# **SHEFFIELD LOCAL MEDICAL COMMIT** NEWSLETTER **DECEMBER 2009**

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#### H1N1 VACCINATIONS: **CHILDREN AGED FROM 6 MONTHS UP TO 5 YEARS**

Last month it was announced that healthy children aged from 6 months up to 5 years (around 2.7 million) are to be included in the second phase of H1N1 vaccinations. This is due to an increase in GP consultation rates amongst school-aged children after half term, and a substantial increase in the number of under 5s in hospital, including in critical care.

All GPs should have recently received a letter from the General Practitioners Committee (GPC) confirming that it has not been possible for the GPC to reach agreement with the UK governments on a national framework for H1N1 vaccination by GPs of children aged from 6 months up to 5 years. Instead, local agreements need to be

put in place to ensure all eligible children can be vaccinated. Further copies of the letter can be accessed via:

http://www.bma.org.uk/images/letter fluvaccunder5s tcm41-192686.pdf

Sheffield LMC is currently in negotiations with NHS Sheffield regarding a local solution.

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# SWINE FLU H1N1 **PREPAREDNESS: GUIDANCE** FOR GP PRACTICES (VERSION 2)

Version 2 of this joint GPC, Royal College of General Practitioners (RCGP), Department of Health (DH) guidance has recently been published. The guidance has been updated to reflect the current situation of the swine flu pandemic, rather than a more severe and

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aggressive pandemic, eg avian flu, which the original version prepared for. It includes information on H1N1 clinical presentation, caring for the public general (including the National Pandemic Flu Service), infection control, prescribing issues and H1N1 vaccines. A copy of the guidance can be downloaded from the:

- GPC website at: http://www.bma.org.uk/images/pa nfluguide tcm41-192666.pdf
  - LMC website at: http://www.sheffieldlmc.org.uk/OG09/Swine%20Flu %20H1N1%20Preparedness.pdf

# LMC OFFICE CHRISTMAS AND **NEW YEAR OPENING TIMES**

Please note the following changes to the LMC's normal office opening times:

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Thursday 24 Dec: 9 am – 1 pm	continue in the usual way and the	well as updating its FAQ website
Friday 25 Dec: Closed	consultant physician service will not	advice.
Monday 28 Dec: Closed	be available through Bed Bureau for those admissions.	It has now been confirmed that there
Tuesday 29 Dec: 9 am – 5 pm Wednesday 30 Dec: 9 am – 5 pm	those admissions.	will be no GMC license number and
Thursday 31 Dec: $9 \text{ am} - 3 \text{ pm}$	At weekends all acute medical	there will be no further qualifications
Friday 1 Jan: Closed	admissions will go the NGH. There	required of a GP to sign a death
	is an additional Medical Assessment	certificate. With the introduction of
	Unit for some of the shorter	the license to practise in November
THE CAMERON FUND: THE	assessment cases. This will provide	2009, Registrars just need to check
<b>GPs' Own Charity</b>	a little extra capacity.	that the doctor signing a death
		certificate is licensed with the GMC
The Cameron Fund is Sheffield	It is hoped that this system will	at the time of signing the form.
LMC's chosen charity for 2009 and a	provide better care for patients,	There should not be a need to supply
donation will be made to the Fund in	because they will be under the most appropriate specialty from the	information to the Registrar prior to
response to their Christmas Appeal.	appropriate specialty from the beginning of their admission. It will	completing the form (particularly as
If any GPs or their dependants are in	also avoid referrals halfway through	the information could be out of date
need of help or would like to make a	an inpatient stay.	if supplied in advance). However, it
donation to the Fund, please contact	an inpatient stay.	would be helpful to Registrars if GPs could include their GMC number on
Jane Cope, either via email to		death certificates so that it is easier
janecope@cameronfund.org.uk, tel: 020 7388 0796 or at Tavistock House	New Sheffield Diabetes	for the Registrars to do the necessary
North, Tavistock Square, London	Guidelines – Essential	checks.
WC1H 9HR.	READING	======================================
weini ynk.		
	Article submitted by	<b>VETTING AND BARRING</b>
<b>GP</b> E-BULLETIN	Dr Jenny Stephenson	SCHEME
	The Sheffield Diabetes Guidelines -	
The GP e-Bulletin was introduced a	A Resource Pack has now been	The GPC has recently issued
few months ago in direct response to	updated in line with recent National	guidance which explains the steps
practices telling NHS Sheffield that e-mail traffic was becoming	Institute for Health and Clinical	that GPs need to take individually
unmanageable. However, it has been	Excellence (NICE) advice and local	and as employers to ensure that they comply with the Safeguarding
brought to the PCT's attention that	expertise. It is available on the	Vulnerable Groups Act 2006. The
some GPs do not appear to be aware	Intranet which is accessed from all	guidance is split into the following
of the e-Bulletin, where it can be	NHS computers via the PCT	parts:
found, how it can be accessed etc.	Homepage - click on Guidelines and	1
,	select 'D' for diabetes and it is easy to	Background
The e-Bulletin is sent to all Practice	find. It can be saved to your desktop	• Advice to GMS contractors
Managers (and their deputies where	and accessed during consultations,	(except single-handed GP
nominated) on a weekly basis,	with printable advice sheets for	contractors), all salaried GPs and all locum GPs
thereby reducing the amount of e-	patients too.	
mail traffic and reducing duplication		• Advice to single-handed GP contractors and to PMS
of e-mails. Each practice needs to have agreed a process that ensures	DEATH CERTIFICATION	contractors and to TWS
the bulletin, or relevant parts of it,		<ul> <li>Advice to APMS providers</li> </ul>
are shared with/made available to	REQUIREMENTS	<ul> <li>Advice to GP partnerships</li> </ul>
GPs and other practice staff, as	In October 2009 the GPC was	<ul> <li>Advice to GP partnerships</li> <li>Advice to GPs as employers</li> </ul>
appropriate.	notified that some local Registrars of	<ul> <li>Advice to GP practices who</li> </ul>
======================================	Death were requesting unnecessary	engage locum GPs.
	information from GP practices	
ACUTE MEDICAL ADMISSIONS	because of a misunderstanding about	A copy of the guidance can be
CHANGES	the implications of the new General	downloaded from the:
	Medical Council (GMC) license to	
Acute medical admissions to the	practice - for example, practices were	• GPC website at:
Northern General Hospital (NGH)	asked to supply the names of GPs	http://www.bma.org.uk/images/ve
will be triaged by a conversation	who were licensed to sign death	ttbarringscheme_tcm41-
	certificates, together with their GMC	<u>192856.pdf</u>
between the admitting GP and the		
consultant acute physician on call	registration, their GMC licensing	<ul> <li>I MC website at:</li> </ul>
consultant acute physician on call that day. The aim is to get the patient	number and details of their	• LMC website at: http://www.sheffield-
consultant acute physician on call that day. The aim is to get the patient admitted under the most appropriate	number and details of their qualifications allowing them to sign	http://www.sheffield-
consultant acute physician on call that day. The aim is to get the patient admitted under the most appropriate specialist care. The GP will	number and details of their qualifications allowing them to sign the forms. This was taken up with	http://www.sheffield- lmc.org.uk/OG_10/Vetting_Barri
consultant acute physician on call that day. The aim is to get the patient admitted under the most appropriate specialist care. The GP will telephone Bed Bureau and they will	number and details of their qualifications allowing them to sign the forms. This was taken up with the GMC licensing team. As a result	http://www.sheffield-
consultant acute physician on call that day. The aim is to get the patient admitted under the most appropriate specialist care. The GP will	number and details of their qualifications allowing them to sign the forms. This was taken up with	http://www.sheffield- lmc.org.uk/OG_10/Vetting_Barri

Thursday 24 Dec: Friday 25 Dec: Monday 28 Dec: Tuesday 29 Dec: Wednesday 30 Dec: Thursday 31 Dec: Friday 1 Jan:	9 am – 1 pm Closed 2 losed 9 am – 5 pm 9 am – 5 pm 9 am – 1 pm Closed
Friday 1 Jan:	Closed

#### **THE CAMERON FUND: THE GPs' Own Charity**

#### **ACUTE MEDICAL ADMISSIONS CHANGES**

#### **New Sheffield Diabetes GUIDELINES – ESSENTIAL READING**

#### **DEATH CERTIFICATION** REQUIREMENTS

# VETTING AND BARRING **SCHEME**

- Background
- Advice to GMS contractors single-handed GP (except contractors), all salaried GPs and all locum GPs
- Advice to single-handed GP PMS and contractors to contractors
- Advice to APMS providers
- Advice to GP partnerships
- Advice to GPs as employers •
- Advice to GP practices who engage locum GPs.

- GPC website at: http://www.bma.org.uk/images/ve ttbarringscheme tcm41-192856.pdf
- LMC website at: http://www.sheffieldlmc.org.uk/OG\_10/Vetting\_Barri ng Scheme.pdf

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#### **NHS CHOICES**

Laurence Buckman, Chairman of the GPC, recently met with officials from NHS Choices. Progress with the website since patients have been able to post comments and rate practices was discussed. As of 13 November there were:

- 3060 live comments
- 560 rejected comments
- 77 'alerts' requesting comments be removed
- 131 practice replies.

NHS Choices automatically notifies practices when comments have been posted. Only a small number of practices in receipt of comments have responded. The GPC is advising that those practices with comments read and consider responding. The website is a public one and any comments which are, for example, factually incorrect could leave a false impression if there is no response from the practice concerned.

The GPC also advises that practices regularly check their profiles regarding the accuracy of information about opening hours, staff details and services available to patients. Practices that do not currently edit their own data on NHS Choices can do so by obtaining a login/password from the dedicated GP help desk on 0845 402 3089.

#### CHILD PROTECTION: MAINTAINING YOUR SKILLS

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On 23 November 2009 the GPC and the RCGP issued a joint letter to address confusion that had arisen over what GPs have to do to show that they are trained to undertake their normal child protection role.

GPs who are UK-qualified will have undertaken child protection training as part of their training curriculum. No further certification is required, although all GPs have a duty to remain up-to-date with child protection matters.

Non-UK trained doctors are likely to be required to demonstrate that they have been appropriately trained in child protection in order to be allowed to join a PCT performers' list. Thus, additional training and certification may be required for non-UK trained doctors to be able to work as an NHS GP in the UK.

As noted above, all GPs have a duty to remain up-to-date. This is set out in the GMC's Good Medical Practice. As a GP's work is likely to include child protection, GPs must maintain their skills and competence in this area in line with GMC guidance. There are various ways that this can be achieved - for example, by attendance at courses, by distance learning, practice team meetings etc. To assist GPs and their practice staff (who need to be similarly up-to-date) in this, the DH will be reminding PCTs of the need to provide protected time for, and access to, training in child protection (which may be in the form of online resources).

A copy of the full text of the letter can be downloaded from the GPC website at:

http://www.bma.org.uk/images/child protectletter\_tcm41-192105.pdf

# CHOOSE AND BOOK (C&B): CORRECT USE

In January 2009, the BMA published Choose and Book - Learning Lessons from Local Experience. The research found that implementation of C&B goes far beyond installing systems and that many problems are a result of national and local policies, processes in place and capacity issues. The BMA discussed these findings with the DH and the outcome of the discussions is the guidance document Responsibilities and operational requirements for the correct use of Choose and Book, which has been co-signed by the BMA.

The guidance is intended to help organisations understand the importance of using C&B correctly. Requirements include promoting rather than mandating the use of C&B, allowing electronic referrals to named clinicians if paper based referrals to named clinicians are accepted and encouraging clinicians to initiate and review referrals themselves online.

A copy of the guidance can be downloaded from the:

- GPC website at: <u>http://www.bma.org.uk/images/ca</u> brandrs tcm41-192605.pdf
- LMC website at: <u>http://www.sheffield-</u> <u>lmc.org.uk/OG09/Choose%20&</u> <u>%20Book%20Correct%20Use.pd</u> f

#### BMA MANIFESTO: STANDING UP FOR DOCTORS -STANDING UP FOR HEALTH

Ahead of the next UK General Election, the BMA has produced a manifesto *Standing up for doctors - Standing up for health*. The manifesto represents doctors' views of the key areas of action for health and healthcare and it forms the BMA's contribution to public debate on the challenges facing the NHS in uncertain economic times, offering thought on how these challenges should be met. A copy of the manifesto can be downloaded from the BMA website at:

http://www.bma.org.uk/images/electi onmanifesto2009\_tcm41-192345.pdf

#### NHS PRESCRIPTION SERVICES: EXEMPTION CHARGES DECLARATION

NHS Prescription Services (NHS RxS) will be writing to all Dispensing Practices in England week commencing 21 December 2009, to remind practices that this month's payment, for prescriptions dispensed in October, will be the first payment where they may be financially affected if a patient or their representative has not completed the sections on a prescription form correctly to declare that they are exempt from charge. This is due to the transitional arrangements that NHS RxS had in place for the first few months of dispensing doctor processing accounts on its new system coming to an end in October.

NHS RxS started processing dispensing doctor accounts on its new system in July 2009. The new system is more effective at identifying if a patient or their representative has not filled in the sections on a prescription form correctly to declare that they are exempt from charge. Transitional

arrangements were in place between the dispensing months June to September to give dispensing doctors and their practices time to make sure that their procedures for checking patient declarations were robust.

Senior partners will receive separate notification from NHS RxS from 21 December about how many items they have identified and how many charges they have collected.

The NHS RxS helpdesk can give practices guidance on how to sort and submit their accounts - Tel: 0845 610 1171.

#### **INTERIM SENIORITY FIGURE** FOR 2009/10

The GPC, NHS Employers and the DH have agreed that the interim seniority figure for GMS contractors in England for 2009/10 is £94,743. This figure will be used by the NHS payment agencies to determine the level of the seniority payments for 2009/10.

### **TRADING MEDICINES FOR** HUMAN USE: SHORTAGES AND SUPPLY CHAIN OBLIGATIONS

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The GPC has collaborated in the production of joint guidance which sets out the key legal and ethical obligations on manufacturers, wholesalers, NHS Trusts, registered pharmacies and dispensing doctors in relation to the supply and trading of medicines. Recent increases in the export of medicines are a major contributor to supply problems and risks jeopardising patient care. The guidance is relevant to a variety of organisations and personnel, such as dispensing doctors. registered pharmacies and NHS Trusts. A copy of the guidance can be downloaded from the:

- GPC website at: http://www.bma.org.uk/images/su pplychaindrugs tcm41-<u>191881.pdf</u>
- LMC website at: http://www.sheffieldlmc.org.uk/OG09/Trading%20Me dicines%20for%20Human%20Us e.pdf

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# MRSA/C.DIFF: **ROOT CAUSE ANALYSIS**

Article submitted by Angela Billings, Infection Prevention and Control Practitioner, NHS Sheffield

It is a DH requirement to undertake a root cause analysis (RCA) process on all MRSA Bacteraemia and on all Clostridium difficile (C. diff) cases where a fatality has occurred within 30 days of diagnosis or it has resulted in an outbreak.

The rationale for undertaking a RCA is to enable a multi-disciplinary team (MDT) to investigate the case in a non blame process; where shared learning can take place and the outcome will hopefully lead to a reduction in the risk of future occurrences. Where such a case occurs in the community there is a need to involve the patient's GP in the discussion.

It would be appreciated if the practice supports the RCA process and the GP attends the MDT meeting. This serves both as an individual practice learning opportunity and also to help inform the wider community about infection avoidance. If a patient at your practice fits the criteria above for necessitating a RCA; the PCT infection control team will contact you to discuss the patient case and arrange a mutually convenient date and time for the MDT meeting. It has been requested, that wherever possible, this will be at the GP practice and enable access to the clinical records.

#### **BMA ELECTRONIC COMMUNICATIONS WITH MEMBERS**

Article submitted by Dr James Parsons. GPC GPTSC rep to Yorks & Humber

Calling all BMA members!

Did you know there are 434 GP BMA members in Sheffield?

Did you know that 135 of these members do not have valid email addresses?

These members are missing out on vital membership benefits.

Call askBMA on 0300 1231233 (local rate and inclusive within mobile call packages) to update your details now. Alternatively go to www.bma.org.uk/register and follow the links to update your details.

# **GP EMPLOYMENT LAW** COURSES 2010

#### Article included at the request of Paul Bourne, BMA Industrial Relations Officer

The BMA is offering three one-day courses introducing GP practices to Managing Change, Managing Performance and Managing Staff. Registration is open to GP Partners or their Practice Managers - BMA Members: £130.00 including VAT Non-Members: £190.00 including VAT. Priority will be given to BMA Members who wish to attend. The registration fee includes access to the course, refreshments and lunch and course materials. The courses are taking place throughout England during 2010.

Further details regarding course content, dates, venues, how to register etc can be found on the BMA website at:

http://www.bma.org.uk/whats on/em ployment related courses/gplaw10.j sp

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

Email<sup>.</sup> administrator@sheffieldlmc.org.uk

Fax: (0114) 258 9060

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

Articles for the January 2010 edition of the LMC newsletter to be received by Monday 11 January 2010.

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