- News from the Membership Development Team
- GP Trainees Subcommittee membership 2012/13.

A copy of the newsletter can be downloaded from the GPC website at:

<http://bma.org.uk/-/media/Files/PDFs/About%20the%20BMA/How%20we%20work/General%20Practitioners%20Committee/gptraineesnewsletterjanuary2013.pdf>

CONFIDENTIAL HELPLINE/ONLINE DECISION AID: PATIENT SAFETY

The General Medical Council (GMC) has launched a confidential helpline and online decision aid to enable doctors who are worried about patient safety to seek advice when they feel unable to do this at local level.

The launch of both services follows the publication of GMC guidance *Raising and acting on concerns about patient safety*, which was sent to every doctor in the UK last year. Further copies can be downloaded from the LMC website at: <http://www.sheffield-lmc.org.uk/OG12/Raising%20and%20acting%20on%20concerns%20about%20patient%20safety.pdf>

The confidential helpline - 0161 9236399:

- will be staffed by specially trained advisors who will be able to take forward information about individual doctors or organisations that can be investigated by the GMC. Callers can also be directed to other appropriate organisations, such as the Care Quality Commission (CQC).
- The helpline will operate during normal business hours, but will include the facility to call doctors back at a time of their choice.

The online decision aid can be accessed via the GMC website at: http://www.gmc-uk.org/guidance/ethical_guidance/decision_tool.asp

GOOD PRACTICE IN PRESCRIBING AND MANAGING MEDICINES AND DEVICES

The GMC has recently issued new guidance for doctors on how to prescribe medicine safely, which replaces the GMC's guidance *Good practice in prescribing medicines* (2008).

The new guidance, which comes into force on 25 February 2013, strengthens and broadens the current advice on prescribing medicines to include medical devices and gives

key updates on using unlicensed medicines.

The main topics covered are:

- Keeping up to date and prescribing safely;
- Need and objectivity;
- Consent;
- Sharing information with colleagues;
- Shared care;
- Raising concerns;
- Reporting adverse drug reactions, medical device adverse incidents and other patient safety incidents;
- Reviewing medicines;
- Repeat prescribing and prescribing with repeats;
- Remote prescribing via telephone, video-link or online;
- Prescribing unlicensed medicines;
- Sports medicine.

A copy of the guidance can be downloaded from the *Other Guidance* section of the LMC website at:

http://www.sheffield-lmc.org.uk/OG12/Prescribing_Guidance_%282013%29.pdf

WHEN A PATIENT SEEKS ADVICE OR INFORMATION ABOUT ASSISTANCE TO DIE

The GMC has recently published guidance for doctors to use when a patient seeks advice or information about assistance to die.

The short explanatory guidance has been written in response to concerns raised by doctors that patients should not feel abandoned by them at such a difficult time, but were concerned that discussions could lead them to breaking the law. It provides advice on how the principles in GMC guidance *Good Medical Practice* and *Treatment and care towards the end of life: good practice in decision making* apply when patients who are reaching the end of their life, or who have severe disabilities, seek help or advice about ending their lives.

A copy of the guidance can be downloaded from the LMC website at:

http://www.sheffield-lmc.org.uk/OG12/When_a_patient_seeks_advice_or_information_about_assistance_to_die.pdf

DIABETIC EYE SCREENING SERVICE UPDATE

*Article submitted by
Dr Jenny Stephenson*

Please note the following points of interest to primary care, discussed at a Diabetic Eye Screening Service meeting in January 2013:

- Diabetes patients of all ages should be referred to eye screening, even if blind or unfit, completing the 'exclusion' section on the referral form if necessary.
- Sheffield Children's Hospital NHS Foundation Trust will refer patients under its care, stating this in the clinic letter. However, GPs are encouraged to refer children too, as a failsafe.
- GPs should use the new referral form (available at www.sheffield.nhs.uk/referrals/?cat=222). This does not require signed consent. However, the patient/carers should be given information about eye screening and its importance, to promote attendance.
- Practices should run a system query every six months (www.sheffield.nhs.uk/pci/diabetes.php) to reconcile the screening list with the practice register.

DIABETES CARE

*Article submitted by
Dr Jenny Stephenson*

Recent data (from the Information Centre 2012) has shown that Sheffield has moved up from lowest quartile to the highest in its achievement of HBA1c control. This is encouraging news and is related to effective management of people with diabetes as well as earlier diagnoses.

QOF indicators for diabetes include all the 9 care processes required to show that the patient has had an annual review, which includes foot check and eye screening.

In addition, NICE recommends that patients have HBA1c at least every 6 months - more often if control is poor or deteriorating. These patients should be seen more often. Using the Sheffield Template will enable data capture.

The Community Diabetes Specialist service is there to help and advise about the more complex problems.

The Diabetes Centre at the Northern General Hospital can be contacted via:

Tel: (0114) 271 4445
Fax: (0114) 2560285.

The Diabetes Centre at the Royal Hallamshire Hospital can be contacted via:

Tel: (0114) 2713479
Fax (0114) 2711713.

MEDICINES SUPPLY CHAIN GUIDANCE

The DH has updated its guidance *Trading medicines for human use: shortages and supply chain obligations* and *Best practice for ensuring the efficient supply and distribution of medicine to patients*, to take account of the introduction of the Human Medicines Regulations Act 2012.

Trading medicines has also removed mention of registered pharmacists exporting drugs and updated references to the Royal Pharmaceutical Society of Great Britain (RPSGB) to the General Pharmaceutical Council and their principles and standards.

Copies of the revised guidance can be downloaded from the DH website at:

<http://www.dh.gov.uk/health/2013/01/medicines-human-use/>

<http://www.dh.gov.uk/health/2013/01/supply-medicines-patients/>

CALCULATING QUALITY REPORTING SERVICE (CQRS) TRAINING

Booking for CQRS (the programme that replaces QMAS) training opened on 24 January for GP practices. The first phase of training will begin on 25 February and will be conducted over a 3 week period. Places are limited to one person per organisation.

The sessions will be run via Adobe Connect, a web conference application. They will be hosted by a facilitator and users will be able to interact and ask questions. All the material from the training sessions, along with an audio recording, will be made available from 25 February.

To participate in the first phase of CQRS training please click on the following link for further information:

<http://www.connectingforhealth.nhs.uk/systemsandservices/cqrs/training/bookings>

Please note that the Learning Management System (LMS) is only accessible via the N3 network. If you experience any difficulties relating to booking a training slot and / or logging onto the LMS, in the first instance please visit the FAQ page on the Connecting for Health (CFH) website:

<http://www.connectingforhealth.nhs.uk/systemsandservices/cqrs/faqs>

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

Email:
manager@sheffieldlmc.org.uk

Post:
Sheffield LMC
Media House
63 Wostenholm Road
Sheffield S7 1LE

Articles for the March edition to be received by Friday 8 March 2013