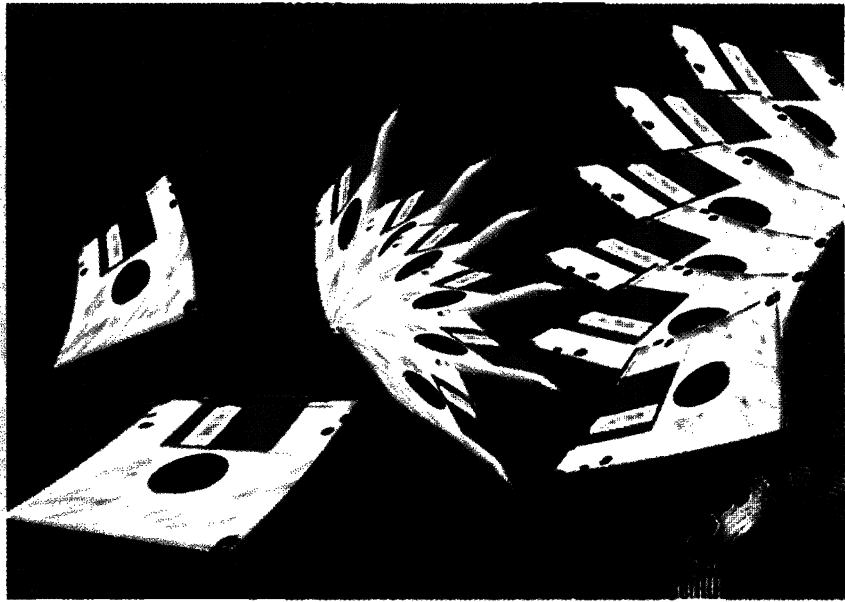


# Making it work more effectively



## Key Principles

Information is person-based

Information comes from  
operational principles

Information needs to be shared

Information supports  
management

Information enables business  
objectives

Information focuses on health

Information is our business

**Can we talk?  
Just pick up the phone!**

## Information is vital to the NHS

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

**That's where we come in.** IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

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For general information please order The IM&T Infrastructure in context: executive summary (C3038) and The Impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

**IMG Information Point/NHS Register of Computer Applications  
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**Information  
Management  
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- Lisinopril is on over 75% of hospital formularies

### **PRESCRIBING INFORMATION**

Consult Data Sheet before prescribing.  
**'ZESTRIL'**

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

**DOSAGE AND ADMINISTRATION:** *Hypertension* Adults (inc elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.

Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

*Congestive heart failure* Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

*Acute myocardial infarction* Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

**CONTRA-INDICATIONS:** Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE-inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

**PRECAUTIONS:** Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

**SIDE EFFECTS:** Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hyperkalaemia and hyponatraemia.

Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 28 tablets £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

**'Zestril' is a trademark, the property of ZENECA Limited.**

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 95/4366/H Issued Sept '95

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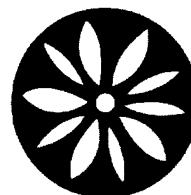
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The Geoffrey Evans Reference Library at Princes Gate is open to visitors from 0900 to 1700 hours, Monday to Friday (by appointment for non members of the College).

The Library has a unique collection of literature including over 5,000 books, 200 theses and a periodical collection of over 250 titles. The ISS on-line catalogue of general practice literature, established in 1985, includes all Library stock from that date, consisting of books, selected journal articles, pamphlets and reports relating to general practice. The database currently consists of over 37,000 literature items with over 130 new records being added each month.

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The Enquiry Service provides information on all aspects of general practice with the exception of legal and financial matters. The staff have access to a number of electronic databases including the popular medical and health care database, Medline, which is available in-house on CD-ROM. Enquiry search results are normally sent out within 10 working days from receipt of the request.

### Photocopying and Loans Service (Ext 254)

The ISS runs a back-up photocopy service for journal articles required by Fellows, Members, Associates and GP Registrars where the required items are not easily obtainable from elsewhere. These requests can often be satisfied from the Library's periodical holdings but may also be obtained from the British Library or other medical libraries through the interlibrary loan service.

Although the main book stock is for reference use only, selected college publications are available for loan.

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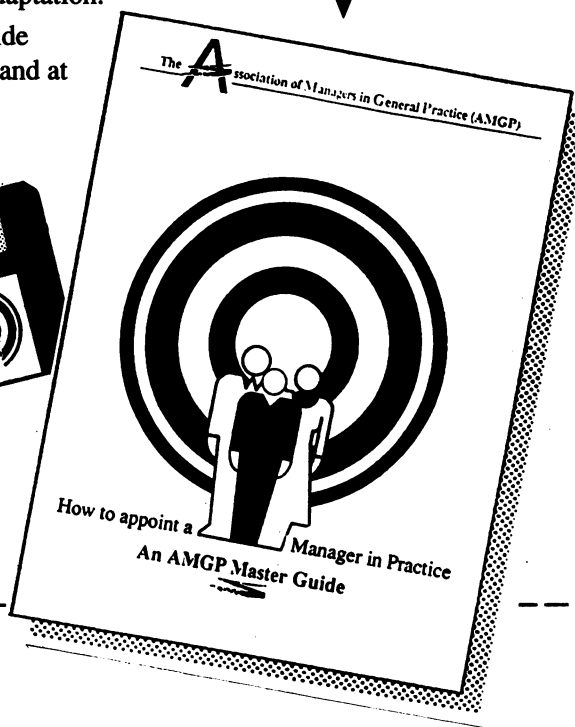
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For further information please contact:  
The Raven Department of Education  
The Royal College of Surgeons  
35-43 Lincoln's Inn Fields London WC2A 3PN  
Tel: 0171 973 2102 Fax: 0171 973 2117



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- M 6: *Managing Provider Organisations* 23 February & 8 March
- M 7: *Ethical and Legal Issues in Health Care* 22 March
- M 8: *Primary Care, Community Care & GP Fundholding* 3 May
- M 9: *Managing Commissioning & Purchasing* 17 & 31 May
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*For further details, please contact:*

Sally Verkaik, Continuing Education Centre, Imperial College,  
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Any counsellor working in primary care who has, or is working towards BAC accreditation or a recognised psychotherapy qualification may apply to join the course. There will be a brief interview before acceptance.

Thursdays 2.00 - 5.00 pm.

Fee: £200.

Further information & application forms available from:

Academic Services, THE TAVISTOCK CLINIC

120 Belsize Lane, London, NW3 5BA

or telephone 0171-435 8730 and quote ref C48.

Informal enquiries can be made to Dr Jane Milton, Adult Department. Telephone 0171 435 7111, Ext. 2412.

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**Module 1 (Upper half of the body) 4-8 March 1996**

Previous courses have all received PGEA approval.  
Courses are held at Southampton Postgraduate Medical Centre.

Please apply for further details from:

**Dr. R. Ellis FRCS FRCP,**  
**Course Organiser, Dept. Rheumatology,**  
**Southampton General Hospital,**  
**Southampton SO16 6YD**  
**Tel: (01703) 796711/796452**

## CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST

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St Stephen's Centre are pleased to offer the following CME/PGEA accredited courses during 1996

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**25/26 January 1996 7/8 March 1996 18/19 April 1996**

This two day course aims to improve knowledge about the presentation and management of HIV-related disease and to develop a basic understanding of the relevant epidemiology, virology and immunology. The course also provides guidance on how to care for people with HIV disease - including diagnosis, treatment, referrals, necessary precautions and counselling around the antibody test. PGEA & CME accredited. Course fee: £150.00

### STATE OF THE ART ISSUES IN GENITOURINARY MEDICINE The interface between Obstetrics, Gynaecology and Genitourinary Medicine

The meeting aims to inform and create debate amongst GUM physicians and Obstetricians/Gynaecologists about common management problems in their practices and to learn how to improve collaborative management of women under their care. Date: CME accredited. Course fee: £75.00

### HIV & THE SKIN

The Department of Dermatology and HIV/GU Medicine are pleased to offer a day meeting on **3 February 1996**, which aims to look at dermatological manifestations in individuals who are HIV positive. As well as a short introduction about the Epidemiology of HIV disease, the course deals with clinical features and histopathology and the management of dermatological manifestations of HIV. PGEA & CME accredited. Course fee: £60.00

**For further details of the above courses, please contact:**

**Carol Whitwell, AIDS Course Administrator, 4th Floor,**  
**St Stephen's Centre, 369 Fulham Road, London SW10 9TH.**  
**Tel: 0181-846-8234 (24 hours).**



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*These include:*

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- ☐ GP Practice Development Toolkit
- ☐ Computer-Based Training (CBT) on roles and information activities
- ☐ Open Learning on the use of information in practice management
- ☐ A guide to the effective use of IM&T in GP Purchasing
- ☐ CBT package on the use of spreadsheets in PHC.

For further details, please contact the  
IM&T Programme at the NHSTD, St Bartholomews Court,  
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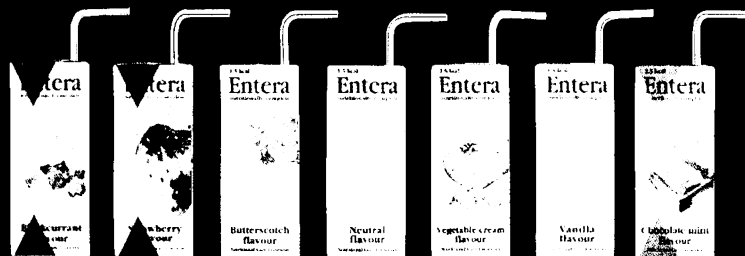
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### M.I.C.G.P. EXAMINATION 1996

Applications are now invited for the above examination.

Written Papers: Wednesday 1st May, 1996.  
Clinical & Orals: Thursday 13th, Friday 14th & Saturday 15th June, 1996.

A Preparatory Course will be held in Dublin on Saturday 27th & Sunday 28th January, 1996. Further details on the Preparatory Course and Examination are available from:

The Irish College of General Practitioners,  
Corrigan House,  
Fenian Street,  
Dublin 2.

The closing date for the receipt of completed applications is 12th January, 1996.

### AUSTRALIA RURAL DIVISIONS COORDINATING UNIT (RDCU) NSW GENERAL PRACTITIONER LOCUMS REQUIRED FOR RURAL NSW

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Applications including Curriculum Vitae, certified copies of registration etc and names and addresses of two referees should be sent to:

**Judy Harris  
RDCU Locum Project Coordinator  
Rural Training Unit, Dubbo Base Hospital  
PO Box 739, Dubbo 2830 NSW, AUSTRALIA**

Tel: 068 847603 / 068 858 797 Fax: 068 818 006

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