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Requests for Information from Care Homes

Social Care Officers linked to Nursing homes have been requesting details from practices of 'information for personal care plans'. This has been for patients with learning disability or dementia. These appear to be a new idea, or slightly modified resurgence, from the Health and Social Care Partnerships.

These letters are requesting a report - without patient or guardian consent - including 'dates of future planned reviews'.

Our advice is that this is non-contractual work and falls beyond "normal GMS services".

If consent is given, then the Practice could send a print out of the patient summary, as this can be helpful in sharing information between services. If they require more than that, it becomes a report request and would be private, non-contractual work, requiring adequate resource.

As to the request for dates of future reviews – we believe this would be very difficult to do as these are done on a "need" basis and usually require a home visit. The only exception would be if your practice plan weekly visits. We would suggest not committing to anything in terms of frequency.

As an aside - we are also aware that many members of staff in the care sector believe that if something is now headed "Health & Social Care" it has been agreed with all parties - when this, often, could not be further from the truth.

Oxygen Supplies

One of the many commitments made by Shona Robison earlier in the year was to fund Oxygen for all GP practices. Discussions on implementation of this are continuing and we would advise practices considering renewing current agreements with suppliers to avoid

entering into long contracts at this time. Hopefully a further update on this will be available soon.

Vitality Life

We are aware that the above company has, fairly regularly, declined a client Life Cover due to their medical history. They have then written to the GP making them aware of this and stating "due to the confidential nature of the information we are unable to reply directly to him/her. We have therefore informed him/her to contact you directly if he/she wishes to discuss this further."

In reality this company have the medical information that the patient supplied to them so confidentiality in relation to medical information is not relevant. The confidential information is how they make underwriting decisions on policies. This has nothing whatsoever to do with General Practice.

We feel this is completely unacceptable practice and are keen to hear of any other examples of this as we would plan to share this with the Insurance Ombudsman.

DWP Factual Reports – A Guide to Completion – May 2016

We receive many queries looking for advice around completing reports for PIP, Universal Credit, etc. Below is a link to a very comprehensive guidance document that we think you will find useful, and should answer any queries.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524047/medical-reports-completion-guidance.pdf

Please note the 5 day turn-around time for reports is their timescale, is wholly unrealistic and has not been formally agreed.

"Requests" from Secondary Care

There is not a week goes by when we are contacted by a Practice looking for advice on this. Typical scenarios are:

- Practices are being asked to prescribe something that requires monitoring and there is no SCA in place to safely allow this.
- Practices are being asked to prescribe “off licence”.
- Practices are being asked to administer a drug on behalf of secondary care as they have “no means of doing so and it is more convenient for the patient to attend the GP Practice.”

Our advice to all of these is that the person issuing the prescription or administering the medication holds full responsibility and we could not advise you to undertake any work out with agreed policies and protocols.

It should also be noted that responsibility for making alternative arrangements for the patient to be treated lie with the secondary care department wishing this work to be carried out and it is not the job of the GP Practice to do this on their behalf should you decline to take on this work.

We are still pushing for the development of community based clinics across Tayside where this type of work would be undertaken, along with dressings, Phlebotomy, wound management etc.

Provision of Nursing Care in General Practice

We are also contacted on a very regular basis by Practices who are discovering that a large part of their Practice Nurse workload is taken up with work directed to the Practice by Secondary Care colleagues who are under the misapprehension that this is part of the job of PNs.

There has recently been discussion between LMCs at national level about whether Practices have to provide “nursing services” and we have discovered that in quite a few Board areas the GP Practice does not employ Nurses and any nursing care is provided by Treatment Room Nurses based in the Practice and funded by the Board – some of these Practices do employ nurse but only to deal with chronic disease management.

We were also reminded that as GPs we provide General Medical Services in line with the *Standard General Medical Services Contract* and are paid in accordance to the *General Medical Services Statement of Financial Entitlements*. The main piece of legislation which concern GP services is *The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004*.

In none of these documents is there reference to GMS general practices having a contractual obligation to provide any nursing services. Indeed it is explicitly written into the *National Health Service (Scotland) Act 1978 Section 36* that-

"It shall be the duty of the Secretary of State to provide throughout Scotland, to such extent as he considers necessary to meet all reasonable requirements, accommodations and services of the following description-, nursing and other services, whether in such accommodation or premises, in the home of the patient or elsewhere."

Therefore we would say that it is clear that contractually and legally GMS general practices have no obligation to provide NHS nursing services. That responsibility remains with the Secretary of State (the Cabinet Secretary) who has devolved it down to Health Boards and now to HSCPs.

Having said all that we realise that in NHS Tayside we have the Shifting the Balance of Care LES which was set up some years ago to cover basics like pre clinic Phlebotomy, wound dressings, etc., but we would contest that this LES is no longer fit for purpose and was in fact developed as a short term measure with a view to reviewing the amount of work it covered, but to date this has not happened yet the workload being directed to Practice Nurses has increased year on year.

We are aware that a few Practices are currently discussing the role of their Practice Nurse and are looking to direct all secondary care Phlebotomy, wound management, suture removal, etc., back to the requesting department and use their nurse solely for chronic disease management and any other treatments as directed by the GP.

We would certainly encourage practice to consider this background when considering to agree to shifts of work from secondary care. Again please contact the LMC office if you require further advice or guidance around this.

Out Patient Medication Requests

Thank you to those Practice that are sending us copies of the hand written requests they are still receiving, with one Practice indicating this seems to be increasing.

This is very disappointing given that there is a system in place whereby these can be done electronically, ensuring legibility and an improved audit trail for the request.

We have written to NHS Tayside advising them that hand written medication requests are no longer the agreed process and reminding them of all the clinical governance reasons why handwritten notes were deemed

to be not fit for purpose. We have asked them to ensure that ALL departments are using the e-system as soon as possible and to set a final date when hand written requests will not be accepted by General Practice.

It is worth noting that the timescales for medication requests under the e-system are the same as under the hand written system. Any medication deemed Urgent, i.e. required within 7 days should be prescribed the clinic / clinician requesting it.

Anything non-urgent, i.e. not required within 7 days should be submitted to the Practice via the e-system and the patient informed should be ready for collection from the Practice in 7 days.

Spend a Session in General Practice

There has been a fair bit of interest from our Secondary Care colleagues around this and so far we have “matched” 12 visitors to GP Practices.

If your Practice is interested in hosting a secondary care colleague to spend a session with you, and you have not already done so, please contact Hazel at the LMC office.

Radiology Incident

A huge thank you to all of you for stepping up and taking on this huge piece of work that was caused by an NHS Tayside systems failure. We realise that this has added to your already full workloads.

We continue to liaise with NHS Tayside regarding them developing, and funding, a workable IT solution and are aware that in the meantime you continue to monitor these on a monthly basis.

We are also continuing to press NHS Tayside for remuneration for Practices that have done this work and will update you as soon as we have a response.

And finally

As always we welcome you contacting us to raise any issues you think we should be aware of or can help with.

We hope you all enjoy the summer and get a chance to enjoy some good weather.

Andrew T, Mary, Andrew C, Richard, Andrew B, Hazel & Jan



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