

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

MAY 2012

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SCHOOL ABSENCE: REQUESTS FOR MEDICAL CONFIRMATION

The LMC has received a number of enquiries from GPs who have been asked to provide medical evidence regarding children who have been absent from school, either for a prolonged period or repeatedly.

LMC and Sheffield City Council (SCC) representatives have been in communication for some considerable time in an attempt to agree a consistent and manageable process for SCC to obtain the information they require from GPs. Agreement has now been reached and guidance written for Sheffield GPs.

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

<http://www.sheffield-lmc.org.uk/lmc%20guidance/School%20Absence.pdf>

SHEFFIELD LMC ACTIVITY UPDATES

All represented Sheffield GPs and Practice Managers will be aware that the LMC now issues Activity Updates. To date, two editions have been issued, available from the LMC website at:

July to December 2011:
<http://www.sheffield-lmc.org.uk/Reports/SLMC%20Activity%20Update%20Jul-Dec11.pdf>

January to March 2012:
http://www.sheffield-lmc.org.uk/Reports/SLMC_Activity_Update_Jan-Mar12.pdf

These appear to have been well received and to have filled the brief of providing practices with more information about the LMC's activities and ways in which we can help and support practices than is possible via our monthly newsletter.

Any suggestions for inclusion in or improvement of future editions would be welcome via email to:
manager@sheffieldlmc.org.uk

REVALIDATION FAQS

Revalidation is the process for doctors to positively affirm to the General Medical Council (GMC) that they are up-to-date and fit to practise. The General Practitioners Committee (GPC) has recently produced an FAQ document, which covers topics such as the current timetable for revalidation, what GPs need to do and what supporting information to collect. A copy of the FAQs can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/OG12/Revalidation%20FAQs.pdf>

CQC REGISTRATION – WHAT YOU NEED TO KNOW

The GPC launched a Care Quality Commission (CQC) toolkit in 2011 amidst concerns from GPs about the burdensome nature of the registration process. Since then registration has been delayed to April 2013 and changes have been made to the registration process. From July 2012, most primary medical services providers will be invited to apply for registration.

The GPC has now launched revised guidance to help guide GPs and Practice Managers through registration. It is intended to help practices decide if they are compliant with the CQC's essential standards and provides an easy explanation of the process and what happens once they are registered.

The main topics covered by the guidance are:

- Explaining registration
- Compliance with the CQC's Essential Standards
- Monitoring Compliance & Enforcement Powers
- Additional CQC Outcomes

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

<http://www.sheffield-lmc.org.uk/OG12/CQC%20Registration.pdf>

Appendix B - Policies and protocols has been produced as a separate document which can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/OG12/CQC%20Registration%20Appendix.pdf>

PAYMENTS TO PRACTICES FROM NON-NHS BODIES

The GPC has recently received a request for advice with regard to local enhanced service (LES) payments from non-NHS or third party bodies (eg third sector organisations).

Payments made to practices from a non-NHS funding stream can affect superannuation and notional rent payments, as they are likely to be deemed as payments for private practice. Any additional activity that GPs undertake that is not arranged directly via NHS bodies is not superannuable. Practices should not sign up to any additional arrangements unless they are sure they are superannuable first.

The GPC will be publishing guidance to remind practices how to create a LES in terms of arrangements with local authorities and other parties. National discussions regarding LESs generally are also being actively pursued.

ANTICIPATORY PRESCRIBING FOR END OF LIFE CARE

The GPC Clinical and Prescribing subcommittee has published guidance to clarify issues on anticipatory prescribing for end of life care.

Anticipatory prescribing is designed to ensure that there is a supply of drugs in the patient's home, combined with the apparatus needed to administer them, to enable prompt symptom relief at whatever time the patient develops distressing symptoms. The drugs are normally provided in a specially marked

container, often called 'Just in Case' box, and the guidance includes an example of a drugs administration document used for such boxes.

Although the benefits of anticipatory prescribing are well recognised, some GPs have concerns about prescribing in this way, and this guidance is designed to help GPs with their prescribing in this important field.

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

<http://www.sheffield-lmc.org.uk/OG12/Anticipatory%20prescribing.pdf>

SUPPLY OF NON-COMPLIANT NUTRITIONAL PRODUCTS

The Department of Health (DH) Advisory Committee on Borderline Substances (ACBS), which is responsible for advising on the prescribing of certain foodstuffs and toiletries, has produced a guidance note on the supply of non-compliant nutritional products. The guidance highlights the problem of clinical errors created due to non-compliant stock entering the medical supply chain. Non-compliance can include instances where nutritional products have different formulations, are incorrectly labelled, or where there is incorrect information provision.

A copy of the guidance can be downloaded from the Royal Pharmaceutical Society website at:

<http://rpharms.com/support-pdfs/supply-of-non-compliant-nutritional-products.docx>

DIRECT ACCESS TO DIAGNOSTIC TESTS FOR CANCER: BEST PRACTICE REFERRAL PATHWAYS FOR GPs

Guidance on direct referral by GPs to specific diagnostic tests for the assessment of particular symptoms where cancer may be suspected but the urgent GP referral (two week wait) process is not applicable, has been published by the DH.

The guidance aims to help GPs in determining which patients would be suitable for direct referral to local

services providing the diagnostic tests. It deals specifically with the circumstances and symptoms that may warrant such referrals and is aimed at health care professionals across primary and secondary care and those who both provide and commission services.

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

<http://www.sheffield-lmc.org.uk/OG12/Cancer.pdf>

NURSE AND PHARMACIST INDEPENDENT PRESCRIBING OF CONTROLLED DRUGS

The government has agreed changes to the *Misuse of Drugs Regulations 2001* relating to nurse and pharmacist independent prescribing of controlled drugs (*Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 (Statutory Instrument 2012/973)*), which came into force on 23 April 2012.

The changes mean that nurses and pharmacists registered as independent prescribers will be able to prescribe controlled drugs where it is clinically appropriate and within their professional competence. They will also be able to mix a controlled drug with another medicine for patients who need drugs intravenously, as well as supply or administer morphine and Diamorphine under Patient Group Directions (PGDs), for urgent treatment of very sick or critically injured groups of patients.

Further information is available on the DH website at:

<http://www.dh.gov.uk/health/2012/04/prescribing-change/>

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

Email:
administrator@sheffieldlmc.org.uk

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

Articles for the June 2012 edition of the LMC newsletter to be received by Friday 8 June 2012.