

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## NOVEMBER 2009

### INSIDE THIS ISSUE:

#### LMC NEWSFLASHES:

- **AGREEMENT FOR THE PROVISION OF DIRECTED ENHANCED SERVICES H1N1 VACCINATION PROGRAMME – JCV1 PRIORITY GROUPS**
- **CHRISTMAS & NEW YEAR MEDICAL COVER 2009/10 & 2010/11**

#### PANDEMIC INFLUENZA – GOOD MEDICAL PRACTICE

#### PALLIATIVE CARE PATIENTS: OUT OF HOURS CARE

#### DENTAL PROBLEMS: GP RESPONSIBILITIES

#### ANTENATAL REFERRAL PROFORMA

#### PARENTAL RESPONSIBILITY

#### VETTING AND BARRING SCHEME (VBS): TAKING ON NEW RECRUITS

#### IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

#### MP-GP MATCHING SCHEME

#### THE CAMERON FUND: THE GPs' OWN CHARITY

### **LMC NEWSFLASHES**

Since the last LMC Newsletter, all represented GPs and Practice Managers should have received the following Newsflashes:

#### Agreement for the Provision of Directed Enhanced Services H1N1 Vaccination Programme – JCV1 Priority Groups

It is important that all practices wishing to provide the H1N1 vaccination DES sign up by **Friday 27 November 2009**.

#### Christmas & New Year Medical Cover 2009/10 & 2010/11

This Newsflash contains clarification of the agreement between the LMC and NHS Sheffield for Christmas and New Year opening.

Further copies of the Newsflashes can be accessed via the LMC website at:

<http://www.sheffield-lmc.org.uk/newsflash.htm>

### **PANDEMIC INFLUENZA – GOOD MEDICAL PRACTICE**

As you will be aware, the Government agreed a framework of ethical principles, which must inform the provision of health services in a pandemic.

To help doctors be clear about what the General Medical Council (GMC) will regard as good practice during a pandemic, the GMC prepared a revised version of Good Medical Practice earlier this year. This has recently been revised.

The guidance acknowledges that a pandemic can break out regionally and so while some doctors may be working normally, others may be struggling to cope with the additional workload. The guidance allows those most affected to work flexibly to provide assistance where it is most needed.

While key responsibilities such as acting with honesty and making patient safety a priority remain unchanged, the guidance recognises the constraints on time and resources

likely in a pandemic. Adjustments include:

- an allowance for doctors to work outside their normal field of practice so long as they are able to do so safely, for example an orthopaedic surgeon may be asked to support A&E admissions or administer vaccines.
- no formal duty to report concerns about resources, equipment or insufficient patient services, other than in exceptional circumstances - because managers will already be aware of the pressures involved working in a pandemic.
- additional guidance on making decisions about which patients receive treatment where resources are scarce. Patient care prioritisation will be based on clinical need and on the patient's likely capacity to benefit. For example, young people should not be given automatic priority over adults.
- doctors running research programmes are asked to consider

whether to interrupt them during a pandemic.

A copy of the guidance can be downloaded from:

- The GMC website at: [http://www.gmc-uk.org/GMP\\_in\\_pandemic\\_draft\\_23Oct09.pdf\\_snapshot.pdf](http://www.gmc-uk.org/GMP_in_pandemic_draft_23Oct09.pdf_snapshot.pdf)
- The LMC website at: <http://www.sheffield-lmc.org.uk/OG09/Pandemic%20Influenza%20Oct09.pdf>

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### **PALLIATIVE CARE PATIENTS: OUT OF HOURS CARE**

The LMC Executive has recently had a conversation with the GP Collaborative concerning care of patients on palliative care registers at weekends.

A number of occasions have arisen when patients have required syringe drivers at the weekend and there has been difficulty in obtaining controlled drugs out of hours. There is a facility for Collaborative doctors to obtain medication from the on-call pharmacy at the Northern General Hospital but this often results in 2 visits.

When possible, it would be helpful if GPs could anticipate patients who may need syringe drivers with a prescription for the necessary drugs prepared before the weekend break. This would facilitate the care pathway for the patient and also decrease the workload for the GP Collaborative.

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### **DENTAL PROBLEMS: GP RESPONSIBILITIES**

The LMC has recently updated its guidance on dental problems and GP responsibilities. A copy of the guidance can be downloaded from the LMC website at: <http://www.sheffield-lmc.org.uk/lmc%20guidance/Dental%20Problems%20-%20GP%20Responsibilities.pdf>

The most important part of the guidance relates to patients in pain /

needing an emergency appointment with a dentist. The guidance states:

*If the patient does not have a dentist or their dentist is unable to offer them an urgent appointment, the patient should call the urgent dental care line on 0844 7368440. This telephone service is available 24 hours per day, 365 days a year and is managed by Primecare. Primecare will undertake a telephone triage assessment and the patient will be offered advice or will be asked to attend a dentist for urgent treatment at the next available appointment. A number of dentists are commissioned across the city to provide urgent treatment 7 days per week, 365 days per year.*

At a recent meeting with relevant NHS Sheffield personnel, we were assured that NHS Sheffield contracts 7 in hours emergency dental appointments and 12 out of hours emergency dental appointments per day, with 5 practices throughout the city. These should be available 365 days a year.

We also clarified that when the patient is offered telephone triage assessment and advice, this advice should not be to see a GP but on methods of dealing with their dental problems.

We were reassured that General Dental Practitioners (GDPs) can and should prescribe analgesics and antibiotics for dental abscesses, as well as a selection of other appropriate dry mouth rinses and mouth washes. Recent guidance has suggested that they can do this without actually seeing the patient, which should negate patients having to see their GP. The analgesia includes other opiates such as Dihydrocodeine.

Specific concerns had been raised with the LMC regarding referral to the sedation service at Firth Park and Charles Clifford Dental Hospital, as waiting lists were shorter through this mechanism. We were assured that the GDPs should be doing these referrals rather than GPs.

We requested that all correspondence relating to significant oral pathologies and related conditions should be copied to the GP, even if

referred by a GDP from Charles Clifford.

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### **ANTENATAL REFERRAL PROFORMA**

The LMC Executive has been in communication with the Antenatal Forum, led by Andrea Galimberti, regarding the new antenatal proforma.

We have been reassured that where a GP feels strongly about the use of the new referral form, they can refer via a traditional referral letter, as long as it contains all relevant information. However, this letter will need to be graded, which may form an obstacle to communication flow, but an appointment will be sent out.

In the current climate of encouraging good referral letters, the LMC Executive would suggest that GPs who do not wish to use the referral proforma, should populate the front sheet of the proforma only and attach the traditional letter to it.

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### **PARENTAL RESPONSIBILITY**

The LMC office receives regular queries regarding parental responsibility. The BMA has published guidance which covers topics such as:

- What is parental responsibility?
- Who possesses parental responsibility?
- Consent from people with parental responsibility?
- What are the limits to parental responsibility?
- What happens when people with parental responsibility disagree?
- Commonly asked questions.
- Parental responsibility and Human Rights.
- Competent children and the limits to parental responsibility.

A copy of the guidance can be downloaded from:

- The BMA website at:  
[http://www.bma.org.uk/images/parentalresponsibility\\_tcm41-182629.pdf](http://www.bma.org.uk/images/parentalresponsibility_tcm41-182629.pdf)
- The LMC website at:  
<http://www.sheffieldlmc.org.uk/OG09/Parental%20Responsibility.pdf>

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**VETTING AND BARRING  
SCHEME (VBS): TAKING ON  
NEW RECRUITS**

*Update from the General  
Practitioners Committee (GPC)*

With regard to the issue of whether employers have to see an enhanced CRB check before taking on a new recruit to a 'regulated activity' (namely, the post of a GP, nurse or healthcare assistant), the GPC lawyer's opinion is that the employer does NOT need to see this.

Section 9 of the Safeguarding Vulnerable Groups Act 2006 states as follows:

**"9 Use of barred person for regulated activity**

1. A person commits an offence if -
  - (a) he permits an individual (B) to engage in regulated activity from which B is barred,
  - (b) he knows or has reason to believe that B is barred from that activity, and
  - (c) B engages in the activity."

In order not to fall foul of the law, we advise employers to ask new recruits who will be undertaking a regulated activity (as defined above) if they are on a barred list.

Also, of course, if you suspect that a person undertaking a regulated activity is on a barred list then further investigations must be sought. However, as noted above there is currently no legal requirement to require or see an enhanced CRB check for those that you do not suspect.

Please note that from July 2010 Independent Safeguarding Authority registration will be introduced for new recruits and will become mandatory from November 2010.

The GPC will be issuing more detailed guidance.

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**IMPROVING ACCESS TO  
PSYCHOLOGICAL THERAPIES  
(IAPT)**

As noted in the August 2009 edition of the LMC newsletter, the LMC office has received a supply of CD-ROMS on Practice Based Commissioning (PBC) and the Improving Access to Psychological Therapies programme.

There are a few copies remaining - any practice who wishes to be sent a copy, should request this from Tina Smith, LMC Admin Assistant via:

[adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)  
or tel: (0114) 2588755 (Tuesday to Thursday).

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**MP-GP  
MATCHING SCHEME**

This scheme is part of a wider initiative to inform MPs of the issues being faced in General Practice in their constituencies.

Meg Munn (Sheffield Heeley) and Richard Caborn (Sheffield Central) have indicated that they would like to take part.

The LMC has been asked for assistance in identifying practices in Sheffield Heeley and Sheffield Central constituencies who could spare approximately 30 minutes to meet in the next few months.

It is hoped that this will provide a valuable opportunity for practices to show their MP how national issues impact locally, as well as highlighting successes of the practice, and how they could use their MP's help. It is also hoped that the MPs may become more engaged in the issues of General Practice if they are aware of the local impact.

It would also be an opportunity to demonstrate how practices are coping with the pressures of the pandemic and the vaccination programme.

If you would be willing to take part in this scheme, please could you email your expression of interest to the LMC office via:  
[administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

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**THE CAMERON FUND: THE  
GPS' OWN CHARITY**

*Article submitted by David Harris,  
Chief Executive, The Cameron Fund*

The Cameron Fund is the only medical charity which provides help and support solely to general practitioners and their dependants. It aims to meet needs that vary considerably from the elderly in nursing homes to young, chronically sick doctors and their families and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw attention to the Cameron Fund's existence or alternatively to contact Jane Cope, the Services Manager.

E-mail: [janecope@cameronfund.org.uk](mailto:janecope@cameronfund.org.uk)  
Phone: 020 7388 0796. Address:  
Tavistock House North, Tavistock Square, London WC1H 9HR.

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

Articles for the December 2009 edition of the LMC newsletter to be received **by Monday 14 December 2009.**