

Misuse of drugs

The Misuse of Drugs (Amendment No 2) Regulations came into force on 7 July. We have received some requests for clarification. As far as GPs are concerned the main changes introduced by these Regulations are as follows:



- A GP who wishes to prescribe Controlled Drugs in Schedules 1,2 or 3 of the 2001 Regulations on a PRIVATE basis may only do so on a special prescription form. These forms can be obtained by applying to the PCT.
- A prescription for Schedule 1,2,3, or 4 drugs is now only valid for 28 days – after that, it will not be dispensed.
- A pharmacist may now dispense a Controlled Drug even if the prescription contains minor technical irregularities, provided that he feels certain of the prescriber's intentions.
- A person who dispenses a Controlled Drug, whether at a pharmacy or a dispensing practice, must seek to ascertain the identity of the person to whom he physically gives the drug and enter this information into his CD register. (Guidance makes it clear that a healthcare professional who collects a Controlled Drug on behalf of a patient by presenting a prescription should show proof of his identity including giving his professional register PIN).

Note that it will soon become mandatory for practices to have Standard Operating Procedures for the handling of Controlled Drugs. Practices should be thinking now about drawing these up and help and advice can be obtained from your PCT pharmacy advisor.

Note also that it is likely in the longer term that Patient Drug Record Cards will be introduced for Controlled Drugs and doctors who physically supply or administer Controlled Drugs to, or accept for disposal Controlled Drugs from, a patient will be required to make entries on these cards.

Codes for Mental Health

MH8

This guidance has come from the Mental Health Lead for Solihull who also works for NIHM (National Institute of Mental Health).

The issue with the E1 codes is that almost all will put the patient onto the SMI register. Therefore the coder must work out if:

patient has depression without psychosis – Eu322

patient has depression with psychosis – Eu323

Avoid using E113. or subset codes.

Recurrent depression.

Recurrence can be denoted by not ending the episode - Eu32. – Depressive episode.

If the clinician feels the episode should be coded as recurrent then use:

Eu332 - [X] Recurrent depressive disorder,

current episode severe without psychotic symptoms

The full hierarchy of Eu32. Codes are as follows.

Eu32. [X] Depressive episode

Eu320 [X] Mild depressive episode

Eu321 [X] Moderate depressive episode

Eu322 [X] Severe depressive episode without psychotic symptoms

Eu323 [X] Severe depressive episode with psychotic symptoms

Eu324 [X] Mild depression

Eu32y [X] Other depressive episodes

Eu32z [X] Depressive episode, unspecified

But avoid E113. codes or subsets.

E112. Single major depressive episode or

subset fall under the psychosis hierarchy and so will add patients to the SMI register. These codes should not be used for episodes of depression without associated psychosis.

For those practices that have seen an increase in their MH registers due to the inclusion of these E1 codes it is important that you investigate the appropriateness of the codes used. We would recommend that each instance is looked at individually and the code altered to reflect the individual diagnosis. Please **do not** batch convert the codes; we appreciate that it is time consuming to check each one but it is the safest and only way to avoid inadvertently removing a patient from the register who should be included.

Identifying services that should not be provided by GPs

GPs should not be asked to accept overall clinical responsibility for patients in secondary care institutions or for those in any setting where the clinical needs of the patient fall outside the normal skills of GPs.

On several occasions in the past, the GPC has been made aware of GPs being asked to provide services to patients residing in institutions or homes where the type of services expected do not fall under the responsibility of primary care. At the margins between secondary and primary care, most typically in various types of long-stay psychiatric institutions, it is sometimes difficult to define in any absolute sense where responsibility for patient care lies. This is not in patients' best interests.

Care for patients in intermediate care can also present problems of poorly-defined professional remits. This problem is salient in the light of the trend to discharge relatively high-dependency patients from hospitals to other institutions. Although GPs often provide vitally important care for patients in intermediate settings, the care these patients need will sometimes go beyond that which most GPs are trained, or contracted, to provide.

With this in mind, GPC has put together a guidance paper to help doctors decide whether or not the patients they are treating in institutions and residential homes fall under standard primary medical services contracts. You can get this guidance on the BMA website (www.bma.org.uk – sign in and select the General Practitioner tab, then select Providing general practitioner services) or by getting in touch with the LMC.

GP Locum

The LMC has received a note from Dr Asif Khamran, who is a Derby VTS qualified GP available for locum work. He is currently working in his training practice in Belper and will be available for locum work from 9 September. Further details are available from drasifkhamran@yahoo.com or 01332 514491 or 07813 684136.

Music in the waiting room



In our May newsletter we drew your attention to the need for a PRS Music Licence if you play music in your practice to your patients or staff.

The most obvious situations requiring a licence are:

- background music in waiting rooms
 - music when a phone call is on hold
- The tariff varies depending on the number of seats in the waiting room and phone lines. Practices can phone the PRS for a quote on 0800 534 1000.

There is also a downloadable file on Music on Hold.

See <http://www.prs.co.uk/DocsRepository/4184/MusicOnHold.pdf>

Please note the PRS is not the only licence practices need

Another licence is needed from PPL (Phonographic Performance Limited)

Tel: 0207 534 1000 (ask for the licensing dept.)

Website: www.ppluk.com

The licence money paid to PPL goes to record companies and performers.

The licence money paid to PRS goes to composers and publishers.

Age Discrimination

We mentioned the ACAS Guidance in our June newsletter. GPC have now issued guidance as well. You can get this guidance on the BMA website (www.bma.org.uk) or by getting in touch with the LMC.

How to contact us

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