

## Caroline Harrington - Risk Litigation Manager

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 12 December 2002 15:28  
**To:** 'Hull, Richard (Dr)'; [Code A]  
**Cc:** [Code A]  
**Subject:** RE: Methotrexate article

Dr Hull/[Code A]

Thank you for your helpful responses.

The article on the LMC website was flagged up to me by the PCT Clinical Governance Manager, and raised the issue of Practice Nurses/GPs being advised not to agree to administer intramuscular methotrexate. If the Practices **did** refuse to administer intramuscular methotrexate this may have repercussions on the rheumatology department. I agree with your comments regarding the lack of evidence to support this article, but felt that the article may be of interest to the rheumatology department in the event that Primary Care does start to refuse to involve themselves in this practice, so that the rheumatology department could be better prepared to respond to GP/Practice Manager's concerns.

The PCT's involvement in this case is simply to flag up a potential difficulty which could affect patient care, and obviously we would all hope to avoid disruption in service provision if at all possible.

I understand there has been some discussion about these issues between East Hants and Portsmouth Hospitals Governance Managers, and I am copying this e-mail to [Code A] for information on this article.

Hopefully this article will not cause any problems and services will continue as they have been until now.

Regards.

Caroline

-----Original Message-----

**From:** Hull, Richard (Dr)  
**Sent:** 09 December 2002 17:29  
**To:** [Code A] 'Caroline Harrington - Risk & Litigation Manager'; [Code A] Pharmacy); Mackay, Kirsten(Dr); [Code A] Ledingham, Jo (Dr); McCrae, Fiona (Dr); Thomas, Alastair (Dr); [Code A]  
**Subject:** RE: Methotrexate article

I would support [Code A] comments. As you know there has been a working party in this district which has come to very sensible conclusions. As risk manager, I think you should ask for supportive evidence. It is important to note that Rheumatological dosages are much lower than used in Oncology. We have had a safe system working in this district for approximately five years without major problems.

Yours sincerely

Dr Richard Hull

Telephone  
 Facsimile  
 E Mail

[Code A]

[Code A]

-----Original Message-----

**From:** [Code A]  
**Sent:** Monday, December 09, 2002 2:36 PM  
**To:** 'Caroline Harrington - Risk & Litigation Manager'; Hull, Richard (Dr); [Code A] (Pharmacy); Mackay, Kirsten(Dr); [Code A] Ledingham, Jo (Dr); McCrae, Fiona (Dr); Thomas, Alastair (Dr); [Code A]  
**Subject:** RE: Methotrexate article

Hi Caroline, I have had a chance to look at this web site and then show it to my consultant Dr Hull. He would like you to look into some of this information from the risk side. He is concerned that this information has been published on the web site without a unilateral decision and firstly discussing it with the Rheumatology team. He also feels that some of the information is incorrect. There appears to be no references to support the statements

which brings into question its evidence base. I feel that at this stage I would like to hand this over to my senior and Dr Hull would be happy to discuss this matter with you. His email address is [Code A]  
Thank you for your continued support [Code A]

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 06 December 2002 08:45  
**To:** 'Shenton, Samantha'  
**Subject:** RE: Methotrexate article

[Code A] what I sent to you was the full article! If you have a look on the Imclive.co.uk, go to 'Bulletins' then 'December Bulletin' the article was taken from that bulletin.

Which meeting? The next cytotoxic drugs meeting is 16th January 2003.  
Thanks.  
Caroline

-----Original Message-----

**From:** [Code A]  
**Sent:** 05 December 2002 13:37  
**To:** 'Caroline Harrington - Risk & Litigation Manager'  
**Subject:** RE: Methotrexate article

Caroline, thanks for the email. Unfortunately the forward did not reach the Consultant, but she has seen it now! Can we please have the full article details ASAP as she cannot respond without any background of the article etc. Thanks. When is your meeting?

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 03 December 2002 15:37  
**To:** [Code A]  
**Subject:** RE: Methotrexate article

Thanks [Code A] and I'm really sorry! I wish it would just go away too, but it just keeps getting bigger!

Look forward to the response from your Consultant colleague.

-----Original Message-----

**From:** [Code A]  
**Sent:** 03 December 2002 15:52  
**To:** 'Caroline Harrington - Risk & Litigation Manager'  
**Subject:** RE: Methotrexate article

Caroline, how fed up am I! I have forwarded this message to one of the consultants to get a response so we will see what this brings!

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 03 December 2002 07:27  
**To:** [Code A] (RHU) Portsmouth Hospitals  
**Subject:** FW: Methotrexate article

[Code A]

And so it goes on...!

The article below is likely to cause some concern amongst our Primary Care colleagues. In order that we can be as prepared as possible to advise Primary Care, do you have any advice/response from the rheumatology department to the issues raised in this article?

Many thanks.

Caroline

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 03 December 2002 14:59  
**To:** Julie Jones - Risk and Governance Manager

**Subject:** RE: Methotrexate article

-----Original Message-----

**From:** Caroline Harrington - Risk & Litigation Manager  
**Sent:** 03 December 2002 12:39  
**To:** Code A (5FE) Portsmouth City PCT; Julie Jones - Risk and Governance Manager;  
Susannah Long - Business Assurance Manager  
**Subject:** Methotrexate article

An article from LMC Live (Local Medical Committee) website - I have highlighted the pertinent bit.

## 9) Intramuscular Methotrexate

It is generally recommended that Intramuscular doses of Methotrexate are not administered by practices or practice nurses.

This drug is possibly extremely toxic and the recommendations are that it should be administered under Specialist supervision and by people who are familiar with and experienced in its administration.

It has recently come to our notice that doctors are being approached by Rheumatologists about providing Intramuscular Methotrexate injections to patients and yet the doctor is not in a position to fully determine that this a safe procedure, nor are they in charge of the dosages given. **These requests for administration of Intramuscular Methotrexate in the surgery premises by your practice nurses should be firmly resisted, since it places not only you, but your nurses at medico-legal risk.**

GPs will make their own final decision about whether this advice is to be heeded, but it is consistent advice which has been given by the LMC for some while now and has the support of the Pharmaceutical Advisers of the various Strategic Health Authorities/PCTs as well.

Should you have any particular problems, please do contact the LMC for advice.

**RB**

well not constitute valid consent unless the patient is:

- competent to give that consent
- it is based upon full information that the patient is able to understand
- it is given entirely voluntarily

If in doubt check with the patient!

CD

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