



TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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OHSAS – Access for GPs and Practice Staff

We recently became aware that when a Practice tried to access NHS Tayside OHSAS services for a staff member they were informed that as of 06 April 2015 these services were no longer “available free of charge” – this was also the response given when a GP tried to access the service for their own use.

On contacting OHSAS we were informed that the SLA between them and NHS Tayside had been remodelled and would no longer cover GPs and their staff, but they were unable to give us a copy of this new SLA.

We then contacted NHS Tayside and have now been informed by the Lesley McLay, Chief Executive, NHS Tayside that she has:
“requested that there is no change made to accessibility of OHSAS Services for GPs and their staff until we have time to discuss this or any other changes further.”

A meeting is to be arranged between ourselves, the Associate Medical Director for Primary Care, and the Director of Human Resources to “discuss the provision of OHSAS Services, with a view to agreeing a set of proposed recommendations which she can consider”.

We will of course keep you informed of the outcome of this meeting and in the meantime would appreciate if you let us know if you encounter any problems should you or your staff require to access OHSAS services.

DWP / Atos Telephone calls to GPs

It would seem that DWP / Atos are again contacting GPs directly by telephone seeking information regarding a patients Personal Independence Payment wanting to ask the GP 'about 15 questions at a time suitable to them'.

Our advice is that this should be done via a formal request for a report on the proper form which they should send to the Practice and will receive back within the appropriate time scale and payment of the fee.

We believe that this is a way for them to try and avoid paying for the appropriate GP advice and would caution that without a written form you have no way of checking that the appropriate consent has been granted by your patient.

Private Treatment / NHS Treatment

We have again been contacted by a Practice asking for advice on this as patients are being directed to them by the Private provider for follow up blood tests, dressing changes, wound checks, etc., or “because it’s more convenient for the patient” to attend the GP.

As previously stated this was discussed in late 2013 at NHS Tayside General Practice Advisory Committee where it was agreed that the advice we would send out to Practices is that they could invoice the private provider that sent the patient to the GP for the suture removal, etc., as this should not be classed as NHS Treatment but as part of the private procedure.

Practices are also entitled to decline to undertake this work and direct the patient back to the private provider, especially as in many instances said provider has made no communication with the practice to check that they have the capacity to take on this private work prior to the patient attending the practice.

We believe that the NHS Counter Fraud Scotland Department may also be interested in this as they are keen to look into any instances of care being provided using NHS resource inappropriately. We think that this type of “back door referral” from the many private hospitals could fall into this category. They can be contacted at www.cfs.scot.nhs.uk where further details can be found

It would also be good practice to advise patients, (through notices in the waiting room, the Practice Newsletter or via your Practice website) who have opted for private procedures/treatment that “they may not make an appointment with the GP or Practice Nurse for direct follow-up in relation to this until they have discussed this first with the Practice Manager.”