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### TAYSIDE LOCAL MEDICAL COMMITTEE LTD



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### SGHD/CMO (2015) 18 -Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in the Kingdom of Saudi Arabia and the Hajj pilgrimage

You should all have seen the recent CMO letter re the above which states:

"While the risk of MERS-CoV infection in Scottish residents returning from the Middle East is low, we would like to remind you of this potential risk and the importance of obtaining a travel history in patients with unexplained severe febrile illness.

If any such patient has returned from the Middle East, advice should be sought from local infection specialists."

We would advise you to familiarise yourself with the circular and to report any case you think you may have in the usual way, via Public Health, Health Protection Team.

# SCOTTISH CHILDHOOD FLU VACCINATION PROGRAMME 2015-16 - SGHD/CMO (2015) 13

We would like to draw your attention to the notable change to the above DES from previous years, in that if a child misses the vaccination at school then they can present at their GP Practice and the Practice, if they have signed up to the DES, will immunise the child. In short if you have signed up to the DES you have to carry out this immunisation – the wording of the DES is below.

The only significant change to the programme this year is that any primary school child in Scotland who misses their school session (for whatever reason) can make an appointment with their GP practice to be immunised.

This has been agreed as part of the DES with GPs for this season. Such appointments should only be made after the school vaccination session has passed, and children will not be called for such vaccination - it will be offered only if they present.

### Scottish GMS Contract – A Message from Chair of SGPC

Dear Colleagues,

You will likely be aware that the SGPC (Scottish GP committee) is in discussion with the Scottish Government on the future of the GMS contract. As there have recently been inaccurate reports in the media, I want to take this opportunity to be clear about these discussions.

The SGPC negotiating team have been pursuing an independent contractor model since talks with SG began in September 2014. We see practice based lists of patients as the future basis of the contract. We also expect that GP practices will continue to employ broadly the same core staff. As discussions and negotiations are on-going it is not possible to guarantee the outcome of negotiations at this stage – you can be confident that SGPC is seeking an independent contractor model for the future.

We also believe that calls for greater funding and support for general practice have been heard by the Scottish Government, but we continue to need the support of the profession to ensure that we can deliver a better future.

Last week the Cabinet Secretary, Shona Robison, announced the end of QOF by 2017. This is a welcome announcement and is consistent with Scottish Local Medical Committee Conference policy. We are working with the Scottish Government on a new way of addressing quality that will not involve the micromanagement associated with the QOF. We hope this could begin as early as 2016.

I appreciate that some of the staff who are heavily involved in QOF may feel anxious about this change. Our discussions with the Scottish Government have been about needing more, not less, staff in GP practices and the wider primary care team.

Yours sincerely,

Alan McDevitt, Chairman, Scottish GP Committee © SGPC/BMA

# Practice Weighing Scales – Non – Automatic Weighing Instruments Regulations 2000 - Trading Standards Visits

We have previously been asked by Practices if they had to comply with these requests for visits or unannounced visits by Trading Standards Officers for the purpose of inspecting all weighing scales being used on site.

Our answer was that we did not believe that Practices had to comply with these requests, however that has now changed.

Councils, as the Local Weights and Measures Authority, have a duty to enforce the provisions of the Weights and Measures ACT 1985 and all subordinate legislation. Included in this is the examination and testing of all weighing and measuring equipment, including those weighing scales used to weigh patients at GP surgeries and Health Centres. Until 2003, these were regarded as "outside" the control of the law. However since January 203, when the full force of the Non-Automatic Weighing Instruments Regulations 20 came into effect, "any weighing scale that is used for weighing patients for medical diagnosis, monitoring or treatment is now caught under the control of the statutory weights and measures legislations".

Please ensure that any weighing scales comply with the Non-Automatic Weighing Instrument Regulations 2000; that is they must be:

- Suitable for purpose
- Labelled with the legally required markings, and;
- Accurate

Trading Standard Officers have the power to enter premises, without appointment, and inspect and test any weighing equipment being used for the purposes of monitoring, diagnosis or medical treatment. If any weighing scale is found to be inaccurate, or not in compliance with the Regulations, the officer may require the weighing scale to be repaired, or prohibit its use until it has been recalibrated.

We hope that all the inspectors are mindful of the pressure that General Practice is under at present and that the main priority for GPs and their staff will always be to meet the needs of their patients even during the inspection processes.

This DES consists of the Freshers Programme and the Catch-up programme. Freshers are defined as young people under 25 and attending University / College for the first time.

The Catch-up programme is targeting all adolescents aged 14-18 years. Please read the CMO letter regarding the DES on

http://www.sehd.scot.nhs.uk/cmo/CMO (2015)15.pdf

Those young adults who do not fall within the eligible groups will not get the ACWY as part of the national DES.

Some practices have been asked if they can supply the vaccine privately for patients who do not qualify under the NHS scheme and we would remind practices that they cannot charge their patients for this privately but can direct them to a private provider outwith the NHS.

### Date for Your diary 1 – Tayside LMC Annual Conference

Breaking with tradition we have decided to hold our annual Conference in the evening instead of the afternoon. The plan is to hold it on Wed 03 February 2016, after the planned PLT afternoon.

The venue is to be finalised but the evening will start with hot food, available from 6 pm, and the Conference held from 6.45 pm.

This change is to help reduce the pressure on practices to release GPs to attend during the day, which has become more of a challenge over recent years. A formal invite and more details will be sent in due course.

# Date for your diary 2 – ACAS Practice Manager Training

We have again arranged for a trainer from ACAS to come along and give a General Employment Law Update to Practice Managers.

This has been arranged for **Friday 13<sup>th</sup> November**, **9.30–12.30** at The Double Tree Hilton, Dundee.

Further details of how to book a place and cost can be obtained from Hazel at the LMC Office.

**Support available from the Royal Medical Benevolent Fund**  The Royal Medical Benevolent Fund, the charity for doctors, medical students and their families, has just released its Annual Review. In 2014-15 the RMBF helped 212 beneficiaries with financial support, nearly 50% of whom were GPs or GP trainees. The charity has been helping doctors and their families for nearly 180 years, giving support through times of adversity and hardship which may have been caused, for example, by personal tragedy, financial problems, ill health or an accident. Reaching the doctors who are most in need continues to be both a top priority and a challenge for the charity.

You can contact the RMBF if you are in need of financial support or if you know of a colleague who may need help – please visit the RMBF website at <a href="http://www.rmbf.org/">http://www.rmbf.org/</a>

# Macmillan / Detecting Cancer Early Role – GP Vacancy

This 3 session per week role is currently vacant. If you are interested and would like more details please contact Dr Michelle Watts, Associate Medical Director, Primary Care, NHS Tayside via the Primary Care Department.

#### **Protest to England Junior Doctor Contract**

Most of you will be aware of the situation in England surrounding the proposed changes to the Junior Doctors Contract and the planned ballot of juniors by the BMA in regard to this.

We know that many juniors in the other nations plan to show support for their colleagues in various ways. We have been made aware that there is there is a planned support protest at City Square in Dundee on **Wednesday 18th of November** at 16:00 and that many GPST's in Tayside hope to attend.

We would hope that, if the business of the Practice allows, many of you will try and work round this to allow your GP Trainees to attend should they wish to do so. And, of course, any GPs wishing to support the juniors would be welcome.

#### **Doctors' and Dentists' Review Body (DDRB)**

The BMA has now submitted evidence to the DDRB for 2016/17. This can be found on the BMA website at

www.bma.org.uk

#### Dr Andrew Thomson Medical Secretary

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