

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## SEPTEMBER 2007

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### **FAREWELL TO LAURA GILBERT**

It is with regret that the LMC office has to announce that Laura Gilbert has left the post of LMC Administrator for personal reasons and has relocated to another part of the country.

I am sure that many of you will have spoken to Laura on the telephone and would like to join us in thanking her for all her hard work on your behalf over the last year and to wish her well in her relocation.

We would also ask that you have a degree of understanding with regard to any delay in responding to your queries whilst we are undertaking our recruitment process.

We will be securing the support of temporary staff during the recruitment process and will keep you updated regarding names and contact details of temporary staff via the *Contact Us* section of our website.

### **SHEFFIELD LMC WEBSITE**

Further to our recent email to GPs and Practice Managers, we are pleased to announce the launch of our new website:

[www.sheffield-lmc.org.uk](http://www.sheffield-lmc.org.uk).

The following information is currently available via the website:

- A Guide to Your Local Medical Committee – detailed guidance on the role and functions of the LMC.
- Contact details for the LMC Executive and Secretariat and location of the LMC office.
- LMC newsletters dating back to January 2006.
- Guidance produced by the LMC.
- Guidance produced by other organisations aimed at general practice.
- Links to other organisations.
- Latest news.

As the Latest News section develops, there will also be a section for Archived News. In addition, over

the next few months we will start to add queries we regularly receive from practices to the FAQs section.

We hope that you find the website helpful and we would, of course, welcome any feedback or suggestions to:

[administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

### **ACCESS TO RADIOLOGY REPORTS**

The LMC office has, in recent years, been contacted by a number of practices who have found it difficult to obtain radiology results on their patients who have had investigations organised by hospital consultants, but have some considerable wait until their clinic follow up appointments.

The LMC Executive has had productive negotiations with the STH Trust and is grateful to Dr David Moore, Clinical Director, for implementing a new policy to allow practices to access these results. As

from September 2007, practices will be allowed to phone the radiology department to request faxed x-ray reports on investigations organised by consultants. We have been assured that this will include practice reception staff and not involve a doctor or nurse having to make the request.

Please contact the office via [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk) if you find that this does not appear to be working smoothly.

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**REQUEST FOR MEDICAL  
EVIDENCE IN SUPPORT OF  
APPEALS AGAINST BENEFIT  
WITHDRAWAL/REFUSAL**

It has been brought to the LMC's attention that some Citizens Advice Bureaux are requesting medical evidence from Sheffield GPs, stating that as a charity they do not have the funds to pay for this service. This issue has been raised with Citizens Advice Bureaux numerous times over the years and our understanding of the situation has not changed.

There is a proper appeals mechanism in place which does not involve GP input unless the Tribunal Board considering the appeal feels that additional medical information is required. In these circumstances the Tribunal Board should write to the GP requesting such information.

The policy of not providing information to additional organisations such as Citizens Advice Bureaux is a policy applied by many GPs throughout Sheffield and indeed throughout the country. Sheffield LMC has made it clear to representatives of advice centres that GPs should not be involved in this process.

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**PRE-EMPLOYMENT  
MEDICALS/HEALTH  
DECLARATIONS**

The LMC has been asked to clarify GPs' obligations regarding requests to complete a variety of pre-employment and health declaration forms for their patients.

Completing such forms and carrying out medicals for these purposes is not part of GPs' NHS work. As such,

there is no obligation on GPs to comply with the request. Any GPs who do provide such a service should ensure that he/she:

- has sight of the patient's explicit, written consent.
- is supplied with sufficiently detailed information regarding the role/job to be undertaken by the patient.
- is competent to provide the level of occupational health expertise requested.
- provides only factual, medical information obtained from the medical records or by carrying out a physical examination.
- receives an appropriate fee for this non NHS work.

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**DEALING WITH PATIENTS  
WITH MENTAL HEALTH  
PROBLEMS**

*Article submitted by  
Dr Paul Harvey*

I was recently involved in an independent inquiry into three serious incidents involving patients with mental health problems in Sheffield.

One of these involved the death of a Sheffield resident after his house was set on fire by a psychotic patient who had stopped taking his medication a few months previously.

I was asked by the inquiry to look at any ways that primary care could reduce the risks of a recurrence of this.

It is clear to me, and to colleagues with whom I have discussed this, that it is impossible for primary care clinicians to police this situation. Even if we checked the regular issuing of prescriptions to psychotic patients, it is impossible to check whether a prescription has been cashed, much less swallowed, by a patient. I feel, however, that it is useful to draw these concerns to the attention of GP colleagues, and encourage you to consider two ways forward for patients with mental health problems for whom you have concerns:

1. Please use the requests for information prior to Care Programming conferences to raise concerns about lack of contact

with the practice and problems with medication concordance.

2. Please consider referring patients on anti-psychotic medication for a Medication Use Review (MUR) with their local community pharmacist. The purpose of this is to increase patients' knowledge and understanding of their medication. The pharmacy is paid to do this, and can spend more time with patients than GPs are able.

Please come back to me with any issues about this: the best way is to leave a message at Devonshire Green MC on Tel: 08451 227721 or email [PAUL.HARVEY@gp-c88076.nhs.uk](mailto:PAUL.HARVEY@gp-c88076.nhs.uk).

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**FOCUS ON  
SALARIED GPs**

The GPC's Focus on Salaried GPs guidance was produced to explain in detail the minimum terms and conditions for Salaried GPs, which came in to effect under the new GMS contract on 1 April 2004.

The guidance has recently been revised and now includes a detailed legal view on calculating entitlement to maternity pay, sick pay and redundancy pay for those employed under the model salaried GP contract. A copy of the guidance:

- can be accessed via the GPC website at:  
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusSalariedGps0604/\\$FILE/Focus+on+salaried+GPs+-+revised+August+2007.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFFocusSalariedGps0604/$FILE/Focus+on+salaried+GPs+-+revised+August+2007.pdf)
- will be added to the *Other Guidance* section of the LMC's website shortly:  
[www.sheffield-lmc.org.uk](http://www.sheffield-lmc.org.uk)

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**TEMPORARY SUSPENSION OF  
CERVICAL SAMPLING**

The following information was issued to practices by Sheffield PCT in August. To reiterate:

Due to severe staff shortages, the Sheffield Contraception and Sexual Health Service is no longer able to offer routine cervical sampling until 1 November 2007. Women will still be offered the choice on the invite

letters as this is a temporary situation but some will opt to contact the GP practice for the tests, rather than wait until November.

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### **CERVICAL SAMPLING TRAINING**

Practices were recently notified by Sheffield PCT that many cervical sample takers will be due update training shortly, which is now given by a provider outside of Sheffield. A training session had been scheduled for September 2007, but there would be no further training available until March 2008. Therefore, it was decided that the expiry date of the ID number would be extended by six months allowing retraining to be achieved.

It is the LMC Executive's understanding that 3-yearly retraining is not mandatory for GPs at present, although it has been suggested that this might change. The Executive is in negotiations with the PCT to agree what training should be available and to whom. Further updates will be issued in due course.

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### **PRACTICE BASED COMMISSIONING AND WIDER COMMISSIONING: USEFUL WEBLINKS**

The BMA has published a document which contains a selection of weblinks to Department of Health and GPC publications and guidance on practice based commissioning (PBC) and wider commissioning. It has been designed to help GPs and commissioners navigate their way around the vast quantity of guidance on the subject and to keep up-to-date with current developments. A copy of the guidance:

- can be accessed via the GPC website at:  
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpbweblinks/\\$FILE/PBC+and+wider+commissioning+-+useful+weblinks+-+August+2007.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpbweblinks/$FILE/PBC+and+wider+commissioning+-+useful+weblinks+-+August+2007.pdf)
  - will be added to the *Other Guidance* section of the LMC's website shortly:  
[www.sheffield-lmc.org.uk](http://www.sheffield-lmc.org.uk)
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### **WRITING REFERENCES**

The General Medical Council (GMC) has issued guidance outlining doctors' responsibilities when writing references for colleagues. It acts as supplementary advice to the principles outlined in Good Medical Practice (that only honest, justifiable and accurate comments should be provided when writing reports or references about colleagues) and in Management for Doctors (that doctors must be honest and objective when appraising or assessing colleagues performance or providing references).

The guidance explains how to comply with these principles and outlines what can be included in references. A copy of the guidance can be accessed via the GMC website at:  
[http://gmc-uk.org/guidance/current/library/writing\\_references.asp](http://gmc-uk.org/guidance/current/library/writing_references.asp)

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### **INDEMNITY COVER FOR CANADIAN & AMERICAN PATIENTS**

The Medical Protection Society (MPS) has sought to reassure its members about treating American and Canadian patients, following a recent article in Pulse magazine.

Whilst the MPS does not offer indemnity cover for legal proceedings brought under US or Canadian law, it suggests that legal proceedings generally commence in the country where the alleged negligence occurred and states that US federal courts are reluctant to get involved in acts committed in other countries.

The MPS advised GPs who have considered removing American and Canadian patients from their lists not to do so without first seeking advice from their medical protection organisation.

A press release on this issue can be accessed via:

<http://www.medicalprotection.org/Default.aspx?DN=a1d230ab-a568-4016-89ee-364aa4fbfcb4>

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### **SUB CONTRACTING – PRACTICE LIABILITIES**

Following a recent PCT Reference Committee meeting with regard to a practice sub contracting another practitioner to provide alternative therapies on their premises, the LMC Executive has agreed to remind all practices that they are liable:

- for treatment they perform on their NHS patients;
- for ensuring that any subcontracted providers have adequate qualifications and indemnity cover, for any procedures they perform on NHS patients.

Much as with checking details of any locums employed by a practice, it would be considered sensible to check the qualification and insurance details of any alternative providers of health care who you may ask to work from your premises.

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### **DEATH CERTIFICATION**

*Article submitted by  
Dr Martin France,  
Broomhill Surgery*

The Department of Health has recently published a consultation paper on proposals to improve the process of death certification. This can be viewed at:

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_076971](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_076971).

The proposals aim to introduce a single system of death certification for both cremations and burials, and draw on recommendations from the Third Report of the Shipman Inquiry.

Major changes include the introduction of a PCT appointed Medical Examiner (with at least 5 years full registration) who will scrutinise **all** death certificates and the withdrawal of the present cremation form system. The details of the role of the Medical Examiner still need to be developed, but it is envisaged that the main responsibilities will be:

- (1) to speak to the doctor issuing the death certificate, the deceased's family and/or carers.
- (2) to obtain and consider the medical records (including if

appropriate those from Social Services).

- (3) to either authorise burial or cremation, or refer to the Coroner.
- (4) to work with PCT clinical governance teams to analyse trends and unusual patterns.
- (5) to support the training of junior doctors.

There will be clerical support. The Medical Examiner will be expected to work closely with the Coroner, although not necessarily in the same building. The role may be part or full time.

The Government wishes to know if these proposals command public support. Comments are required by 24th October 2007.

Interestingly, at the same time the Ministry of Justice published a consultation paper on modernising the current cremation regulations / forms. This can be viewed at <http://www.justice.gov.uk/publications/cp1107.htm>. The major change will be that the bereaved will have a right to inspect the medical forms before cremation, allowing them the opportunity to discuss any concerns with the Medical Referee. This is seen by the Government as an important Shipman-related reform. Other changes include modernisation of the wording, removal of the 'mode of death' question and the amendment of regulations during a pandemic to allow a simpler procedure for the cremation of bodies. Comments are required by 22nd October 2007.

Sheffield PCT has been asked as an organisation for their comments on the Department of Health proposals and it is understood that they feel "they are generally welcome and should be supported".

These proposals, particularly the former, will have a major impact on an important aspect of your professional life. I urge you to read the consultation papers and make your views known to the relevant authorities. I am happy to discuss the contents of either paper (and the background issues) with colleagues, via the LMC office.

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## **YELLOW FEVER CENTRES**

The LMC has been asked on a number of occasions for details of which Sheffield GP practices are designated yellow fever centres, or to advertise the fact that a practice is a yellow fever centre. Thank you to all practices who responded to a recent communication on this issue, confirming that the following Sheffield practices are currently designated yellow fever centres:

- Birley Health Centre
- Carterknowle & Dore Medical Practice
- Chapletown Surgery
- Charnock Health Primary Care Centre
- The Crookes Practice
- Crookes Valley Medical Centre
- Devonshire Green Medical Centre
- Ecclesall Medical Centre
- Elm Lane Surgery
- Far Lane Medical Centre
- Hanover Medical Centre
- Heeley Green Surgery
- Hollies Medical Centre
- Lodge Moor Surgery
- Manchester Road Surgery
- Nethergreen Surgery
- Park Health Centre
- Porter Brook Medical Centre
- Richmond Medical Centre
- The Sloan Practice
- University Health Service
- Uppertorpe Medical Centre
- Walkley House Medical Centre

Contact details for all designated yellow fever centres in a particular town/city or postcode can be found on the National Travel Health Network and Centre (NaTHNaC) website at [www.nathnac.org](http://www.nathnac.org) (enter the Health Professionals section and then click on the Yellow Fever Centres tab).

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### **GETTING IT RIGHT: TEAMWORKING FOR ADOLESCENT HEALTH IN PRIMARY CARE**

*Article submitted by Emma Park,  
Heeley Green Surgery*

Thursday 25 October 2007  
9.30am – 4.00 pm  
Huddersfield New College,  
West Yorkshire

Delegate Fees: GPs and other doctors £50. Nurses and other healthcare professionals £25.

Target audience: all healthcare professionals who work with young people in the community and primary care.

The aim of the day is to empower healthcare professionals to improve services for young people in primary care.

Facilitated by members of the Royal College of General Practitioners (RCGP) Adolescent Task Group, the day will consist of a combination of plenary presentations and interactive workshops.

For further information about the course or to obtain a booking form, please contact:

Cath Gleeson  
[c.r.gleeson@talk21.com](mailto:c.r.gleeson@talk21.com)  
or  
Christine Haneline  
[Christine.haneline@nottingham.ac.uk](mailto:Christine.haneline@nottingham.ac.uk)

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

Email:  
[administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk)

Fax: (0114) 258 9060

Post:  
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63 Wostenholm Road  
Sheffield S7 1LE

Articles for the October 2007 edition of the LMC newsletter to be received *by Monday 8 October 2007*.