North Staffs LMC Newsletter
Issue 43 – October 2018

North Staffordshire LOCAL MEDICAL COMMITTEE

You will see below an article clarifying the ethics of releasing deceased or incapacitated patients' medical data to the transplant service for the use of their organs in donation. The clarification is useful but it neglects the other issue which is the workload associated with complying with the request for information. Doctors have rightly campaigned on ways to increase the rate of organ donation but part of the process neglected has been requesting GP to urgently fill in an onerous form, the FRM1602. The LMC welcomes contact from GP who have filled this form so as to record your experiences of it. The LMC cannot see that this is a GMS contractual obligation, indeed it ought to be paid for with a separate professional fee. We are unaware of any fee being offered however. The LMC has raised the issue with the BMA.

Until changes are agreed. I wonder if the transplant service could release a member of staff to view the record and get the information they need instead of requiring a GP to do so? You will be aware that deceased patients' notes are not the practices' property and are sent to NHS England. I wonder if the transplant service could liaise with NHS England instead in these cases?

It is a distressing time for relatives, but mindful of this, I do note that the transplant nurse and transplant surgeon do not work for free and so the moral obligation on GP to do so is not sustainable given the recruitment and retention crisis.

Dr James Parsons
LMC Treasurer

Organ Donation and Access to Records

Is it appropriate for the GP to release medical information to a transplant team, even though it is not possible to get consent from the individual? The simple answer to this is yes – it is entirely appropriate to provide this information to NHS Blood and Transplant to facilitate organ donation and, in fact, failure to provide it may prevent the individual's wish to donate organs being fulfilled.

In some cases, the patient will still be alive at the time the information is requested, but a decision has been made that it is not in his/her best interests to continue treatment and so treatment withdrawal is planned, followed by the donation of organs for transplantation. In other cases, information will be requested once brain stem tests have been undertaken and have confirmed that the patient is dead. The justification for disclosure is slightly different in these two situations:

<u>Currently alive but treatment withdrawal will take place and they will donate</u>

The BMA advice is that for patients lacking capacity information can be released if the doctor has a reasonable belief that doing so is in the patient's best interests.
If consent for organ donation has been obtained (or, in an opt-out system, the patient has not opted out of organ donation) then it would entirely reasonable to assume that a disclosure to facilitate the donation is in their best interests as it is in-line with their wishes.

Brain stem tests carried out and patient is dead

Although the duty of confidentiality extends beyond death, when considering a disclosure after a patient has died, doctors have the discretion to release information for appropriate and justified purposes. Doctor should balance the duty of confidentiality owed to the deceased patient with the benefits of the disclosure.

The key point in relation to release of information to facilitate organ donation is that the disclosure would be in-line with what the patient would have wanted. It seems justifiable and appropriate for the doctor to release the information on the grounds that they are acting in accordance with a prior expression of the patient's wishes.

Firearms Licensing-an update

In some parts of the country constabularies have taken to requesting a copy of patient records (at the expense of the practice) instead of a medical report (for which practices can charge) to establish whether it is medically safe for patients to hold a firearms license. They do this under the Subject Access Report (SAR) regulation of the Data Protection Act. The General Practitioner Committee has sought advice from the Information Commissioner (ICO) to establish whether this is appropriate, and the ICO has ruled that it is not. In the absence of a national agreement between the home office and the BMA, we would advise practices to follow the existing BMA guidance as set out **here** when being asked to provide medical information for the purpose of firearms licensing.

New LMC Practice Liaison Officer

We are pleased to welcome Sue Wood who has joined the LMC as a Practice Liaison Officer. Sue has previously worked as a Practice Manager at Furlong Medical Centre, covering maternity leave, and has also worked for the CCG and West Midlands Academic Health Science Network (WMAHSN) in a Project Manager role. Sue will be working with practices to provide practical support. Sue can be contacted on **liaision2@northstaffslmc.co.uk**

Anne Sherratt's role has now changed to Practice Development Officer and Anne's focus will now be more on projects. Anne's e-mail address remains the same **practiceliaison@northstaffslmc.co.uk**

Supply update: Phenytoin-Epanutin 30mg/5ml oral suspension

The Department of Health and Social Care have sent the following update to the BMA about a supply issue with Epanutin:

The BMA have alerted us about an impending supply issue with Epanutin 30mg/5ml oral suspension. Pfizer, the sole supplier of Epanutin (phenytoin 30mg/5ml) oral suspension have experienced global delays in manufacturing of this product. As a result, they are anticipating a gap in supply from w/c 29th October 2018 until early December when their next batch arrives.

The MHRA has classified phenytoin as a Category 1 antiepileptic drug, which means there are clear indications that clinically relevant differences between different manufacturers' products might occur. Therefore, you will know that changes to a patient's usual brand must be carefully managed and increased monitoring of patient may be required.

Supplies of unlicensed phenytoin suspension are available from specialist manufacturers and also from abroad via specialist importers. Although the BMA are confident that there will be enough to support demand during this time, the strengths and exact formulation may differ. Pfizer have also been able to secure supplies of a Canadian phenytoin suspension, this will be unlicensed in the UK, which will available

once Epanutin is depleted although this is a very limited volume, nevertheless it will help to lessen the impact for some patients. There are also alternative formulations of phenytoin available including tablet, capsules and injections.

To ensure that all those affected by this situation are aware and provided with information and guidance during this time, the BMA has issued guidance with input from neurology and patient safety experts via the MHRA's Central Alerting System (CAS). The CAS provides guidance to HCPs on the supply issue and on switching patients to alternative phenytoin products and monitoring them during this time if required. The published CAS alert can be found **here**.

Weekly update from Dr Richard Vautrey, GPC Chair

The GPC update for 26.10.18 can be found **here**

GPC newsletter

The latest GPC Newsletter can be found **here**

State Backed indemnity

We have received some information from the LMC Buying Group, which their insurance supplier has issued to them. This is an update about state-backed indemnity which practices may find useful. The information can be found on the LMC website **here.**

LMC Officers

Chair
Dr Paul Scott
Tel: 0300 123 1466
e-mail: paul.scott@northstaffs.nhs.uk

Secretary
Dr Harald Van der Linden
Tel: 01782 746898
e-mail: harald.vanderlinden@stoke.nhs.uk

Vice Chair
Dr Suresh Upputuri
Tel: 01782 948998
e-mail: suresh.upputuri@nhs.net

Treasurer
Dr James Parsons
Tel: 01782 534241
e-mail: treasurer@northstaffslmc.co.uk

LMC Executive Officer
Dr Fizah Shaheen
e-mail: fizah.shaheen@northstaffs.nhs.uk

Lay Secretary/Administrator
Miriam Adams
Tel: 0300 365 0135
e-mail: admin@northstaffslmc.co.uk

Practice Development Officer
Anne Sherratt
Tel: 0300 365 0135
e-mail: practiceliaison@northstaffslmc.co.uk

Practice Liaison Officer
Sue Wood
Tel: 0300 365 0135
e-mail: liaison2@northstaffslmc.co.uk

Members

Dr Jack Aw	01782 565000
Dr Manish Dhir	0300 123 0903
Dr Steve Fawcett	01782 281806
Dr Andrew Green	0300 404 2987
Dr Chandra Kanneganti	01782 772242
Dr Jaffar Khan	0300 123 0874
Dr Bandu Kulkarni	01782 395101
Dr Pui Ngan	0300 123 1466
Dr Hrishi Pathak	01782 565000
Dr Pralav Shah	0300 123 1468
Dr Phani Sirigiri	01782 593344
Dr Usha Tiguti	01538 308207
Dr Jayant Thakur	01782 565000
Dr Anwar Tufail	01782 534241
Dr Annamalai Veerappan	0300 123 0978
Dr Lenin Vellaturi	01782 948998