



# TAYSIDE LOCAL MEDICAL COMMITTEE LTD

Issue Number 24

March 2014

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## X-Ray Reporting Delays

We have been made aware of very significant delays in the reporting of x-rays across NHST. This in some cases means that plain film x-rays can take over 3 weeks to be reported which is clearly not acceptable and represents a significant threat to quality patient care. We have raised this issued with NHS Tayside at all levels and are informed that this delay is the result of various factors as follows:

- unfilled consultant radiologist positions - a national supply problem)
- NHST send circa 3000 films to be reported to a private company each month, this company (Medica) have been unable to deliver on a promise to increase this.
- Inexorable increase in demand from primary and secondary care for examinations particularly CT and MR that are part of diagnostic targets, TTG, RTT, 31 and 63 day cancer targets for which there is no SG tolerance
- the effect of Detect Cancer Early program.
- performance issues with national PACS system.

We are also aware that established pathways of care such as direct referral for CT and Chest clinic if a chest x-ray reveals potential Lung Ca are not being followed as a result of the private outsourcing of work.

Unfortunately radiographers continue to direct patients to seek their result within 5 days following investigation and therefore Practices are having multiple contacts from patients as they, understandably, are keen to receive the result of their investigation.

We await further response and action plan to resolve this situation from NHS Tayside but in the meantime please highlight any particular issues you are having especially if this has resulted in clinical consequences for patients. Submitting these as SEAs will also highlight this issue through the system as we are already aware of delayed cancer diagnosis and treatment as a direct result of these issues.

## Remote Vision Access

It appears NHST Tayside have backtracked on their commitment to invest in key technology designed to deliver care closer to patient's homes.

As you will be aware, remote access tokens were rolled out to GP Practices last year to enable off site access to clinical systems for GPs. Remote access was recognised as a tool to assist with the delivery of the Scottish Government 20:20 vision and facilitate care closer to home for our frail elderly population with potential to improve continuity of information and reduce unscheduled admissions. General Practitioners were quick to recognise the potential benefits of remote access to medical records and engage with this service on the understanding that this would be provided as part of the IT required to enable maintenance and further development of high quality care closer to a patients' home.

It was therefore disappointing to learn that NHST felt that the relatively small cost of provision involved would not be supported going forward but that this cost pressure would be transferred to GPs should they wish to continue to have remote access.

We have raised this issue with Lesley McLay as this action by NHST seems both short sighted and has potential to undermine the willingness of General Practice to engage in new initiatives for fear of being required to self fund these a short time later.

## Scottish LMC Conference 14<sup>th</sup> March 2014

Tayside again sent a number of representatives to this Conference of lively debate on motions relevant to GPs. Attached is a summary of some relevant motions debated and the outcomes of that debate.

It comes as no surprise that the immense workload pressures, imminent workforce crisis, dramatic reduction in real terms investment in General Practice

and resulting low morale were the key themes of the conference.

Tayside GPs attending the conference achieved a high profile both within the conference and in the subsequent media coverage.

### **Locum Lists in Tayside**

Further to our piece in last month's Newsletter, can we thank the PM who also pointed out that Practices also have access to the SML Online. This is a database of all the locums in Scotland. Basic information is available for all users however advanced access is available for all practices when they log in. If any practice does not have access they can request further access on the main page of the system and they are then automatically sent an email which is then validated by Allison Rooney, NHS Tayside Primary Care Department.

Once the practices are logged in they can see the contact details of any locums that have indicated they wish their details to be visible.

### **Tayside & NE Fife Locum Group**

Can we remind Practices that the LMC does not "run" this group but merely provides administrative support. The decision not to release individual details to Practices is a private matter for that group.

This group is also NOT a provider of Locums but a private group of Locums who have joined together to discuss issue affecting Locums, organise training for Locums and give PMs access to one generic email address which reaches many Locums in one go.

Should practices prefer to contact individual locums directly rather than use the generic email address they are of course free to create their own 'preferred provider' list. The ability however to contact all locums who are members of the group (the vast majority of Locums working in Tayside) has been seen as hugely beneficial by the vast majority of practices and an improvement from manual lists that by their nature tended to become out-dated.

### **Workplace Pensions – Auto-Enrolment**

Workplace pensions place responsibilities on employers including LMCs and GPs, both as practices and individuals (e.g. for nannies), to provide a pension.

- Workplace pensions, or 'Auto-Enrolment', began rolling out in October 2012.

- Roll out will continue for several years through until April 2017 for the smallest businesses, and that extended timetable will deal with many LMCs and practices.

- The legislation requires all employers to enrol automatically some or all members of their workforce, depending upon age and wage level, into an employer organised pension scheme with certain minimum standards.

- The NHS pension schemes may not be the solution for all GP employers as some workers may be ineligible to join the scheme.

- An individual does not have to remain in the scheme and can opt out within one month of being enrolled.
- Every employer will be allocated a date from when the duty to establish a scheme first applies and this is known as the staging date; for the GPDF this will be 1 April 2014.

- There is a particularly important consequence of Auto-Enrolment. It may lead to loss of fixed or enhanced lifetime protection already obtained with the possibility of a 55% tax rate.

We advise you to begin by taking independent financial advice in so far as Auto-Enrolment is likely to impact you personally, your practice and your LMC.

Planning is the key.

The BMA, NHS Confederation and Pension Regulator websites all provide very helpful further information.

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### **Proposed Change of Container type for Spot Urines sent to Blood Sciences**

NHS Tayside Laboratory services are proposing to change the way they accept and process, non microbiology, urine samples. This would mean that Practices would be responsible for transferring **all** samples received from universal containers to new vacutainer pots. One of the main reasons the laboratory service cite for the proposed change is that of Health & Safety. We pointed out that this issue would also apply to practices and in fact remains a bigger risk given that we have 68 different sites undertaking this work instead of one laboratory.

This was taken to the full GP Sub Committee Meeting on Monday 10/3/14 so that all practice representatives would have an opportunity to comment on this suggested change.

Some of the other potential problems that were highlighted include:

- District nurses often use a single practice in a locality as a base to drop off samples. It is not clear that a single practice would have the capacity to allow the community nurses to process all these samples in one place.
- We are unclear whether community nursing are even aware that they would have to process samples in a different way.
- We also understand that nursing homes and other services that use practices as a drop off points have not been made aware of the proposed changes and appropriate training and equipment provided.

The discussions at the committee were heated, with the vast majority of the committee strongly opposing this change.

The LMC view is that this is a direct transfer of work, with no consultation or resource shift and we would advise Practices to think very long and hard about engaging with this change. Interestingly this was proposed and tried in Lanarkshire but Practices their refused to comply with this change and it has since been withdrawn.

### **Invite the LMC to your Practice**

You will have no doubt seen the recent invitation we sent out whereby the Medical Secretaries will come out to your Practice, at a mutually convenient time, to meet informally with GPs and discuss any issues you may wish us to raise.

This is proving very popular and we ask that you bear with us while we arrange these dates in our diaries – our plan is to carry these out throughout the year.

Hazel will be in touch with possible dates if you have indicated you wish one of these visits. If you have not contacted the office yet but would like to host one of these visits please email Hazel at the office to arrange.

Meantime please continue to send us details of any issues affecting Practices - sometimes we are not aware of an issue until a Practices brings it to our attention - and we will continue to raise these in the appropriate way.

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