



# TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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## ECG Requests

It would seem that many secondary care departments are still requesting that GPs under-take ECG monitoring on their patients or worse still are just advising the patient to "make an appointment with your GP" for an ECG without the common courtesy of contacting the Practice to discuss this first.

We are aware that a few Practices in Tayside do not have ECG machines while a few more are taking the decision not to replace their existing machine when it breaks - you will be aware there is no requirement under GMS for you to have one.

We have raised our concerns re these requests with NHST many times over the last few years and as we previously told you a group has been discussing this issue with a view to a specialised ECG and monitoring service being set up but so far nothing concrete has been forthcoming.

In the meantime the view remains that these tests should either be carried out and interpreted by the clinician if the technology and expertise is available to them within their departments or arranged via cardiology if not.

This is a view supported as "best practice" by the Medical Defence Unions.

## Transportation for Respite Care Requests

A practice brought to our attention requests to arrange transport from the Social Work Department for a patient being admitted, by them, based on social reasons to respite care.

We felt that this was not appropriate and asked our colleagues in the CHPs to check with their social care colleagues. The response is as we thought – travel arrangements are the responsibility of the social care officer.

Our advice if you are contacted by Social Work re this is to remind them of this fact.

## Clinical Mailbox – Tayside Pain Service

We have been asked to let you know that the Tayside Pain Service now has a generic email address specifically for GPs and identified AHPs.

[Tay-UHB.taysidepainservice@nhs.net](mailto:Tay-UHB.taysidepainservice@nhs.net)

The aim is that this should be used for clinical questions. It is not intended for referrals which will continue in the normal way. The turn round time will be within 5 working days.

## Patients with Dental Problems

There seems to be an increase in patients making appointments with GPs because they are having dental problems and are unable to get an appointment with their Dentist "anytime soon".

Our advice is to refer them to the NHS Community Dental Centre in either King's Cross, Dundee or Broxden, Perth which have urgent review facilities and will allow the system to keep track of numbers experiencing these difficulties and take any action they deem appropriate.

On a separate but related issue, we are taking the issue of patients attending GPs for a "sick line" because they have been off work for more than 7 days with dental problems to the national dental group for a view and we will let you know the outcome.

## Overnight Dexamethasone Suppression tests

There appears to be an increase in requests for Practices to carry out the above. This is clearly not GMS contract work and, we believe, should be carried out by the Clinical Investigations Unit.

As with all requests that are a transfer of work without agreement, protocols or resources we would strongly urge you to 'just say no' and refer the patient back to the requesting department while reminding the patient that you wish them to receive specialist care so will not be undertaking this work.

## Changes to Death Certification

There appears to be some misinformation about the transition from the old forms to the new versions. To be clear:

- There is no overlap period where both the old and new forms can be used.
- The old forms cease to be legal documents from midnight 5 August 2014.
- Registrars will accept the old MCCD forms for 8 days after this but only if the death was certified (not when the patient died) before midnight of 5 August.
- It is likely the new certificates will be distributed to practices at the end of July.

## Managing Your Health – Pastoral Support

We are all too aware that as workload in practices continues to increase more and more of us are suffering the effects of stress and failing to manage our health.

There are many services available to GPs and their staff, both at a local and national level.

Locally – All GPs and their staff have access to OHSAS who can be contacted on 01382 346030. They also have a section on the NHS Tayside intranet.

*Doctors for Doctors* – The BMA provides confidential, nationwide 24/7 support for doctors through professional counsellors and Doctor Advisors. They can be contacted on 08459 200 169 or 01455 254 189 or for further information you can email [info.D4D@bma.org.uk](mailto:info.D4D@bma.org.uk)

*Sick Doctors Trust* - this provides a helpline for doctors dealing with problems relating to substance misuse or addiction and again is a confidential service. They can be contacted via their helpline at 037 444 5163 or [help@sick-doctors-trust.co.uk](mailto:help@sick-doctors-trust.co.uk). Further information can be found at [www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

*The Cameron Fund* – is available for GPs and their families who may be suffering financial hardship as a result of ill health, disability, death or loss of employment. They can be contacted on 02073880796 or [info@cameronfund.org.uk](mailto:info@cameronfund.org.uk). Further information can be found at [www.cameronfund.org.uk](http://www.cameronfund.org.uk).

## Tayside LMC “Local Media Campaign”

Many thanks to those Practices that have expressed an interest in taking part in this. We will be back in touch soon and hope to have this up and running by the end of the summer.

## GoSHARE

This Scottish Research Register is seeking to recruit patients willing to consent to:

- Be contacted if they are deemed suitable for research projects based on electronic record search.
- To retain, for research, any remaining blood following routine testing in blood science laboratories.

Recruitment to the GoSHARE Register has been phenomenal. Over 23,000 registrants have signed up so far. In order to achieve their target of 100,000 the team seeks your help.

They would like practices to encourage registration via leaflets or online at [www.goshare.org.uk](http://www.goshare.org.uk).

Leaflets and posters have been sent to all practices, and further information can be requested from contacts below. The team can offer support, in-terms of training your staff and helping them to put the complicated information across in a concise manner, or send trained GoSHARE recruitment staff to the practice, perhaps during high volume clinics e.g. flu clinics.

Contact details for the Go Share team are as follows: Shobna Vasishta on 01382 383 230 or email [s.vasishta@dundee.ac.uk](mailto:s.vasishta@dundee.ac.uk)

## SCI-Gateway Clinical Neurophysiology

You will have recently received a letter from Dr Kate Spillane, indicating that she is retiring and that this clinical service is currently unavailable in NHS Tayside.

GPs are no longer able to refer into Neurophysiology for nerve conduction testing. The referring option, through SCI-Gateway, of Neurophysiology for Nerve Conduction Studies / Electromyography to the location of Ninewells Hospital is switched off.

Understandably we are significantly concerned at this lack of service provision. In the meantime our suggestion is that GPs refer to either Neurology, Neurosurgery or Orthopaedics for patients that they wish assessed and would have normally sent initially for neurophysiology.

Any questions in relation to this should be directed to the Service Manager/Lead Clinical Physiologist, NHS Tayside Clinical Neurophysiology at Ninewells Hospital

### **Better care for older people – GMC launches new support for doctors**

The GMC has launched a new online resource to help doctors challenge the stereotypes associated with older people and tackle the most common concerns older people have about their care. Resources include guidance, case studies, tips, tools and signposts for discussion with colleagues and to share with patients.

To keep this content current and relevant and to respond to any new issues that arise, these resources will be continually updated and reviewed, with regular e-updates about these, to doctors and other subscribers.

[Subscribe to updates](#) and find out more at [www.gmc-uk.org/oldercare](http://www.gmc-uk.org/oldercare)

### **Locum Cover reimbursements for working with NICE**

NICE has recently increased the reimbursement rate for GP locum cover for those involved in work on its behalf. NICE already reimburses GP Practices where they have incurred locum costs in order to release a GP to attend a NICE committee meeting; these rates were increased last year in November and apply to both GP principals and salaried GPs working in a practice. An addition to the policy has also been made, in which self-employed locums can now be reimbursed at the same rates as GP Practices are paid for internal locums, with payment being made directly to the self-employed locum. These changes have been publicised on the [NICE website](#) and in their [newsletter](#)

The guidance [Non-Staff Travel, Subsistence and General Expenses Policy and Procedures](#) has now been updated to include the changes outlined above.

### **Police Medical Reports**

We are aware that there is a recruitment drive on by Police Scotland at the moment and they are asking all applicants to get details of their medical history from their GPs.

Can we just remind you that this is non GMS work and should be dealt with under your usual practice rules for private medical reports.

We have contacted the training department and asked them to make applicants aware that there will be a fee for this information.

### **Cremation Forms – A&E**

We have received reports of issues with the completion of cremation forms when a patient dies in A&E. In that case, very often the A&E doctor will complete the MCCD (death certificate) and also, if there is to be a cremation, Form B (1st part) cremation form.

In that circumstance, we have been reminded by the cremation referees that it is the duty of the doctor completing Form B to find and discuss the patient with another "suitable doctor" to ask them to complete Form C (2nd part).

This doctor must not be the patient's GP.

We have reminded A&E of this.

The new system is due to start in April of next year when cremation Forms will no longer exist, but please advise us of any issues between now and then.

In the meantime, our advice if practices are left with the refusal/inability of the doctor completing Form B to find another doctor (other than the patient's GP) to complete Form C is to advise the funeral director they cannot complete Form C but can start from scratch and Complete Form B and find another GP to complete Form C, as we usually do for patients dying in the community and of course, the fee should then be paid to them for this.

### **Dr Andrew Thomson Medical Secretary**

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