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Reduced Opening Hours of MIUs

Many of you may be aware that due to staffing shortages NHS Tayside has taken the decision to close some MIUs at 4 p.m. (or on occasion earlier).

This has resulted in nearby Practices having patients turn up looking to be seen by the GP.

The signage on the MIU doors advises patient to *phone 111 in the first instance or attend A&E – 111* are then directing patient to the GP Practices “as they are still open”.

We would advise those Practices that are affected by this to put a clear sign on the door directing these patient to A&E.

Please continue to let us know how this is impacting you.

Firearms Certificates – Update

We have had an update from the police via the Scottish Government (which outlines the procedure the police are following):

At 16 weeks (increased from 12 weeks) prior to renewal the police send a letter to a certificate holder reminding them that their certificate is just about to expire. The letter sets out the procedure for renewal and it now instructs the certificate holder to take a second (enclosed) letter to their GP.

This is the letter that was initially sent by the police.

For ease of reference I have attached a copy of the letter which is sent out. You will see that on page 4 it states; It must be noted that your GP may charge for this service. This fee would be borne by you as the applicant in all cases.

The intention of sending this letter is twofold, firstly it ensures that the letter gets to the correct GP and secondly, it will allow for an early indication in respect of whether the GP practice is engaging with the system or otherwise.

Our advice to certificate holders, when asked, is that should a practice wish to charge, they should pay the fee. It is a matter for the GP and the applicant.

There is no mention of what fee should be paid; it is not a matter for the police.

The attached letter was circulated to the shooting organisations and the Scottish Government prior to completion, and has their support.

The letter mentioned above is attached to this Newsletter.

Radiology Reconciliation

Thank you once again to you all for stepping in so quickly and ensuring this difficult situation was dealt with in a speedy manner.

You should have received notification of payment from NHS Tayside for this additional workload – we are extremely grateful to NHS Tayside for recognising the additional workload this brought to Practices, at a time when many of you are already struggling with workload and GP / staff vacancies.

We still believe that an IT fix is the only safe workable solution to this and will continue to press NHS Tayside to do this as a priority and will keep you updated of any developments.

General Practice Public Holiday Dates 2017

Further to our recent email, listed below are the agreed and approved 10 dates for General Practice.

Monday 03 April 2017 - Trades Holiday/School Holiday

Monday 17 April - Easter Monday

Monday 01 May - May Day / School Holiday

Monday 29 May - Victoria Day/ School Holiday

Monday 24 July – NHS T Holiday / Trades Holiday

Monday 09 October - Trades Holiday / School Holiday

Monday 25 December - Christmas Day

Tuesday 26 December - Boxing Day

Monday 01 January 2018 - New Year's Day

Tuesday 02 January 2018 - Scottish Bank Holiday

We are very grateful to Jane Haskett for all her hard work around getting these agreed and approved.

Tayside LMC PM Conference – 09 November 2016

You should have received your invite to the above which is open to Practice Managers of LMC levy paying Practices.

If you have not, or require further information, please contact Hazel at the LMC Office.

Hospital Test Results / Out Patient Prescribing – BMA Statement

We are aware that many secondary care departments are still directing patients to their GP to receive results for procedures that have been initiated in secondary care. Below is the current BMA guidance around this which clearly states the responsibilities of all involved.

Also included is guidance around prescribing from outpatient clinics which you may also find useful.

As you will be aware, as of 01 September, all Out Patient medicine communications should now be sent via the electronic Out Patient Medication Form via EDT/Docman. Unfortunately, it would seem the message around this has not been received / actioned by

all clinicians and they are still using the old hand written system.

We are keen that you let us know of any you receive so that we can pass them on to NHS Tayside.

BMA Guidance

The joint GP Committee and Consultant Committee statement on hospital test results has been updated and a statement on *Duty of care regarding drugs recommended from out-patient clinics* has also been published

Duty of care regarding communication of investigation results:

We are aware that in some areas, some hospital doctors have been instructing GPs to find out the test results which the hospital had ordered.

Both the General Practitioner Committee and the Consultants Committee of the BMA agree this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon, rests with the person requesting the test.

That responsibility can only be delegated to someone else if they accept by prior agreement. Handover of responsibility has to be a joint consensual decision between hospital team and GP. If the GP hasn't accepted that role, the person requesting the test must retain responsibility.

This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations

Duty of care regarding drugs recommended from out-patient clinics:

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised. We would strongly recommend that LMCs and Hospital Trusts agree policies that are publicised and adhered to by all parties. These policies should include the following general principles:

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
 - Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
 - All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient,

there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.

- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.
- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed. Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

Cancellation of Referrals

We are aware that there seems to be an increase in the number of GP referrals being cancelled for one reason or another.

We, as the GP Sub, have raised this via the AMC (Area Medical Committee) with NHS Tayside.

Meantime below is some advice that you may not have been aware of on what to do if you receive notice of a referral cancellation

- If a referral is cancelled and the Practice do not acknowledge the cancellation the referral governance team can override the cancellation, with messaging back to the specialty.
- If you send a supplementary message for a cancelled referral, if you have not acknowledge the cancellation the original referral can be re-instated.
- The old referral cannot be used if you have acknowledged the cancellation.

Please continue to send in details of any referrals you believe have been cancelled inappropriately and we will

raise them with the Referral Management Team and any department we deem necessary.

Dr Andrew Thomson
Medical Secretary

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