



TAYSIDE LOCAL MEDICAL COMMITTEE LTD

Issue Number 22

January 2014

CHAIRMAN	DR ANDREW COWIE	VICE CHAIR	DR RICHARD HUMBLE
MEDICAL SECRETARY	DR MARY O'BRIEN	MEDICAL SECRETARY	DR ANDREW THOMSON
TREASURER	DR ANDREW BUIST	BUSINESS CO-ORDINATOR	MRS HAZEL DONALDSON
www.taysidelmc.co.uk		ADMIN ASSISTANT	MRS SHARON SNOWDEN

ECS & eKIS requests from Secondary Care

It has been drawn to our attention that AAA screening service has been requesting that practices set up Key Information Summaries for patients with early AAAs.

We have written to Vascular Surgery pointing out that this type of request is not appropriate and that practices are not resourced to allow for services to assume that all requests for eKIS will be actioned.

As eKIS was created there were fears that it could be marketed as an alternative to a true electronic record despite the huge amount of work this would cause practices and inbuilt inadequacies of the system.

This concern was recognised clearly by all parties involved in the development – including Scottish Government, Health Boards and patient groups.

Practices are only currently resourced to produce approximately 7.5 summaries per thousand patients per year and for this reason no service is able to request routine summary production, as the AAA screening service appears to be doing.

Please let us know if you continue to receive requests of this nature.

GP Involvement in Child Protection Medicals

During a recent Meeting the issue of GPs in providing medicals in child protection investigations was discussed. The outcome was that if Police or Social work think that a medical may be required as part of the child protection investigation, they should speak to the Consultant Paediatrician on call for child protection. This will allow discussion about whether a medical is required, what type of medical is needed and who is the best person to undertake this. If the Paediatrician thinks the GP may have a role in this they **must** contact the GP directly themselves to discuss this on a clinician-to-clinician basis.

GPs will of course continue to see children who are unwell whilst in foster care and should be able to provide foster carers with an up to date prescription medication list if this is required.

GMS Contract – MM001 / 002

There has been some confusion in relation to this area of the QOF in relation to the audit element. Practices have to agree 3 areas of prescribing to look at in agreement with their prescribing advisor. There is no requirement this year for these projects to be taken from a menu produced by NHS Tayside and practices have been able to choose projects relevant to their own practice.

In addition, an audit is required, using a standard protocol. The suggested protocol is one found on the SOAR website as follows.
[http://www.scottishappraisal.scot.nhs.uk/scottish-gp-appraisal-toolkit-\(onlineforms\)/domain-2/what-is-qia/audit.aspx](http://www.scottishappraisal.scot.nhs.uk/scottish-gp-appraisal-toolkit-(onlineforms)/domain-2/what-is-qia/audit.aspx)

GMS Contract - QP Final Submission Template

The final template has been released to practices this week to allow completion of the requirements for the Pathways and ACP return. This template is modified from the national template removing the requirement for SERs from both the Pathways and the ACP submission.

There is a requirement for an audit for each of the pathways and the search tool, we are reassured, will be out soon. We share practice concern that this has all come out very late and will continue to work with PC to ensure that this is addressed for next years contract.

We will also be discussing the 'Plan B' should the search tool not be available as it would be unreasonable for practices to be required to collate this data manually.

GMS Contract – 2014 / 2015

We are aware that more detailed information in relation to the GMS contract in Scotland will be coming out very soon.

Practices have already been informed before Christmas that there will be some significant reduction in the QOF next year. The funding from these points will be treated in a similar way to Organisation domains last year. It is therefore important for practices to consider this when they calculate the value of 'chasing the last points' towards the end of the year as achievement this year, likely averaged over 3 years, will embed a certain level of funding into core contracts for the future.

SEAs /DATIX System

We have received a few queries from Practices who have submitted SEAs via Dr Michelle Watts but have yet to receive a response or be informed of the outcome.

This may be for a number of reasons but mainly it is down to the length of time it can take for the various secondary care departments to carry out any required investigations and report back.

You may be aware that the DATIX system is to be rolled out across both Primary and Secondary Care, which, we hope, will speed this process up. We believe Practice Managers are being informed about DATIX systems over the course of the coming weeks. Meanwhile if you wish to enquire about an SEA you have submitted, Dr Watts has indicated she is more than happy to hear from you.

Medicines Management / Prescribing QOF

Under the new versions of the Medicines Management for this years contract there is a requirement to undertake 3 projects relating to prescribing and in each of these demonstrate improvements. There were no mandatory specific centrally directed projects this year allowing practices to choose areas, in conjunction with their Practice Pharmacist that were most relevant to them.

In addition to this there is also a requirement to undertake an audit. This would follow the usual template for audit which can be found on NES website. There has been some debate about this element with some practices expecting a centrally defined area to audit.

For clarity, Practices may choose any area of prescribing that they wish to audit. This may be entirely different to the project areas undertaken, as above, or the audit can be drawn from one of the actions within the above projects. e.g. a practice may agree to look at prescribing for uncomplicated uti, and agree to follow local

guidelines = 1 action. They might choose to audit this (which could then be used for appraisal also) = audit.

Vacuum Dressing Therapy

We are aware that in some instances when a patient requires the above Practices are being advised that "Plastics have a 6 – 8 week waiting time and will be unable to do this any sooner. However Practices can get in touch with a rep who can train the PN to undertake this work – the offer might include either free use of the machine or paying for the machine but free dressing supplies or free training."

The LMC view is that Practices should be extremely wary about taking on this very considerable and lengthy commitment that is entirely outwith GMS funding.

A&E Re-Direction Study

A&E are in the process of repeating a study that they have undertaken previously to look at patients whom they have re-directed away from A&E based on their policy for appropriate attendance. They are keen to follow these patients up and will, shortly, be contacting practices to enquire whether patients had subsequently presented in Primary Care. The first tranche of letters should be sent out towards the end of January and they were keen that practices were informed that these may be arriving and ask that Practices assist them in completing the forms.

A&E are very happy to share the data/outcomes as these become available. Any questions in relation to this audit should be directed to Dr William Morrison, A&E Consultant in the first instance.

Tayside LMC Ltd Annual Conference

Just a reminder that the above will be held on Thursday 13th February at Double Tree by Hilton, Dundee. A Buffet will be available from 1215 with the Conference beginning at 1pm.

This is open to all Tayside GPs, Locums, Sessions GPs and GP Trainees.

If you wish to attend but have not already informed us of this please let Hazel at the LMC office know a.s.a.p. so that we can accurately inform the venue of numbers attending and keep costs down.

BMA 2014 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, ten research grants are

administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists, for research in progress or prospective research.

The 2014 research grants are now available to apply for online on the BMA website. The application deadline is **14 March 2014 at 5pm.**

Subject specifications for each grant vary. For example, in 2014, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to neurological disorders and clinical outcome measures. For more information on the grants on offer in 2014 and details of how to apply, please see: www.bma.org.uk/researchgrants.

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact Hugh Garnett at info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

Save the date - 25th April 2014 Tayside Sexual & Reproductive Health Update Day

The Tayside Sexual & Reproductive Health Update Day will be held on 25th April 2014 in the West Park Conference Centre, Perth Road, Dundee and the programme with confirmed speakers will be communicated shortly.

Faculty of Sexual & Reproductive Health approval will be sought and this year's event will be supported by the Sexual Health & Blood Borne Virus MCN, Tel: 01382 424186 email: bbvmcn.tayside@nhs.net "

Needlestick Injuries – Perth Prison Occupational Health Services

We have been informed by a Practice that a patient who works at Perth Prison recently attended following a

needlestick injury whilst at work. He had reported this to his occupational health department and was told to "attend his GP for all BBV testing and subsequent follow up and if the GP wasn't happy to do it then to go the sexual health clinic".

Interestingly on discussing this with NHS Tayside Sexual Health they informed us that the correct course for this incident is for the patient to attend A&E if the Occupational service cannot deal with this and that they should not be directed to the GP or Sexual Health Clinics.

We have written to Atos, who have recently taken over the Occupational Health Service for the Prison and forwarded this on to P&K CHP who currently run the Prison Health Service contract.

Meanwhile our advice to Practices is that they should not take on this work.

Dr Andrew Thomson
Medical Secretary

Tayside LMC Limited (SCR Number 420456)
King's Cross
Cleington Road
Dundee DD3 8EA
Tel 01382 424118
Fax 01382 828825
hazeldonaldson@nhs.net

Web site: www.taysidelmc.co.uk

Tayside Local Medical Committee Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by Tayside Local Medical Committee Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. Tayside Local Medical Committee Limited provides representation, guidance and support to GPs and practices. Tayside Local Medical Committee Limited strongly advises individuals or practices to obtain independent legal/financial advice.