

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## SEPTEMBER 2009

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### **LMC NEWSFLASH: H1N1 VACCINATION ARRANGEMENTS**

Since the last LMC Newsletter, all represented GPs and Practice Managers should have received an LMC Newsflash regarding the H1N1 vaccination arrangements, which were announced on 14 September 2009.

A copy of the Newsflash can also be accessed via the LMC website on: <http://www.sheffield-lmc.org.uk/Newsflash/H1N1%20Vaccination%20Arrangements%20Sep09.pdf>

### **ELECTED MEMBER VACANCIES ON SHEFFIELD LMC**

Vacancies have recently arisen on the LMC, which will run until the end of

the current electoral term, ie 30 November 2012. One of the vacancies is specifically allocated to allow locum GP representation. The LMC Executive would encourage GPs to consider applying to join the LMC and to see this as an opportunity to experience the workings of the LMC.

Meetings of the full LMC are usually held on the second Monday of the month at 7.45pm at HSBC Sports and Social Club in Dore (occasionally dates are changed to avoid bank holidays, staff leave etc). In addition, members are encouraged to represent the LMC on other committees and this additional meeting attendance is funded by the organisers of the committees or the LMC.

The LMC's primary function is to represent Sheffield GPs and, therefore, it is extremely important that local GPs have a means of

debating the important topical issues and influencing or making policy in order to represent the breadth of general practice in Sheffield. It is also a very useful forum for keeping up-to-date with all that is happening in Primary Care and a chance to meet colleagues with differing views across the city.

Further details of the work of the LMC can be found in *A Guide to Your Local Medical Committee*, which is available via the LMC's website at: [www.sheffield-lmc.org.uk/downloads/lmc\\_guide\\_no\\_v07.pdf](http://www.sheffield-lmc.org.uk/downloads/lmc_guide_no_v07.pdf)

It would be appreciated if initial expressions of interest could be forwarded to the LMC office via: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) by **Friday 9 October 2009**.

If you require any further information or would like to discuss

this prior to making a decision, please do not hesitate to ring Margaret Wicks (Manager) or David Savage (Secretary) on (0114) 2588755.

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### **CURRENT LMC NEGOTIATIONS**

The LMC has received a request for practices to be kept informed of current negotiations. However, due to the vast number of issues that are under negotiation at any one time, it is not practical for LMC office staff to collate and distribute this information, nor is it likely that practices would wish to receive such a volume of information from the LMC.

The LMC Executive would like to remind practices that at any time they are faced with an issue and would find it valuable to know whether or not the LMC is aware of the issue, has been consulted etc, the LMC office would be happy to receive a query and offer an update. Queries should be directed to the LMC Administrator via:

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

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### **FOSTER PARENT MEDICAL REPORTS/EXAMINATIONS**

Following discussions with Sheffield Family Placement Services, the LMC has produced guidance to clarify the involvement of GPs in the process of obtaining foster parent medical reports and examinations. A copy of the guidance can be downloaded from the LMC website at:

<http://www.sheffield-lmc.org.uk/lmc%20guidance/Foster%20Parent%20Medicals%20-%20V2.pdf>

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### **GESTATIONAL DIABETES LATEST ADVICE**

Article submitted by  
Dr Jenny Stephenson

Gestational Diabetes (GDM) results in greater antenatal and foetal risks. Sugars must be tightly controlled, sometimes requiring insulin.

GDM confers a definite increased risk of developing Type 2 diabetes in later life, and the patient needs to be aware of this. Below is NICE guidance.

On discharge in women who have had GDM, the postnatal advice will be to offer a fasting blood sugar to these women annually, and therefore practices should code these up (code L1809) and bring them into annual recall systems. These patients are already at increased risk of CVD and should receive advice accordingly, and CVD risk factor screening, particularly lifestyle advice and prevention of obesity. Any woman of childbearing age, with diabetes, should receive pre-conception advice, with emphasis on optimising glycaemic control.

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### **DVLA: CONSENT FOR THE RELEASE OF RELEVANT MEDICAL INFORMATION FOR PATIENTS**

On Monday 17 August 2009 new rules called *Consent by Assurance* were implemented by the Driver and Vehicle Licensing Agency (DVLA), relating to the release of relevant medical information for patients applying for driving licences. The British Medical Association (BMA) has given agreement that the DVLA no longer needs to provide the patient's written consent for access to the relevant parts of their records for the purposes of being granted a driving licence.

The General Medical Council (GMC) frequently asked questions supplement to their confidentiality guidance states that doctors should:

“Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf. You may, however, accept *written assurances from an officer of a government department that the patient's written consent has been given.*”

The BMA has taken legal advice about a system of accepting such assurances from a government department, and has received written assurances from the DVLA, in the form of a written legal indemnity.

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### **RCGP GUIDE TO THE REVALIDATION OF DOCTORS**

The above guide, which was noted in an earlier edition of the newsletter, has recently been updated.

Version 2, published in August 2009, has been updated to reflect the latest developments on how revalidation will work for all GPs in the UK. The main changes of note are:

- Information for sessional doctors, particularly peripatetic locums, and GPs in small or remote practices.
- The need to establish the resources required for revalidation and identify their source.
- The roles of various players in remediation and support for doctors in difficulties.
- The design of the learning credits scheme has been altered to reflect the number of hours taken for education being moderated by the impact of that education.

A copy of the latest version of the guide can be downloaded from the Royal College of General Practitioners (RCGP) website at:

[http://www.rcgp.org.uk/PDF/PDS\\_Guide to Revalidation for GPs.pdf](http://www.rcgp.org.uk/PDF/PDS_Guide%20to%20Revalidation%20for%20GPs.pdf)

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### **KEEPING SEPARATE, INFORMAL MEDICAL RECORDS**

All GPs should have received a letter from the Chief Medical Officer, Sir Liam Donaldson on this issue. A recent ruling in the Appeal Court and earlier proceedings have highlighted the dangers of keeping informal medical records that are separate from the main official patient record. If separate records are kept (which should be unusual except in research studies) this should be explicitly signposted in the main record. On balance, it is strongly recommended not to keep separate records.

More information and a copy of the letter can be downloaded from the Department of Health (DH) website at:

[http://www.dh.gov.uk/en/Publicationandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH\\_101736](http://www.dh.gov.uk/en/Publicationandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_101736)

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### **GUIDANCE ON LOCAL INVOLVEMENT NETWORKS**

The Department of Health defines a Local Involvement Network (LINK) as a 'network of local people and organisations, funded by the

Government and supported by independent organisations known as a Host to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.'

LINKs have taken over the responsibility of patient and public involvement forums and are responsible for finding out what people want from their health and social care services.

There are two duties that a GP must comply with in relation to LINKs; providing information and allowing visits from LINKs representatives.

The GPC has produced guidance for practices on the introduction of LINKs and how this will affect GPs and practices in England.

A copy of the guidance can be downloaded from:

- The GPC website at:  
[http://www.bma.org.uk/images/LINKsFAQs\\_tcm41-190053.pdf](http://www.bma.org.uk/images/LINKsFAQs_tcm41-190053.pdf)
- The LMC website – see *Local Involvement Networks (LINKs)* at:  
<http://www.sheffield-lmc.org.uk/OG09/LINKs%20FAQs.pdf>

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**REFERRALS TO  
COMPLEMENTARY  
THERAPISTS REGULATED BY  
STATUTE**

The GPC has recently produced this guidance in response to evidence of continuing interest amongst patients in the use of treatments which are currently outside NHS healthcare provision but which are delivered by professionals who have statutory regulation in place.

The guidance was first issued in September 2006 and has now been updated.

A copy of the guidance can be downloaded from:

- The GPC website at:  
[http://www.bma.org.uk/images/refcomtherap0406\\_tcm41-190153.pdf](http://www.bma.org.uk/images/refcomtherap0406_tcm41-190153.pdf)
  - The LMC website at:  
[http://www.sheffield-lmc.org.uk/OG09/refcomtherap0406\\_tcm41-190153.pdf](http://www.sheffield-lmc.org.uk/OG09/refcomtherap0406_tcm41-190153.pdf)
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**PATIENT GROUP DIRECTIONS  
(PGDs) FOR VACCINATIONS**

*Article submitted by Hilde Storkes,  
Medicines Governance Pharmacist,  
NHS Sheffield*

Following recent clarification from the MHRA practices should be aware of current guidance concerning PGDs. It is hoped that the following will clarify the issues.

**Travel vaccines**

Practices have been advised of the recent MHRA ruling that PGDs cannot be used as authorisation to administer vaccines that are being supplied to patients as a private service by GP practices. This refers to travel vaccines that are not available at NHS expense such as meningitis ACWY, hepatitis B, rabies and yellow fever. Authorisation for nurses to administer these vaccines must be by a patient specific direction and not a PGD.

**Flu vaccines**

Flu vaccines do not fall into this category and practice nurses can still give seasonal flu vaccine under the current PGD. However, flu vaccines cannot be administered under the PGD when they are being given by health care assistants (HCAs). HCAs are not one of the groups of practitioners that the medicines legislation allows to work under PGDs. Some practices are training HCAs to give flu vaccines but the administration must be authorised by a patient specific direction.

**Patient specific directions (PSDs)**

A PSD is an instruction, usually written, from a prescriber for medicines to be supplied and/or administered to a named patient. As a PSD is a direct instruction for a named patient it does not require assessment of the patient by the individual instructed, unlike a PGD. A PSD may be a written instruction in the patient's notes or a list of patients to be vaccinated signed by a prescriber. It should specify the preparation, route of administration, as well as the dose and frequency. Information on PSDs has been sent to practices but if you have not received this or have further queries, please contact:

Hilde Storkes  
(0114) 3051136  
[hilde.storkes@sheffieldpct.nhs.uk](mailto:hilde.storkes@sheffieldpct.nhs.uk)

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**GP TRAINEES SUBCOMMITTEE  
CHAIRMAN AND DEPUTY  
CHAIRMAN**

Saira Malik has been elected as Chairman of the GP Trainees subcommittee for the 2009/10 session, and James Parsons has been elected as her deputy.

The subcommittee recently held its first meeting of the session, where they discussed a wide range of topics including this year's GP trainees' DDRB evidence, NHS Employers' current scoping study to review the effectiveness of the contract for doctors in training, the RCGP's development of a business case to support an extension of GP Training to five years, and the organisation of the 2010 'Conference for GPs to Be'.

The subcommittee will shortly be circulating an e-bulletin to GP Trainees giving a detailed update on its first meeting of the session.

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**NHS EMPLOYERS REVIEW OF  
EFFECTIVENESS OF  
CONTRACT FOR DOCTORS IN  
TRAINING**

NHS Employers are undertaking a review of the effectiveness of contracts for doctors in training. The main thrust of their review is Junior Doctors' hospital contracts, but they are also looking at "the interface with contractual arrangements for doctors and dentists in the practice / community settings of GP or dental vocational training".

The GPC and the Junior Doctors Committee (JDC) have been asked to contribute to the review. The GPC is seeking the views of GP trainees and junior doctors. To let the GPC know what you think about your current contractual arrangements, please visit the BMA website at:

[http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior\\_doctors/jdcontracts/scopingcampaign.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/jdcontracts/scopingcampaign.jsp)

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**REPORTING AND LEARNING  
FROM SERIOUS INCIDENTS  
REQUIRING INVESTIGATION:  
CONSULTATION**

The National Patient Safety Agency is seeking comments from interested organisations and individuals concerning the National Framework

for Reporting and Learning from Serious Incidents Requiring Investigation.

This document is the first release of a proposed new national framework for the management of serious incidents (previously known as Serious Untoward Incidents or SUIs) occurring in the NHS and those parts of the Independent Sector which provide NHS services in England.

The purpose of this framework is to provide a nationally consistent definition of serious incidents, to clarify roles, responsibilities and requirements, and; to highlight tools and resources that support good practice.

The consultation opened in August 2009 and runs until **Friday 13 November 2009**.

To participate in the consultation please:

1. Download the documents and consultation response form at: <http://www.npsa.nhs.uk/nrls/reporting/patient-safety-direct/>
2. Return your completed consultation response forms to [patientsafetydirect@npsa.nhs.uk](mailto:patientsafetydirect@npsa.nhs.uk).

For further information about the consultation, please email [patientsafetydirect@npsa.nhs.uk](mailto:patientsafetydirect@npsa.nhs.uk) or tel: Carrie Stone on 0207 9279206.

### **SALARIED AND LOCUM GP CONFERENCE**

The British Medical Association (BMA) is holding a one day conference entitled *Recognise your Talents, Realise Opportunities*. The aim of the conference is to provide salaried and locum GPs with the tools that they need to succeed. The day will be divided into 3 key areas:

- Marketing yourself
- Effective planning and career development
- How to meet the challenges of revalidation.

Further information can be downloaded from the BMA website at: [http://www.bma.org.uk/whats\\_on/SESSGP09.jsp?page=1](http://www.bma.org.uk/whats_on/SESSGP09.jsp?page=1)

### **RCGP SHEFFIELD FACULTY AUTUMN DEBATE**

#### ***The Motion: "This house believes that GPs cannot be trusted"***

Wednesday 30 September 2009  
1945 hrs to 2145 hrs  
(Tea, coffee & biscuits from 7.15 pm)  
The Crook Barn  
Tankersley Manor Hotel, Barnsley

The motion deals with the ethical perspective of what trust means. Active participation from the "floor" will be encouraged.

Proposing the motion: Dr Iona Heath (GP, Kentish Town, North London)

Seconding the motion: Dr David Polkinghorn (GP, Wath upon Dearne)

Opposing the motion: Dr Amar Rughani (GP, Sheffield)

Seconding the opposition: Dr Mark Purivs (Director of Postgraduate General Practice Education – Yorkshire & the Humber Deanery).

All members of the Primary Health Care Team are welcome to attend.

To reserve a place please contact:

Marilyn Lidster  
Email: [m.e.lidster@sheffield.ac.uk](mailto:m.e.lidster@sheffield.ac.uk)  
Tel: (0114) 2226392

### **WHAT TO DO WITH THE CHESTY CHILD?**

*A guide to how to treat and when to refer*

*Article submitted by Andrew Booth,  
Lead Public Health Development  
Nurse – Asthma, NHS Sheffield*

**Thursday 8 October 2009  
Rutland Hotel, Sheffield**

**Buffet supper from 1830 hrs  
Meeting starts at 1900 hrs**

Join a discussion with Dr Mark Everard, Consultant Paediatrician & Hon Reader in Respiratory Medicine, to develop a new pathway for the assessment and treatment of chesty children, as part of Better Outcomes For Patients.

For further information or to confirm your attendance contact:

Nichola Butler, Respiratory Nurse,  
Children's Hospital

Tel: (0114) 271 7414  
Email: [nichola.butler@sch.nhs.uk](mailto:nichola.butler@sch.nhs.uk)

### **GP ACCESS WORKSHOPS**

A series of workshops, supported by the RCGP and BMA, are being planned to support practices with access and responsiveness.

Practices can help to shape the workshops by clicking on the link below and completing the short survey.

[http://www.surveymonkey.com/s.aspx?sm=WE4Y1VrJDygzEtCbQ7PCAw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=WE4Y1VrJDygzEtCbQ7PCAw_3d_3d)

All the data are anonymous and results are automatically captured electronically.

The same set of questions will be used in a survey via Management in Practice to capture practice manager views.

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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Media House  
63 Wostenholm Road  
Sheffield S7 1LE

Articles for the October 2009 edition of the LMC newsletter to be received by **Monday 12 October 2009**.