

SHEFFIELD LOCAL MEDICAL COMMITTEE

NEWSLETTER

NOVEMBER 2008

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MEMBERSHIP OF SHEFFIELD LMC 2008 - 2012

All GPs represented by Sheffield LMC and on the Sheffield Medical Performers List, should have recently received confirmation from Sue Whitham of the results of the recent LMC elections. In addition, a further expression of interest has resulted in an additional GP being co-opted to the LMC. Therefore, membership of the LMC for 2008-12 is as follows:

Dr A Bal	Dr G Chambers
Dr H Charlton	Dr K Davis
Dr M Durling	Dr P Edney
Dr M France	Dr A Hobbs
Dr T Hooson	Dr H Kanabar
Dr A McCoye	Dr T Moorhead
Dr K O'Connor	Dr N Okorie
Dr R Oliver	Dr D Savage
Dr Q Shaikh	Dr J Stephenson
Dr E Turner	

We are pleased to note that 3 new members will be joining the committee. In addition, the current Executive thanks all returning members for their continued support and involvement with the LMC.

APPOINTMENT OF LMC ADMINISTRATOR

Following the announcement in the July LMC newsletter that Amy Farrow had been appointed as the temporary LMC Administrator, we are pleased to announce that Amy was recently offered and has accepted the post on a permanent basis. Amy has successfully familiarised herself with the internal workings of the LMC office and has become well acquainted with the basics of her job. We look forward to her continued development in the role and thank her for all her hard work to date. Amy's contact details and portfolio can be found on the LMC website at:

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

HEALTH VISITOR SERVICES

In the October edition of the LMC newsletter, we informed you of a successful meeting between the LMC Executive and the Health Visitor Managers. As a result of this, a joint

report on health visitor services has been produced as an update to all Sheffield GPs. The report can be viewed on the Facts and Information section of the LMC website at:

http://www.sheffield-lmc.org.uk/Facts/Sheffield_Health_Visitor_Services.pdf

DENTAL PRESCRIBING

As you will be aware, the LMC wrote out to all GPs and Practice Managers on 21 October 2008, requesting examples of dentists directing patients to GPs to get antibiotics and analgesics. Many thanks to those practices who responded. Practice concerns have been shared with Sheffield PCT and submitted for discussion at the Joint Dental Clinical Governance Group meeting, due to be held on 10 December 2008. If practices have any further examples, it would be appreciated if these could be forwarded to the LMC office (before 10 December) via:

administrator@sheffieldlmc.org.uk

CREATININE LEVELS AND SCANS INVOLVING CONTRAST INJECTIONS

The LMC has clarified the position with regard to creatinine levels and patients referred for these scans. We have had confirmation from Dr David Moore that a creatinine level of 150 µmol/l is acceptable, unless the patient is taking Metformin.

It is the view of the radiology department at the Trust that the responsibility for checking the creatinine level rests firmly with the referrer, and not the radiology department, nor the General Practitioner. You will be aware of the exception to this rule, agreed by the LMC, concerning patients requiring CT scans for suspected lung cancer. Therefore, in summary:

1. If a patient with suspected lung cancer is referred on a 2 week wait, it is important to clarify a creatinine level in the last three months and put this on the up-to-date 2 week wait referral form.
2. If you, as a GP, request one of these scans, it is your responsibility to provide this information.
3. Notwithstanding these two examples, it should be the clinician ordering the scan who is responsible for providing this information and not necessarily the patient's GP.

A full protocol with regards to Guidance to Reduce Iodinated Contrast Media Nephrotoxicity is available on the STHFT intranet.

GP APPRAISAL

Recent communications with the LMC office have indicated that there is some confusion as to the contractual status of the GP Appraisal Process, as well as a number of other related issues. In April 2008 the GPC produced guidance for GPs which clarifies issues such as:

- Is appraisal compulsory?
- Will I still need to be appraised if I am about to retire?
- If I am on or about to take maternity leave or prolonged study leave, will I still need to participate?
- Will I need to participate if I am on sick leave?

- How will any complaints about my performance affect my appraisal?
- Is there an appeal mechanism?
- Will the appraisal be confidential?

A copy of the guidance can be downloaded from:

- The GPC website:
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpcappraisal0408/\\$FILE/GPappraisal0408.pdf?OpenElement&Highlight=2.GP.Appraisal](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpcappraisal0408/$FILE/GPappraisal0408.pdf?OpenElement&Highlight=2.GP.Appraisal)
- The LMC website:
<http://www.sheffield-lmc.org.uk/guidance.htm>

CERVICAL CYTOLOGY UPDATES

*Article Submitted by
Dr Jenny Stephenson*

Cytology Results to Patients in 14 days

As from 3 November 2008 all negative cytology results to women will be sent out 1st class mail Monday to Friday and all non negative results will be sent out 1st class Monday to Wednesday.

Follow up of Vault Samples

Vault samples are no longer part of the NHS Cervical Screening Programme. Therefore, women with no cervix will be ceased from the NHSCSP and will no longer receive invitations or result letters from Sheffield Screening Office. The clinician in charge, ie gynaecologist, or GP when the woman is discharged back to their care, will be responsible for inviting the woman to attend for a vault cytology test and notifying the woman of the result. Individual follow up plans will be given to the GP by the gynaecologist.

Audit

Please ensure all sample takers write their ID number on the sample forms.

HPV

All women who have been treated for CIN will have a cytology test which, if negative, will have a HPV test – if both are negative the women are put to 3 yearly recall. They don't need a test before this.

Ceasing

The job of ceasing women from cervical screening is now that of the Screening Department, not GPs. The

old Cease forms (7W) which the patient signed if they didn't want a test are now defunct – please get rid of them. These women must phone or write to the Screening Office and get a form to sign from them.

NEW CREMATION REGULATIONS

*Article Submitted by Dr Frank
Wright, Deputy Medical Referee*

As one of the measures undertaken following the Shipman affair the Cremation Regulations of 1930 have been reviewed and amended and the **Cremation Regulations (2008) will come into effect on 1st January 2009**. More information can be found on the following link to the Ministry of Justice website:
<http://www.justice.gov.uk/guidance/remation.htm>

Of particular relevance to doctors are the 'Guidance for medical practitioners' and the examples of the new forms; Form CR4 (first doctor) and Form CR5 (second doctor). *There is some confusion, however, in the 'Guidance for medical practitioners' (para 30) as it stands at the moment. In reality, Doctors signing the confirmatory certificate (CR5) will be expected to answer in the affirmative at least one of the Questions 2, 3, 4 and 5 but not all of them. The guidance may have been updated by the time you read this.*

Some of the questions will need more detailed answers than hitherto, e.g. you will be asked to describe the symptoms and conditions which led you to your conclusions about the cause of death. The forms produced locally will be scaled down in format but they will contain exactly the same questions. All questions must be answered.

A new provision is that relatives will have the right to inspect the forms ('Guidance for medical practitioners' para 14). It is not anticipated this will happen very often as the vast majority of families have no unanswered concerns about the death but you should bear it in mind when completing the forms.

If you can familiarise yourself with the guidance and the new forms in advance you will find it easier come January 2009, and you will reduce the likelihood of getting a call from the Medical Referee!

FOCUS ON HOW YOUR PRACTICE IS FUNDED

This guidance note, which has recently been issued by the General Practitioners Committee (GPC):

- is designed to help GPs and practice managers understand how individual practices receive funding under the GMS contract;
- only deals with income from the GMS contract and does not include other income streams, such as training grants;
- Explains how funding is received by individual GMS practices and notes where there may be significant differences for PMS practices.

A copy of the guidance can be downloaded from:

- The GPC website:
[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFfocuspracticefundOct08/\\$FILE/focuspracticefundOct08.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFfocuspracticefundOct08/$FILE/focuspracticefundOct08.pdf)
- The LMC website (see How Your Practice is Funded in the *Other Guidance* section):
<http://www.sheffield-lmc.org.uk/guidance.htm>

NHS ONLINE HEALTH INFORMATION

The NHS's two primary national websites, NHS Choices and NHS Direct are joining forces to provide a comprehensive 'front door' to all available online health information and services. All NHS Direct online health content will now be available on www.nhs.uk including popular features such as the Self Help Guide, Health Encyclopaedia and the Online Enquiry Service.

EXPERT WITNESS GUIDANCE

The BMA has drawn up a draft letter and accompanying notes to help doctors acting as expert witnesses.

The letter sets out the terms and conditions of appointment from an expert to instructing solicitors and agencies, including the instructing solicitor's obligation to provide adequate instructions and all relevant notes, records and investigations, as well as late payment terms. The documents form part of a package of guidance being produced by the BMA medico-legal committee on the issues of being an expert and running

a medico-legal practice. The documents are available at:

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFExpertWitnessTCs/\\$FILE/ExpertWitnessTCs.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFExpertWitnessTCs/$FILE/ExpertWitnessTCs.pdf)

REVISED DYNAMISING FACTORS FOR 2004 - 2008

Following the BMA's victory in the Judicial Review of March 2008, the Secretary of State was compelled to employ the same method of calculation for the dynamising factors of 2004/05 and 2005/06 that was used to calculate the figure for 2003/04. The revised factors are now confirmed as being:

2003/04
Factor: 1.129
Percentage increase: 12.9%
Cumulative increase: 12.9%

2004/05
Factor: 1.204
Percentage increase: 20.4%
Cumulative increase: 35.9%

2005/06
Factor: 1.116
Percentage increase: 11.6%
Cumulative increase: 51.7%

2006/07
Factor: 1.000
Percentage increase: 0.0%
Cumulative increase: 51.7%

2007/08
Factor: 1.000
Percentage increase: 0.0%
Cumulative increase: 51.7%

The cumulative dynamising increase for this period is therefore 52%; the Secretary of State had attempted to cap the figure at 48%, spread over five years.

Earnings figures for GPs received by the BMA show a negative growth in GP's net profit in the year 2006/07 and it is assumed that this will also be the case for 2007/08. The dynamising factor for this period was based on the percentage annual increase in the GP profession's profit, with the safeguard that the dynamising factor would never be negative. This is why there is no dynamising increase in these years. The dynamising factor from 2008/09 onwards will be based on RPI +1.5%.

GPs who retired during this period, in particular up to March 2006 in the expectation of the dynamising increases, will therefore be due an

increase to their pension and lump sum. The BMA pensions department is working closely with the NHS pension's agencies and it is hoped that the backdated increases will be paid in the first quarter of 2009.

Further information on how the dynamising factor is calculated is available from the NHS Information Centre website at:

www.ic.nhs.uk

GPs with queries on the revised dynamising factors can contact the BMA Pensions Department via:
pensions@bma.org.uk
Tel: 020 7383 6166 / 6138.

GP TRAINERS E-BULLETIN, NOVEMBER 2008

The latest edition of the GP trainer's e-bulletin covers issues such as:

- Doctors & Dentists Review Body (DDRB)
- GP Trainers Review Group
- CPD Supplement
- Review of GP Specialty Training

A copy of the bulletin can be downloaded from:

- The BMA website:
<http://www.bma.org.uk/ap.nsf/Content/gptrainersebulletinNov2008>

IDENTITY CARDS FOR FOREIGN NATIONALS

The Government is introducing a National Identity Scheme from 25 November. A new identity card will confirm the identity and immigration status of foreign nationals but will not be proof of residence in the UK for the purposes of receiving free of charge non-emergency NHS treatment.

GP practices are not legally required to check for supporting documentary evidence, nor obliged to carry out checks on a person's immigration status. However, to properly exercise their discretion in accepting or declining an application for free NHS care, they may ask for the usual examples of documentation: passport, visa, European Health Insurance Card (EHIC), national identification card, utility bills, bank statements, driving licences, letters from employers / educational institutes, documentation from the Home Office.

MRSA DECOLONISATION IN PRE ADMISSION CLINIC

*Article submitted by
Jane Harriman,
Deputy Director of Standards
NHS Sheffield*

Background

To meet the national screening targets for MRSA for 08/09, Sheffield Teaching Hospitals Foundation Trust is running a pilot MRSA screening programme in pre admission clinics in Sheffield, to the end of March 09.

The objective is to coordinate the screening and decolonisation of elective surgical patients within the pre-operative assessment pathway and provide standardised decolonisation treatment.

The proposed cost of screening and decolonisation per patient is £90 and the number of patients is expected to be approximately 10 – 11 per year. Thus the service is not feasible for GPs to provide this as a Local Enhanced Service.

Key components of the proposal are:

- All patients will be screened at pre admission clinic. Patients found to be positive are invited to attend an education session at NGH.
- The patient attends the session and is taught how to treat and re-screen themselves at home. Vulnerable patients can be re-screened at STH if necessary.
- All treatment and swabs will be provided by STH, however patients will bring swabs to practices to be transported to the laboratory for reporting.
- NHS Sheffield is funding the Pilot project and will evaluate the project before March 09, also with a view to running satellite clinics in the community.

SAFETYNET TRAINING FOR GPs

*Article Submitted by
Rachel Reynolds, Integrated
Practice Training Manager,
SafetyNET Team*

The Safeguarding Children Service is committed to improving professional practice around children and young

people in Sheffield in accordance with 'Every Child Matters'.

A voluntary, city-wide, multi-agency training programme is currently being rolled out for all practitioners working with children on integrated practice tools: the common assessment framework, the role of the lead professional, information sharing and the SafetyNET children's database.

SafetyNET enables practitioners to see who else is working with a child they may be working with, allowing them to work together more effectively. In order to reach GPs and their staff, we have arranged three training sessions on the second Tuesday of the month to allow GPs to attend as part of their PLI. Details are as follows:

Dates: Tuesday 9th December 08, Tuesday 13th January 09, Tuesday 10th February 09.

Time: All sessions start at 3.30pm and finish at 5pm.

Venue: All training sessions take place at the Notre Dame City Learning Centre, Fulwood Road, Sheffield. (It is situated just inside the entrance to the Notre Dame Secondary School – parking is available on side roads nearby).

Booking is essential as places are limited - please email us at: safetynet@sheffield.gov.uk and we will book a place and send you an application form which you need to bring with you to the training.

CFS/ME TEAM FOR CHILDREN AND YOUNG PEOPLE

*Inclusion Suggested by
Dr Jack Czuderna*

The specialist regional Chronic Fatigue Syndrome/ME service for children and young people is based in Sheffield alongside the service that caters for adults with a diagnosis of CFS/ME. The team covers Sheffield, Rotherham, Barnsley, Doncaster and North Derbyshire. It offers multi-disciplinary assessment and treatment for children and young people with CFS/ME up to the age of 18. The team comprises of Consultant Paediatrician, Occupational Therapist and Clinical Psychologist.

Recent NICE guidance for CFS/ME recommends that children with primary symptoms of fatigue are referred to a paediatrician within 6 weeks of presentation.

To access the specialist team, **referrals of under 16s** need to be made through a general paediatrician at your local hospital. **For those over 16**, referral is made directly to the specialist team by the GP once the relevant tests have been completed. The recommended basic investigations are FBC, CRP, ESR, Creatinine, U & E, CPK, LFTs, Random glucose, Thyroid function, ferritin, coeliac serology and urinalysis

The CFS/ME team can be contacted via Alison Wray, CFS/ME Team for Children and Young People, Fairlawns, 621 Middlewood Road, Sheffield S6 1TT Tel: 0114 2292937.

Reference: NICE guideline 53 Chronic Fatigue Syndrome/ME

BMA E-JOURNALS TRIAL

On 12 November 2008 the BMA Library launched a 6 weeks e-journals trial, providing BMA members with free access to a number of key medical journals. Titles will continue to be added to the list as the trial continues.

To access the journals, log onto the BMA members' homepage and follow the links or go directly to www.bma.org.uk/e-journals. If you have any queries, please contact the BMA Library on Tel: 020 7383 6564/6452 or email: e-journals@bma.org.uk.

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

Email: administrator@sheffieldlmc.org.uk

Fax: (0114) 258 9060

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Articles for the December 2008 edition of the LMC newsletter to be received **by Monday 10 December 2008**.