



# TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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<a href="http://www.taysidelmc.co.uk">www.taysidelmc.co.uk</a>		ADMIN ASSISTANT	MRS SHARON SNOWDEN

## Emergency Department (A&E) telephone number

We have been asked to share this number with you.

**07740 937051**

This is the mobile number held by either a Consultant or Registrar in the Emergency Department in NW. They would prefer this to be used for referrals to either Ninewells or PRI at any time of day.

It is also used by Junior Doctors in PRI, NHS 24, OOH and the ambulance service and if engaged incoming calls are forwarded to a land line in the department.

## Ear Syringing / Audiology Waiting times

At a recent Meeting on the above we were informed that all housebound patients should have access to a DN that is trained to carry out ear syringing – not necessarily the one attached to your Practice.

We have also been informed of some changes Audiology have made which they believe will have a positive impact on waiting times.

If you have any problems with either of the above we would be glad to hear from you.

We have attached a useful sheet that you might want to give to patients who you believe could do this syringing themselves.

## Your GP Cares” – BMA Campaign

We hope you've all had a look at the BMA website and have signed up to support the campaign and cast your vote in the online poll: <http://bma.org.uk/working-for-change/your-gp-cares>

BMA Scotland are working on some Scottish info that should be available soon.

There is a very interesting column by Lyndsay Buckland, Health Correspondent at the Scotsman/Scotland on Sunday regarding the Your GP Cares Campaign which you might like to check out.

<http://www.scotsman.com/news/lyndsay-buckland-gps-are-overworked-and-feeling-pressure-1-3413015>

## Model Publication Scheme - FOI

You will have recently received a copy of the update BMA Scotland template. All public bodies in Scotland are required under the Freedom of Information (Scotland) Act 2002 to operate a publication scheme. GMS and Section 17C practices are considered public bodies under this legislation (2C practices are not).

GMS and Section 17C practices must either adopt and adapt the Model Publication Scheme/Guide to Information produced by BMA Scotland (and approved by the Information Commissioners Office), which is attached or produce their own publication scheme for approval by the ICO. This is not a new requirement, as all practices should have had a publication scheme in place since 2004. However, the BMA Scotland template was updated (as required by the ICO) in 2010 and now in 2014.

Details on the Model Publication Scheme can be found here:

<http://www.itspubliknowledge.info/ScottishPublicAuthorities/PublicationSchemes/PublicationSchemesModelPublicationSchemes.aspx>

Practices need to adopt/complete this template by 01 June 2014 or alternatively produce their own publication scheme for agreement with the ICO and post this on your Practice website.

In the past NHS Tayside also agreed to host a copy but you should check with Peter McKenzie, Information Governance Manager, NHS Tayside to see if they are still willing to do this.

## AAA Screening

Further to the item on this in our January Newsletter we are aware that Practices are still receiving letters suggesting “that these patients have an entry in the eKIS system for OOH and hospital clinicians, and are consented for this”.

This would require the Practice to contact the patient to obtain this consent which would add to already heavy workloads.

This was recently raised by the Scottish General Practitioners Committee with the ECS Board. SGPC advised the Board that the AAA people need to consent patients to do this then add it to the ECS themselves. They believe it is not the job of General Practice to be the information advisers to the health service and believe this also applies to many other things such as Child Protection Registers and have stressed that GPs have neither the time nor resources to take on this additional work.

This was also discussed at a GP Sub meeting and the committee advised that, although we are aware that these cannot be added from Secondary Care, as many patients didn't have a KIS these requests were irrelevant and it was not appropriate for Practices to generate a KIS specifically for adding these notes.

If Practices choose to they can code as priority 1 or 2 codes and we are led to believe they will go through to KIS/Portal on history but this is not mandatory.

We will again write to Vascular Surgery reminding them of this.

## Medical Oncology & Clinical Oncology Referrals

Further to the email you will have received last week from the Referral Governance Manger about removing referrals to Medical Oncology and Clinical Oncology from SCI Gateway.

We queried this and have been informed that this is due to a recent incident where the Oncology staff felt the referral route to Clinical and Medical Oncology was not appropriate.

If there is a query about a patient the GP should contact the service on the following extension numbers:

For Ninewells it will be Moira – 32850

For PRI it will be either Lesley - 13851 or Hazel 13291

## Cervical Cytology – Smear taking training

National guidelines state that smear takers must have training every 3 years. In April 2013 Public Health, NHS Tayside wrote to Practices stating that “in line with national guidance to ensure training and quality assurance for smear takers NHS Tayside Cervical Screening Committee is hoping to arrange one local update event per year in Dundee, Perth or Angus.”

We are aware that this training has not materialised and have asked Dr Michelle Watts, Associate Medical Director, Primary Care, to raise this with Public Health.

We will keep you informed of any response.

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

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