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www.taysidelmc.co.uk		ADMIN ASSISTANT	MRS JAN SHEPHERD

LMC Committee Members and Office Bearers for 2016 / 17 session

The elected representative to Tayside LMC (and GP Sub) are:

Angus GP reps

Dr Marc Jacobs, Edzell
Dr Giles Ledlie, Arbroath
Dr Andrew Thomson, Salaried GP Brechin HC & GP Locum

**Dundee Reps*

Dr Julie Anderson, Maryfield
Dr Andrew Cowie, Hawkhill
Dr Shawkat Hasan, Grove HC
Dr Brett La Hay, Nethergate
Dr Mary O'Brien, GP Locum
Dr Pascal Scanlan, Taybank

Perth & Kinross Reps

Dr Andrew Buist, Ardblair, Blairgowrie
Dr Richard Humble, Strathmore, Blairgowrie
Dr James McMillan, GP Locum
Dr Beena Raschkes, Bridge of Earn

Representative from the TNEF Locum Group

Dr Chris Arnold

Representing GP Trainees

Dr Matthew Jamrozek

Representing OOH Board Employed Salaried GPs

Dr Steve Pegg

The Office Bearers are:

Chair	Dr Andrew Cowie
Vice Chair	Dr Richard Humble
Medical Secretary	Dr Mary O'Brien
Medical Secretary	Dr Andrew Thomson
Treasurer	Dr Andrew Buist

* The area that the Chair comes from is given an additional rep. place.

PIP Appeals – increase in requests for reports

We know that Practices are seeing an increase in the amount of letters received from the Welfare Rights Team looking for reports for patients who are going down the appeals route when they have been declined PIP allowance, having previously been awarded DLA.

We have a few solutions you can try but our overall advice is that whatever you choose to do, the most important thing is to be consistent i.e. ensure all in the Practice are doing the same.

1. Decline Request - Explain that you do not complete these types of requests by patients / Welfare rights teams and that if the relevant Government body wish supporting medical evidence for a claim there is an agreed process in place for them to get this - give them a copy of our "get a letter from your GP" letter.
2. Provide Report – and decide if you are to charge the patient for it – again this must be consistent and the DWP will not pay for these. Our advice is that you should charge as not doing so tends to increase demand.
3. Home Visit / Care Summary Print-Out – Provide this to patients - some practice charge a nominal fee for these and some do it for free - we believe under DPA the maximum you can charge is £10.

These seem to be the main options available and, bearing in mind the potential workload, we would generally favour option **1** or **3**.

Above all - have a Practice agreed policy and ensure everyone, including locums working in the practice, stick to it.

Allergy Service/ Advice

We were made aware of a recent “run-around situation” in which a Patient was referred with a possible peanut allergy to Dermatology who redirected to ENT who bounced the patient back saying “no service available.”

This was then raised at the highest level in NHS Tayside, by the Director of Primary Care, and the message that came back is:

- There is NO facility to refer patients from primary care to OP immunology nor has there ever been direct primary care RMS capability to refer patients to OP Immunology. Referrals have only been accepted in the past from Consultants working in secondary care. (Both of these facts have been confirmed by the service and records depts.)

- It is expected that GPs who needed secondary care help in managing pts with allergic symptoms referred their pts to the service with the best match to symptoms e.g. Dermatology, GI, Respiratory, ENT, etc.

- The OP Immunology service is currently accepting NO new referrals from anyone, as there is currently no Doctor in place.

When the new Immunologist starts (Aug 2016) the priority will be to see the unseen new OP referrals that were accepted prior to the list closing.

- There is no scope to have patients seen elsewhere in NHS as immunology has major national and international problems and services are not accepting external referrals.

- Specialist nurses continue to provide support to patients, where possible in follow up.

We have sought assurance that if GPs do refer to the most appropriate specialty based on symptoms that they will not get the run around.

As ever, would welcome you sending us any examples where this is the case.

Sudden Deaths

As many of you are aware, procedures around this have recently changed, and are causing a fair bit of confusion between GPs, the Police service and the Procurator Fiscal Department.

For unexpected and non-suspicious deaths the GP is able either to grant certificate - job done or to decline and if so they are required to complete the SCI gateway form that goes back to the Fiscal. This form is actually pretty simple to complete with the patients notes and you can be as full or minimal as you feel appropriate.

The only confounders are when you get no information from the police or OOH – we know of one case where the date / location of death was not given (These are mandatory fields in both the contact form and death certificate). In these instances you can decline to take further action until such time as information is provided. Often the Fiscal is unaware that you do not have the correct information and therefore may contact the practice to enquire why a form or certificate has not been issued.

If you complete the SCI form (declining certification), the Fiscal will likely contact the practice to have a discussion with the relevant GP and following this, if the GP is not comfortable to issue a certificate, the Fiscal will take things from there on.

Our view is that this is time consuming, unfunded and solely aimed at decreasing the workload and expense for the Crown. When it works smoothly, it does not cause delays, but this is not always the case. Often relatives and Funeral Directors are left with no information which can add to distress.

The link below will take you to the documents around this, which you may find useful.

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2016\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf)

We note that the document states “*The attached guidance in the Appendix is not prescriptive and provides a framework within which organisations should jointly agree processes in their local area together, and also within their own organisations to suit their circumstances*”.

Tayside LMC have not as yet had any local discussions around agreeing these but will continue to seek this.

There should be a direct line to the PF for GPs, and if you are not able to access this option please let us know as SGPC are monitoring this very carefully.

Firearms Licensing Process

The long awaited UK guidance on Firearms certification has now been published replacing the temporary situation we have had for the last couple of years.

The guidance, however, has sparked a large number of complaints from practices regarding the ‘expectation’ that the initial report will be provided for free, within a short timescale and requests coding to be added which may not be accurate.

In response to this the following additional guidance has been released by the BMA GPC Committee.

The response to the Police’s letter indicating whether there are any concerns and that a code on the patient’s medical record as been added is not part of a GP’s contract. It is therefore up to the GP to assess how best to proceed taking on board the following factors and guidance:

- 1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.*
- 2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the Police should not be charged). We would advise GPs to seek confirmation from the patient that they are in agreement to pay a fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.*
- 3. No one in the practice is available (e.g. on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.*
- 4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.*
- 5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available or able to undertake the work. Please notify the police without delay.*

Our advice is that this is non-GMS work and that a practice should consider this in the same way as any other private work and charge a fee based on the work required.

Golden Hellos

In this time of severe recruitment difficulty, schemes such as the ‘Golden Hellos’ are vital to provide some assistance to those relocating to join practices. Last year saw a change to the guidance on which practices were automatically entitled to them but left the option for any practice who was struggling to recruit to apply for one.

In this time of severe recruitment difficulty, we believe that, in the vast majority of cases, the provision of a Golden Hello would be appropriate and we will support all practices who apply to Primary Care for these.

The actual payment level has been variable in Tayside with the application of a pro-rata level of payment, which, we believe, is not consistent with the contractual framework.

New guidance clarifying this point is soon to be released by the Scottish Government following discussions with SGPC and the LMC would hope, and will be specifically asking for, retrospective corrections to payments made in the last year that had been reduced by NHST.

Practice Quality Leads

Within the new contract there is a requirement for practices to nominate a Practice Quality Lead. The role of this GP will be to attend the local practice ‘Cluster Meetings’ to discuss issues around service quality and some specific data sets to be provided to clusters.

In previous years there has been a requirement for an ‘Integration Lead’ so we would encourage practices to consider who will undertake this role for the practice.

In terms of funding for attendance at meetings, this will be provided but the exact method, payment through the contract or per attendance, is yet to be agreed nationally

LMC “Office Hours”

The LMC Office is only staffed on a part-time basis and while we may check our emails from home out with our normal hours we do not pick up the ‘phone messages The office is usually manned:

Monday – Friday between 0815 and 1345.

While we do welcome you leaving messages at any time, if you do not get an answer and your query is urgent then please follow up your message with an email.

Public Holiday Dates for General Practice

There still seems to be some confusion around the agreed dates for the above for the coming year.

The contractual agreement in Tayside for General Practice is still for 10 Public Holidays and we believe the confusion arises around communications put out by NHS Tayside listing their 8 agreed staff Public Holidays.

I have listed below the agreed dates, and the reason they were chosen, for the coming year.

Monday 28th March 2016 - *Easter Monday*

Monday 04 April - *School Holiday*

Monday 02 May -*May Day / School Holiday / UK Bank Holiday*

Monday 30 May -*Victoria Day / School Holiday/ UK Bank Holiday*

Monday 25 July -*Historic Trades Holiday/ NHS Holiday*

Monday 10 October - *Historic Trades Holiday/ School Holiday*

Monday 26 December - *Christmas Day (25th falls on a Sunday)*

Tuesday 27 December - *Boxing Day (Boxing day falls on Monday 26th)*

Monday 02 January 2017 - *New Year's Day (01st falls on Sunday)*

Tuesday 03 January 2017 - *Traditional Scottish New Year Holiday (02nd falls on Monday)*

Dr Andrew Thomson
Medical Secretary

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