



TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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Drug Driving Regulations

As you may already be aware the Drug Driving (Specified Limits) (England and Wales) Regulations 2014 came into effect in England and Wales on 2nd March 2015. Similar legislation will apply in Scotland but the date on which it comes into effect has still to be set by the Scottish Parliament. Scottish patients that travel in England and Wales are therefore subject to the regulations at present.

These regulations set maximum blood levels for several prescription medicines including diazepam, lorazepam, methadone, morphine, ketamine, and temazepam.

The BNF already specifies the cautionary labels recommended for inclusion with the dispensed medicine.

The BNF specifies that patients should be advised if the treatment is likely to affect their ability to drive (although it is not specified if this is the prescriber or pharmacist).

Further information is available using the links below:
Information for Healthcare Professionals:

<https://www.gov.uk/government/publications/drug-driving-and-medicine-advice-for-healthcare-professionals>

Adoption & Fostering Forms

We have been involved in discussions about these after a few issues had been raised, not least that in certain areas Social Work were advising patients to move Practices if their current practice was slow to process the form or asked for a higher fee than that the Adoption and Fostering Service wanted to pay.

There were also issues about the complexity of the form and the delay it takes to settle the fee.

As the form is a UK devised form there is very little room for adapting it locally. However, following discussions with the LMC, there will be a guide sent out to practices which should help ensure that completion of these forms is as efficient as possible whilst still ensuring the quality of the information being returned.

Examples from this guidance include confirmation that Nurses / HCAs can undertake some of the assessment (BP, weight etc.) on behalf of the GP and the attaching of patient summaries for PMH and Drug Hx is acceptable. This and further details will be outlined in the guidance.

There is also agreement to uplift the standard fee with subsequent maintenance in line with GMS uplifts and also to advise the Practice when payment has been actioned.

We hope that these changes to the system and guidance will help ensure that all practices are able to complete these forms when requested which equate to about 3 per year per practice.

The guidance document will be sent out to Practices via Dr Fagerson, Medical Adviser – Adoption and Fostering, and we are keen, as always, to receive feedback or comments.

1% Uplift

There have been a few queries about when the agreed 1% uplift will result in an increase in the monies received by Practices.

The 1% uplift is meant to represent an uplift in income and there is to be an additional uplift to represent increase in expenses. SGPC still need to meet to agree with Scottish Government an uplift for the expenses element of the GMS contract. That being the case it could be June before the uplift is paid but it will be backdated to 1st April.