To each General Practice in Tayside

TAYSIDE LOCAL MEDICAL COMMITTEE LTD

Issue Number 50 May 2016

Immunisations

Following the changes to Health Visiting from April this year, they will no longer be delivering childhood immunisations. This is a national change in role. Discussions had taken place over a year ago about the future of immunisation delivery with agreement that any solution should be implemented uniformly across all practices, ending the current variation that exists.

It has now been agreed that Immunisation Teams will deliver childhood immunisations, with the exception of Seasonal Flu, and that this will be rolled out across Tayside by October 2016. Practices that have previously had HV delivering immunisations will be targeted first.

It has been agreed that there will be no reduction in payments to practices as a result of this change. If new immunisations are introduced then the funding for these will, in the future, go to the service that is delivering them.

We are aware that there have been some issues with the initial rollout of immunisation teams, especially in Dundee and especially in relation to last minute cancellations etc. and we have highlighted this issue and have been assured it will improve. As always, please let us know if your practice continues to experience issues in relation to this.

GPs Contacting Ninewells by Telephone

We have recently had it confirmed that there is a GP number to use to contact Ninewells (and has been for many years).

It is ***01382 668263***.

This number bypasses the system and takes you directly to an Operator.

FIT Testing

Whilst many of you are very keen to encourage patients to undertake this to go alongside a referral, can we remind you that it is not mandatory to do so.

We have had a couple of instances recently where the referral has been cancelled, as there was no accompanying FIT test.

The LMC fully supports the rights of a GP to refer patients to any specialist department that they deem clinically appropriate and cannot support anything that delays a referral or causes it to be refused unnecessarily.

NHS 24 - Update on Future Programme - Email to GP Practice Managers from Professor George Crooks

We have received a few queries from Practices in relation to the above particularly concerned that information would no longer be faxed to practices but instead sent to an email address nominated by the Practice.

This is a national initiative, over which we have little opportunity to influence and we would encourage you to submit your concerns to NHS 24 or via ourselves and we will feed this back via SGPC.

Spend a Session in General Practice

Following on from our recent email to you.

Thank you to those Practices who indicate they are willing to host a visitor.

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.

Post Op wound management / after care/ leg ulcers

We have been closely involved with a Practice that has had more than 1 patient requiring follow up treatment, after a surgical procedure, involving specialist nursing input and ordering of specialist dressings/ tubes/bags – much of which cannot be ordered via PECOS or a GP10.

The Secondary care department had indicated that this was not their responsibility and advised the patient that "this was the GPs responsibility".

After much toing and froing – and input from Clinicians and Managers at the highest level – it was accepted that the responsibility for this did not lie with General Practice but lay with NHS Tayside and the patient is being seen by community nursing services.

This is not the first instance of this type where we have had to step in and escalate this to the highest level to ensure a patient receives appropriate care and we have written to NHS Tayside offering to work with them to ensure a community based service to deal with this type of work e.g. leg ulcer dressings, Phlebotomy, wound management, suture removal etc., is developed across the whole of Tayside.
Meanwhile if you decide you are no longer able or wish to undertake this work we advise you do the following:

Write to NHS Tayside, the Primary Care Department and your Community Nurse Manger informing them of your decision and giving 1 months' notice.

Offer to liaise with you community nurses over use of rooms, lists of patients who are currently receiving treatment.

Ensure your patients are aware that you no longer have the capacity to carry out this specialist work and who they should contact in future.

Please contact the LMC Office if you require further advice around this, and we will keep you informed of how discussions re a supported community service are progressing.

IT System User Access

Thank you to the numerous Practices who let us know of the issues they are having around community staff requiring IT access in their practice.

These range from new staff, turning up to run clinics at short notice, to staff only covering for a short period as another team member was to cover the remainder of a clinic.

All of these seem to be happening without prior notice to the Practice and all involve significant time being spent by Practices staff to accommodate these requests.

The agreed IT protocols suggest you should log a request with the IT helps desk giving LDAP, email details etc. to get the members of staff proper access to your system. Once this is done the practice can set up access to the Vision clinical system. Practically this is a poor system and could be improved but does ensure control of access to data and accurate recording of data access, fulfilling your responsibility as the data controller for the practice records.

Some community service managers, running the various peripatetic services, are asking for generic login details for their teams to alleviate the need for individual logins.

We could not support this as there would be no clear audit trail identifying an individual and would instead show and entry saying for example "midwife" "Immunisation Nurse", etc.

We have raised this, again, at the Information Governance Meeting and asked for a workable, practical solution to be developed urgently, especially given the expansion of this type of service such as the imminent move to Immunisation Teams across Tayside.

AKI Notifications

These emails, which appear in our inbox, continue to arrive. The following was included in a letter we sent to NHS Tayside stating our position:

After multiple discussions on the subject of AKI notifications via GPs personal email we believe we have reached the following conclusions:

1) They serve no useful purpose in primary care, as no patient identifier is included and very few GPs are able to access ICE directly.

2) As these alerts can serve a useful purpose in secondary care and they cannot be activated/deactivated on a discretionary basis, the minor irritation to GPs receiving these alerts is outweighed by the patient safety benefit of secondary care receiving them.

3) We are happy to advise GPs to ignore these alerts on the understanding that the labs know the AKI alerts are not accessed in primary care, and will continue to use the existing system of direct telephone contact should a particularly high risk unexpected result occur.
4) GPs, as the ordering clinician, of course retain primary responsibility for accessing and acting upon results of tests that they have requested using their existing practice document management protocols.

General Ophthalmic Services in Tayside

Primary Care has been receiving queries from Practices about community optometry services. The General Ophthalmic Services (GOS) contract was updated in 2006 to allow optometrists to be the first point of contact for eye problems.

It has been asked who a GP should refer to, however this misunderstands the nature of the General Ophthalmic contract - the contract is for all optometrists in the community.

If your practice has a patient with an eye problem they can go to any community optician and receive an NHS exam. They are able to receive a supplementary NHS eye exam if they are not due a routine test.

Optometrists in Tayside have been able to directly refer to Ophthalmology since 2007 and over 50% are now referring via SCI-Gateway. If the patient needs drops or ointment, the optometrist can write an NHS prescription (there are 9 IP Optometrists in Tayside), or write a signed order for the pharmacist to supply through the Minor Ailments Scheme or privately.

While it is preferable they attend their usual optometrist, if there are no appointments available, they can go to any practice. There are some practices open on a Sunday.

Any queries concerning this service should be directed to Ross Henderson (NHS Tayside Optometric Adviser) rosshenderson@nhs.net

Update on Golden Hellos

Further to our previous articles, we met with Primary Care Department who agreed to honour their commitment to back date pro-rata payments, based on the most recent guidance, in relation to Golden Hellos - January 2015 to date.

This affects approximately 10 GPs and arrangements are being put in place and will be sent out in the very near future.

Tayside LMC welcome this move in support of general practice, which is a Tayside position rather than a specific national directive.

NHS Tayside Child Protection Advice Line

You may be aware that a new centralised Child Protection Team Advice Helpline has been launched where a Nurse Advisor Child Protection (NACP) will be available for advice

This centralised advice line will be available Mon – Friday (excluding Public Holidays) 0930 – 1630.

The number is 07817062977

BMA Counselling and the Doctor Advisor service

We are aware that the stresses and strains of GP workload can take their toll and have highlighted below free services that can be accessed by GPs.

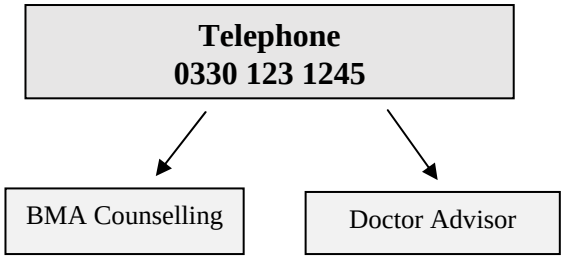
BMA Counselling service is staffed by professional counsellors. 24 hours a day, seven days a week. The counsellors are there to help deal with a wide variety of issues, including the pressures and stresses of work.

This service is confidential and you can remain anonymous, should you wish.

Doctors Advisor service is an alternative to the BMA counselling service, giving doctors in distress or difficultly the choice of speaking in confidence to another doctor. This service provides reflective space, working with you to gain insight into your problems, supporting and helping you to move on by adopting a holistic approach to your situation and if necessary, signposting you to other sources of support.

This is not an emergency service.

Access to both services is via:



Further information about these services can be obtained by calling 020 7383 6739, email

info.d4d@bma.org.uk

or visit www.bma.org.uk/doctorsfordoctors

UK LMC Conference

Tayside LMC had 6 representatives, from various routes, attend this 2 day Conference in London.

Whilst much of the discussion was focussed on the parlous state of the NHS in England, many of the

workload issues around recruitment, retention and shifting of unfunded workload was relevant to all 4 nations.

Dr Mary O'Brien was re-elected as Deputy Chair of Conference and Dr Andrew Cowie was elected to GPC from Conference. Well done Mary and Andrew.

Specialist Prescribing – General Practitioners Committee (GPC) letter to GMC

Please find attached a letter sent by Dr Chaand Nagpaul, Chair, BMA GPC, in relation to advice around prescribing, in particular for patients with gender dysphoria.

Although this guidance refers to NHS England we would contest that this also applies to Scotland.

Should you have any queries around the care and treatment of these patients please contact us via the usual routes.

Dr Andrew Thomson
Medical Secretary

Tayside LMC Limited (SCR Number 420456)
King's Cross
Clepington Road
Dundee DD3 8EA
Tel 01382 424118
Fax 01382 828825
hazeldonaldson@nhs.net

Web site: www.taysidelmc.co.uk

BMA House
Tavistock Square
London WC1H 9JP

T 020 7383 6058
E hsenior@bma.org.uk

Professor Terence Stephenson
Chair of Council
General Medical Council
350 Euston Road
London NW1 3JN

12 May 2016

Specialist prescribing

Dear Terence

You may recall that when Dean Marshall and I met you and Niall Dickson, we raised concerns regarding NHS England's proposals for GPs to undertake specialist prescribing for patients, such as those with gender dysphoria.

Since our meeting, the GMC has provided specific guidance for prescribing in this area '*Guidance for doctors treating transgender patients*'[1]. We have received widespread concerns from GPs and Local Medical Committees (LMCs) that this guidance is placing GPs in a difficult position and undermines the principles of the GMC's own Good Medical Practice.

We are writing to you now to set out our concerns and to ensure that GPs are not forced to prescribe outwith their limits of competence. This in no way diminishes the legitimate and moral need to ensure that patients with gender dysphoria receive prompt and timely care, especially as it is recognised that they are at higher risk of psychological morbidity through delays in treatment.

We note that the Equalities Act 2010 places a duty on the NHS to remove or minimise disadvantages suffered by people with protected characteristics and to meet their needs. We are therefore concerned that the failure of NHS England to provide specialised services for these patients may breach this duty.

Our concerns relate to two key issues:

[1] http://www.gmc-uk.org/guidance/ethical_guidance/28851.asp

1. **GMC's recommendations for GPs to consider prescribing "bridging prescriptions".**
We find it extremely concerning that the GMC is recommending that GPs should consider prescribing medication that is clearly outside their expertise and competence, in cases of delays in patients accessing specialist treatment in the NHS. If the NHS is denying appropriate access for certain categories of patients, the GMC should be highlighting this as a risk to patients which needs to be corrected through appropriate commissioning arrangements.

   Current guidance is unequivocal that initiating hormonal treatment for patients with gender dysphoria should be done by a specialist as part of a comprehensive assessment process. It is simplistic to consider that the needs of patients awaiting specialist treatment can be met simply by a technical process of issuing a prescription (to avoid the harm of self-medication), when in fact the patient should be entitled to a specialised comprehensive assessment and wider support prior to treatment. This is an important matter of principle which could apply to other clinical areas where there are delays in treatment, and it would be quite unacceptable if GPs are expected to provide treatment beyond their competence in order to "bridge" such deficiencies.

   We are additionally concerned regarding medico-legal consequences if there were to be any complaints or untoward incidents related to such prescribing, and we are actively seeking appropriate legal advice from indemnity organisations.

2. **Continued prescriptions under shared care arrangements**.
GMC guidance is clear that a GP shares clinical responsibility in shared care arrangements. In doing so, the GP is expected to demonstrate competence and knowledge regarding the medication prescribed, monitoring arrangements and side-effects. In the case of gender dysphoria, most GPs will have no previous experience of managing such a patient. The very fact patients are referred to dedicated Gender Identity Clinics defines that this is a highly specialist treatment area, and clearly outside core essential services expected of a GP.

   As with all specialist shared prescribing, GPs can voluntarily prescribe under these arrangements, if they feel they have requisite competence and skills, and which we believe should be under a formal locally commissioned arrangement. The GMC guidance places a worrying expectation on *any* GP, regardless of their competence or knowledge regarding such hormonal treatments, to continue to prescribe specialist medication in this instance. We have provided the following information regarding shared care arrangement to GPs in our document '*Quality First: Managing workload to deliver safe patient care*'[2]:

   Shared care arrangements:
   Shared care protocols are increasingly used to transfer care from hospitals into general practice, including the prescribing of specialist medication. It is important to note practices are not obliged to participate in shared care arrangements, which are voluntary. Shared care arrangements require additional competencies, and it is important that GPs do not undermine care for patients by feeling pressured to treat beyond their knowledge and skills. Shared care arrangements also require additional GP, nurse and administration time, and it is important that practices do not take on this

[2] http://www.bma.org.uk/support-at-work/gp-practices/quality-first

additional optional work beyond their capacity to deliver. Practices should receive resources to provide this extra service, so that current staff are not diverted away from providing core needs of patients.

In the interests of patient safety, our recommendation to GPs remains, as with all shared prescribing, that the decision to prescribe must be down to individual clinical judgement to provide treatment within the GP's personal competence.

In summary, our key concern is to ensure that GPs can prescribe safely within their limits of competence, and this includes the ability to decline to prescribe, where appropriate. Feedback we have received from a large number of practices is that the GMC guidance places inappropriate expectations on GPs, and undermines the GMC's own Good Medical Practice.

We are deeply concerned with the potential for GPs to feel coerced to prescribe specialist drugs, and as such, we will be copying this letter to all LMCs so they are aware of our concerns. We will also be writing to NHS England regarding their commissioning responsibilities for gender services, so that patients can have access to the specialist treatment they need.

I look forward to an early response from you.

Yours sincerely

Dr Chaand Nagpaul CBE
Chair, BMA General Practitioners Committee