

TAYSIDE LOCAL MEDICAL COMMITTEE LTD



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Dismantling the Quality and Outcomes Framework (QOF)

All practices should have received a letter / email to confirm the detail of the QOF points achievement that will be transferred into global sum. This, in most instances, is the average of the last 3 years of achievement.

Please check this statement closely as we know of more than one practice where the achievement listed did not equate with the QOF calculator for the years in question. Should this be the case then please contact PSD directly to get them to check the data.

Should the data be correct but you feel, for whatever reason, that using the average of the last 3 years may not be appropriate or an adjustment should be made, you need to submit a claim / appeal.

This needs to be submitted with supporting detail / evidence to Jane Haskett, General Manager, Primary Care Services, by no later than **Wednesday, 31st August 2016.**

Collaborative Fees

This is still an area where we receive a large amount of queries from practices looking for advice.

Firstly can we remind you that the "collaboration" referred to is between Health Boards and Social Services. It is not with the GP practice or between the Government and BMA / SGPC.

This work is not part of GMS and there are no agreed fees. Some Councils / Tayside Health Board did uprate the old (previously agreed) fees with the annual uplifts and offer that as their fees.

The problem arose after the DDRB opted not to recommend fees and legal advice suggested that, as any doctor/GP could do the work, fees could not be agreed.

The BMA in Scotland are considering looking again at this but the previous legal advice was also "that LMCs and practices could also not agree fees between them."

The risk is that the Competition and Markets Authority could fine you heavily (3 times your turnover) if you are found to have price fixed.

As with all non-GMS work we recommend that you set a price commensurate with the work required and the risk accepted. If this is not acceptable to the person / organisation requesting the report then they will have to find an alternative route to gain the information / report they require.

Tattoo and Piercing Licencing Requirements

It would appear that if a client mentions certain medical conditions prior to having a tattoo or piercing then the operator should advise the client to contact their GP. As you can imagine this does not fall within GMS contractual work and Practices should deal with this the way they would any non GMS work.

An excerpt from the advice being given to operators is below.

"THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982
(LICENSING OF SKIN PIERCING AND TATTOOING)
ORDER 2006 LOCAL AUTHORITY
IMPLEMENTATION GUIDE Version 1.7

Scottish Licensing of Skin Piercing and Tattooing Working Group - May 2014

6.1.2. Medical History

Operators should discuss client medical history with the individual prior to carrying out any procedures. Operators should ascertain whether clients currently

suffer from, or have previously suffered from, a range of conditions including the following:

- Heart disease, angina
- Blood pressure problems, high or low
- Seizures, e.g. epilepsy
- Haemophilia, haemorrhaging, blood clotting disorders
- Skin conditions, e.g. eczema, psoriasis, dermatitis
- Diabetes
- Allergies, e.g. jewellery, foodstuffs, anaesthetics
- Use of aspirin or other potentially blood-thinning medicines
- Use of any regularly prescribed medications
- Pregnancy
- Any other health condition, which may be affected by the intended procedure

Licensing Implementation Guide – Version 1.7 – May 2014 28

It is recommended that, should a client identify any of these conditions (either current or historic) that **may impact on the procedure being carried out, operators** should be advised to refer the client to their GP to discuss the procedure and its potential implications for the health of the client. Where a GP is satisfied that the client is fit to undergo the procedure, they should provide authorisation for this in writing. Operators should ensure that this written authorisation is retained within the client records. “

<http://www.hps.scot.nhs.uk/enviro/guidelinedetail.aspx?id=36090>

Electronic Out Patient Communications

Further to our article in last month's Newsletter where we notified you that we had written to NHS Tayside advising that, as of 01 September 2016, Practices would no longer accept and act on hand held notes / A5 notes.

We have sent them a reminder and advised that Practices are aware of this.

We have also stressed that Practices **will not** issue prescriptions/ make medication changes as directed in these slips and will instead direct patients back to the Clinician that issued the slip and the responsibility for following this up will lie wholly with that Clinician.

We are also aware that certain specialties are using clinic letter templates to send requests and this should also change to the accepted and agreed electronic template within the same timescale for immediate medication recommendations from clinics.

Should you receive any hand held notes after 01 September 2016 we would advise you to return these to the Clinician issuing it and raise a Datix report.

Ninewells Switchboard / New telephone System

You will all be aware of the significant difficulties GPs are currently experiencing when trying to contact Secondary Care due to the change in telephone/ page system. This has resulted in significant delays to patient care and disruption of care for other patients within affected practices.

To try and assist with this, switchboard have opened up a new direct GP line which means:

- GP will not get busy tone
- GP goes to front of all queues
- Will be told where in the GP queue they are

**The new GP direct line for admissions/advice only is
01382 740431**

Date for Your Diary – PM Conference

We will be holding a half day Meeting / Conference for Practice Managers of LMC levy paying practices in Tayside.

This event will be held in the afternoon of **Wednesday 09th November 2016**.

A formal invite and more information will follow in due course.

Dr Andrew Thomson
Medical Secretary

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