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Fit for Work Scheme

Delivered by NHS Scotland, FfWS aims to help GPs and employers reduce sickness absence and maintain workplace health, while supporting employees to return to work in a way that is right for them.

How does FfWS work?

Advice and assessment

FfWS provides an advice line and website offering information on all aspects of workplace health. GPs and employers can refer eligible individuals for a telephone assessment with a qualified health professional. Obstacles preventing the person from working are identified and a return to work plan produced, detailing agreed recommendations to support an effective and sustained return to work.

Who can be referred?

Eligibility criteria

To be referred for assessment by either a GP or employer, the individual must meet the following eligibility criteria:

- In work
- Four or more weeks sickness absence
- Consent to referral

Referral to the service is voluntary and obtaining consent to refer is essential.

Why use FfWS?

Benefits

- Free service delivered by NHS Scotland
- Provides easy access to expert advice and information on all aspects of workplace health.
- Helps employers manage the impact of sickness absence
- Supports individuals to return to work quicker, with a tailored plan specific to their needs

For more information on Fit for Work Scotland call 0800 019 2211 – option 2, or the local Tayside team on 01382 825100 (Mon-Fri, 9-5) or follow us @fitforworkscot.

Electronic Out Patient Communications

You will all be aware that, despite this system being live since August last year, many Practices are still receiving hand written out patient communications which is unacceptable.

We recently wrote to NHS Tayside advising that, as of 01 September 2016, Practices would no longer accept and act on these hand held notes, and outlined all the clinical governance/ patient safety issues that had resulted in the e-system being introduced.

All Departments in NHS Tayside are currently receiving reminders that they should use the Electronic system and the reasons why this should be done.

Should you receive any hand held notes after 01 September we would advise you to return these to the Clinician issuing it and raise a Datix report.

Please remember that the agreed timelines also apply to the electronic requests, i.e. Medication required *within 7 days* is classed as urgent and should be prescribed by the clinician requesting it.

MERS / SARS

We have had a discussion with Public Health around if the GP suspects there is a SARS/MERS etc. risk.

We can confirm that the correct procedure is that the GP informs SAS who then take it from there.

The Practices should not be involved further in organising transport of the patient.

Please let us know if you experience any problems.

Intelligent General Practice Reporting Tool (iGPR)

The GPC's IT Subcommittee has received a number of queries from LMCs about the iGPR tool, which allows practices to respond to requests for patient health information electronically. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystemOne practices.

The iGPR provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors. Requests can include Subject Access Requests (SARs) and GP Reports (GPRs). There are other systems that provide similar functionality.

LMCs have sought advice for practices on the use of this tool. The Joint GPC/RCGP IT is unable to 'approve' or 'endorse' third party software products, however they are able to provide the following generic advice.

Firstly, with regard to any SAR from an insurer, practices should read the [BMA guidance](#) on how to manage SARs for insurance purposes. The guidance was issued following a review by the Information Commissioner's Office and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GP Report from the practice.

It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional redaction offered by any reporting tool over and above the legally required redaction would, in the JGPITC's view, mean that the resulting report no longer constitutes a SAR.

Where practices wish to use these tools for purposes other than an insurance company SAR, this is a matter for individual practices to decide.

Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient.

Please note there is no requirement for practices to use these reporting tools, and it is for practices to decide whether they receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or whether to deactivate the tool.

<http://www.bma.org.uk/support-at-work/gp-practices/service-provision/subject-access-requests-for-insurance-purposes>

Immunisations – Reminder

For those practices currently delivering child immunisations themselves (about 15), this is a reminder that you will need to confirm that you are happy to transfer the responsibility for this to the new immunisation teams.

This is the direction of travel for immunisations in the future and we would support this move to bring all practices in Tayside onto the same footing having had years of multi-tiered systems despite similar funding levels.

We have reached agreement that funding to practices will not be affected by this change. All funding streams will likely change as the new contract emerges but until then this provides reassurance to practices.

Indemnity

You may be aware that the BMA paper *General Practice Forward Vision* proposes to address the rising burden of GP indemnity costs, which is having a negative impact on the working choices of GPs, and resulting in reduced capacity.

They have set up an indemnity work stream and have had initial meetings with the DH/NHS England.

It is probable that a short-term approach to deal with escalating indemnity fee rises will be required, whilst working out appropriate and definitive solutions in the longer term.

We are fortunately protected from much of these fee increases as GPs in Scotland are seen as a lower risk by the companies but it is likely that this may change over time. We will keep you posted on any developments.

Firearms Certification

Please see the attached sheet for further advice and information on the above.

Tayside LMC Website

We have revamped and updated our website to make it tablet and mobile friendly. We have also added a few new links, some more advice and guidance documents and generally updated the look and feel of the site.

Please let us know what you think of it. You can access the site via: www.taysidelmc.co.uk

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TAYSIDE LOCAL MEDICAL COMMITTEE LIMITED



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Firearms Certificates

We are aware that this is still causing some issues with quite a few Practices who quite correctly are declining to participate in this non GMS Contractual work. This is not helped by a shooting magazines advising their readers "BASC is disappointed that some doctors are now demanding payment for a matter that affects public safety and in opposition to the agreement reached by the BMA". It advised applicants to refuse to pay any fee demanded and highlighted that should the doctor refuse to participate without being paid a fee "the Home Office guidance states that after 21 days, if there is no response from the doctor, it will be assumed that the applicant has no medical issues that will prevent their grant or renewal."

We are also being told by Practices that patients registered with practices who are not undertaking this work are being advised by police officers to "register with another Practice to get this done". We are of course very keen to have further information around this and will pursue this with Police Scotland.

Our advice is still the same and below is the updated guidance that the BMA produced, due to the large numbers of complaints from Practices about the initial agreement.

The response to the Police's letter indicating whether there are any concerns and that a code on the patient's medical record has been added is not part of a GP's contract. It is therefore up to the GP to assess how best to proceed taking on board the following factors and guidance:

1. The work involved in responding to the letter is minimal and therefore can be undertaken easily without delay and without a fee.
2. The work involved in responding to the letter requires time and resources from the practice that necessitate a fee to be charged to the patient (the Police should not be charged). We would advise GPs to seek confirmation from the patient that they are in agreement to pay a fee before undertaking the work so not to cause additional confusion or delay. If there is a delay owing to this and you are unable to respond to the letter within the 21 days, please notify the police of this.
3. No one in the practice is available (e.g. on holiday or off sick) to complete the work within 21 days. Please notify the police without delay.
4. The practice does not have the capacity to undertake the work within the 21 days. Please notify the police without delay.
5. That the GP has a conscientious objection to gun ownership and no other GP in the practice is available or able to undertake the work. Please notify the police without delay.

Our advice remains that this is non-GMS work and that a practice should consider this in the same way as any other private work and charge a fee based on the work required, or decline this work if they feel it does not fall within their competencies.

You may find the recent article in Pulse of some interest. *LMC issues template letter for GPs to refuse firearms licence requests* / News Article / Pulse Today

<http://www.pulsetoday.co.uk/news/lmc-issues-template-letter-for-gps-to-refuse-firearms-licence-requests/20031986.fullarticle>