To each General Practice in Tayside

TAYSIDE LOCAL MEDICAL COMMITTEE LTD

Issue Number 46 January 2016

Neonatal Hep B vaccination

We recently received a query from a Practice who had been asked to administer this to a 1 month old baby.

They had been advised that this was the responsibility of General Practice and was included in the SFE – an NHS Tayside "Good Medical Practice" document was also quoted.

We have queried this with SGPC who have confirmed that this is NOT in the Scottish SFE and it was the English SFE and the English GPC website that was being quoted.

This needs to be commissioned in Tayside from Practices via a LES or else done in Paediatrics or by Health Visiting teams and we have discussed this with the BBV MCN Lead. We have also asked them to take into consideration the issue that the practice may not feel it has the clinical competence to provide the service.

The CMO letter on this (and it is not from the CMO himself) does not carry any contractual weight and we believe it is unacceptable to quote Good Medical Practice in the context of contractual issues.

To recap:

- This is not covered by the GMS contract in Scotland
- There is currently no local LES to cover this additional work
- The responsibility to provide this lies with NHS Tayside

We will keep you updated as to how these discussions progress.

Tayside LMC Ltd Annual Conference

If you haven't already done so it is not too late to let us know if you are coming to this. – contact Hazel at LMC office.

It is being held on **Wednesday 03 February 2016** (after the PLT afternoon) in the Conference Suite, Double Tree by Hilton, Kingsway West, Dundee.

The evening will start with hot food, available from **6 pm**, with the Conference starting at 6.45 pm.

Topics for discussion include the current GMS Contract Negotiations, changes to the NHS Pension scheme, particularly around changes to Lifetime Allowances and Annual Allowance, advice on changing your boundaries or closing your list, the AGMs of the 3 Divisions and a soap box session.

This meeting is open to all GPs, Locum GPs, Salaried GPs, Retainers and GP trainees.

Accessing Supplies of Forms and Leaflets

We have been given details regarding how to access supplies of Podiatry referral forms (largely for patient self-referral recognising RMS is now used pan Tayside for professional referral). Practices should contact the following Podiatry departments in their own area:

P&K, PRI - 01738 473980
Dundee, Westgate - 01382 641154
Angus, Whitehills, - 01307 475056/475162

All physio departments are able to provide MSK cards, via your local team.

A direct URL has been created to enable direct access to NHST Patient Information Leaflets
http://www.healthinformationtayside.scot.nhs.uk
Patient information leaflets are easy to find and arranged in alphabetical order.

Medinet Weekend Clinics

We are aware that there seems to be some kind of waiting list initiative being run at weekends by a company called Medinet – so far we are aware of GI Clinics and Neurology Clinics. These clinics, whilst they may suit the needs of NHST and secondary care are creating significant concerns both in terms of workload transfer but also clinical governance for General Practice.

Unfortunately if patients attending these clinics require blood tests they are being directed to their GP Practice to have these done the following week – many of these are complex tests that should not be done in General Practice – without a request even being added to ICE.

There is also an issue of the clinic letters taking many weeks to reach Practices as the letters have to be sent to these external Consultants to get the letters verified prior to being sent out. This is resulting in further delays to initiation of clinical management plans and difficulties when patients try to seek information or treatment from their practice in relation to these consultations.

This raises a number of issues around workload transfer and clinical governance / patient safety and we would advise you to raise an SEA/ Datix for each of these events. This will help raise the profile of this issue and hopefully ensure NHST focus on addressing this issue.

DNA's

Some Practices are reporting that the numbers of patients not turning up for booked appointments is still a problem and they are unsure how to tackle it.

For areas where patients have a choice of Practice, reasonable notice and warnings from the practice to the patient about their behaviour can then result in removing a patient from the list. Although not ideal, this has been helpful for some practices in addressing the problem.

It is, unfortunately a much trickier problem to tackle if you are the only practice covering an area. Here are a couple of suggestions of things you could do.

One of the sanctions that could be used is restricting the patients' access to advance booking of appointments or triage of request for appointment before it is booked.

This could be initiated following a 2nd DNA and initially for a set period of time. It would not interfere with 'urgent' access as this is likely to be on the day anyway and would send a clear message to the patient that the practice take this seriously. Their previous DNA's have resulted in inconvenience and reduced access for other patients and therefore results in slightly more inconvenience for them.

You could advertise this in your Practice booklet and via posters in your waiting room.

We have always been keen on expanding the "Violent Patient scheme" to a "Challenging Behaviour Patient scheme" which could also be used to deal with this kind of behaviour.

We will continue to raise this as an issue but it would also be helpful from practices to highlight this through the Primary Care Department and via your CHP /IJB.

ADDITIONAL CATCH-UP COHORTS INCLUDED IN THE SHINGLES (HERPES ZOSTER) VACCINATION PROGRAMME IN 2015-16

You should all have received the recent CMO letter re the above which advised that the shingles vaccine should now also be offered to anyone aged 76 and 77 (as defined by their age on 1 September 2015) as part of an extension to this year's programme and will take effect from 1 February 2016.

As this is an item of service payment and not a target driven payment, practices may feel that actively calling patients may not be appropriate given the time of year and competing pressures on resources.

Post Discharge Surveillance of Surgical Site infection in Patients Undergoing Joint Replacement Surgery

NHS Tayside recently sent out a letter to Practices reminding them of this and advising how it works.

Surveillance Nurses have been monitoring wound infections by telephone since 2006, contacting all elective and knee replacement patients who had their surgeries in NHS Tayside hospitals – patients who have had surgery following fractured neck or femur are also monitored.

When discharged from the hospital patients are advised that if they, or their district nurses or GP, suspect a wound infection has developed they should contact the Orthopaedic Department straight away.
Depending on their symptoms they may need to be reviewed and if so they are usually seen within 24 hours. If infection is suspected during a routine call the surveillance nurse will invite the patient to attend their nearest orthopaedic department.

All these measures give the surgeons the opportunity to decide on their preferred treatment options.

We do not believe this impacts on Practice workload and would encourage you to continue to support this.

Dr Andrew Thomson
Medical Secretary

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