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## Recording Patient Complaints

We have had a few queries re whether to record patient complaints in the records or not and our advice is that this should only be the case if there is a relevant clinical reason.

We do know that some Practices code in Vision as "letter received" and free text "see secure documents" and store a copy in the secure area on Docman which is not part of the patient record/

Others keep a hard copy.

## Notifying the Board of Complaints

Dr Watts has asked us to remind Practices that they have a statutory obligation to submit details of all complaints to the Board using the agreed template, via the PC department on a quarterly basis.

They should also be informing the Board, again via the PC department, of any complaints that are referred on to the Ombudsman.

## Isotretinoin and Testosterone Monitoring Requests

We have been made aware that some Consultants in Dermatology are asking Practices to undertake the monitoring of patients and we are still receiving queries from practices who have received requests to take over the monitoring of patients on Testosterone- currently neither drug has a shared care protocol/agreement and they are not on the Near Patient Testing LES list.

As you know, the Associate Director of Primary Care has advised, that for clinical governance reasons practices should not undertake monitoring unless medications have a Shared Care Agreement which has been ratified by the Medicines Advisory Group of NHS Tayside Area Drug & Therapeutic Committee.

Once one is in place the medication can be added to the NPT list but until such time these medications should continue to be monitored in secondary care.

## Lipegfilgrastim Injections

These are also currently not included in the NPT LES or the Minor Surgery ES.

We have written to the Lead Cancer Pharmacist advising of the process for developing a Shared Care Agreement and made them aware we will be reminding Practices that this work should not be undertaken until one is in place, and that they should develop a back-up plan to treat these patients meantime.

Meanwhile please let us know if you continue to receive these requests.

## Woman's Rape & Sexual Abuse Service, Dundee & Angus -Temporary suspension of support for under 16s.

We have been asked to make Practices aware of the following statement recently sent out by the above service:

*"It is with great regret that due to lack of capacity we have had to make the decision to temporarily suspend support to young survivors under the age of 16. We hope to reopen our service in the New Year.*

*We are undertaking a number of other measures to try to meet the high demands on our service in the coming weeks.*

*We will continue to offer support via our helpline and support staff can help signpost young survivors to other local support services."*

## BMA Scotland Manifesto

BMA Scotland published its manifesto last week ahead of the Scottish Parliament Elections 2016.

For those of you who are interested it can be accessed via [www.bma.org.uk/spe2016](http://www.bma.org.uk/spe2016)

## Reporting Adverse Drug Reactions

The following article appeared in the recent issue of Tayside Prescriber, the bulletin issued by NHS Tayside Area Drug & Therapeutics committee and we felt it was worth repeating.

The Medicines Information (MI) service can support healthcare professionals with reporting adverse drug reactions (ADRs); if an ADR is suspected then healthcare professionals can report the ADR information to MI and, if appropriate, MI will submit a yellow card report directly to the MHRA.

This service is available to all healthcare professionals including hospital doctors, general practitioners, and pharmacists in all sectors, non-medical prescribers, nurses and dentists. Healthcare professionals can utilise this service by contacting MI, via **telephone (01382 632351) or e-mail (Tay-UHB.medinfo@nhs.net)**, with the following information:

- . Patient details (e.g. age, sex and/or initials)
- . Suspected medication (e.g. name and route, dose, indication and/or start/ stop date)
- . Suspected reaction and outcome (e.g. reaction resolved or ongoing)
- . Any additional information (e.g. other medications in last 3 months)

A report can still be submitted even if all of the above information is not available.

The health and financial implications of ADRs are highly significant. Every healthcare professional has a duty to promote patient safety through pharmacovigilance; the MHRA Yellow Card Reporting System is the main method of post-marketing surveillance. ADRs are known to be greatly under-reported, both in primary and secondary care. Reasons for this under-reporting may be time restraints and uncertainty regarding when to report an ADR; reporting via MI should help with such issues.

Healthcare professional should report:

- . All suspected ADRs to new medications (identified with an inverted black triangle next to them in the BNF or SPC). For example, a report should be submitted if a patient suffers diarrhoea following administration of a new vaccine.
- . Any serious reaction to all other medications (including prescription medications, vaccines, unlicensed preparations and over the counter and herbal medications). For example, a report should be submitted if a patient develops thrombocytopenia while receiving a well-established medication (even if this is already listed as a side effect in the BNF).

- . Fatal, life-threatening, disabling, incapacitating or results in or prolongs hospitalisation; such reactions should be reported even if they are well recognised. If there is any doubt regarding whether or not a suspected ADR should be reported, it is always best to report it.

The information obtained through the yellow card system can directly impact on recommendations in the SPC and may even result in the withdrawal of a product from the market. For example, reports of QT prolongation with citalopram and escitalopram have led to new maximum dosing restrictions, contraindications and cautions.

As well as accepting reports via MI centres, yellow card reports can be submitted to the MHRA by post or online.

In addition, the MHRA recently launched the Yellow Card mobile App which can be downloaded on Apple (iOS) or Android devices; healthcare professionals can use it to report suspected ADRs and receive up to date information on medicines of interest.

### **Tayside General Practice Public Holiday Dates - 2016-17**

A couple of Practices have been in touch to ask if these had been confirmed yet.

We sent an email out in September, and also included them in the September LMC newsletter.

We have listed them below for those of you who may have missed the previous correspondence:

Monday 28 March 2016 – Easter Monday

Monday 04 April 2016 – School Holiday

Monday 02 May 2016 – May Day/ School Holiday

Monday 30 May 2016 – Victoria Day/ School Holiday

Monday 25 July 2016 – NHS Holiday/ Trades Holiday

Monday 10 October 2016– Historic Trades Holiday

Monday 26 December 2016

Tuesday 27 December 2016

Monday 02 January 2017

Tuesday 03 January 2017

### **Partnership Agreements**

We have received a few queries around the above.

While we cannot advise you about the details of any Partnership Agreement our advice, as with the BMA, is that you are taking a huge risk by operating without a current, signed Partnership Agreement.

You are advised to seek legal advice around any agreement or changes being made to a current agreement.

The BMA GPs committee document *Partnership Agreements: Guidance for GPs* is available to download at [www.bma.org.uk](http://www.bma.org.uk) .

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**Medical Secretary**

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