



# TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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## Medication Requests following a Private episode of care

We have received several queries around this recently and are aware that a motion on this has been submitted to UK LMC Conference asking that the regulations and advice on this be amended.

Our advice to practices remains that medication requests from private providers should be treated in the same way as any other medication request following an NHS Clinic attendance.

Medicines required within a 7 day period should be prescribed by the requesting doctor – there should be no priority given to private requests over NHS requests

If you are happy to prescribe a suggested medication, then do so. If not, let the requesting doctor know, and the reason why – such as you feel it is out-with your competencies, and it becomes their responsibility to do so or arrange an alternative – as you would with any medication request.

Non-Formulary or Off Licence requests – these should be treated as you would any NHS request for these items.

We have also supported Practices refusing to accept hand written requests due to patient safety issues – this is no longer deemed an acceptable method for NHS requests so it should not be assumed as acceptable for private requests.

If the patient believes they have been charged by the private provider for the prescription being requested from the GP, you should refer the patient back to the private provider to sort this out and give them the contact details of NHS counter fraud services.

Tel: 01506 705200 or <http://www.cfs.scot.nhs.uk>

## Med 3 / Fit Notes

Disappointingly we have seen a significant rise in patients not being issued with or being issued with an inappropriate Fit Note. This results in significant and inappropriate transfer of workload to GPs. We have, again, written to NHS Tayside asking them to remind all secondary care Clinicians / Departments of their responsibilities around this.

Meantime we would appreciate you sending us copies of all requests/ contacts from patients seeking a Med 3 which should have been issued by secondary care, especially after a hospital stay.

## The Scottish Health Survey 2017

You may be aware that this is currently being carried out.

A random sample has been drawn from the Post Office's list of addresses and a letter outlining the survey sent to the sampled address in advance of an interviewer calling at the address - co-operation is entirely voluntary.

Some members of the public may contact their GP for information about the survey, seeking reassurance it is legitimate and if this happens in your Practice you can direct the patient to the website [www.scottishealthsurvey.org](http://www.scottishealthsurvey.org)

We do not envisage this having an impact of GP workload but as ever are happy to hear from you if you find this is the case.

## **Extended Minor Ailments Service - common clinical conditions**

You should have received notification about this new Community Pharmacy service.

Patients seen under this service are those presenting with any of the above conditions with symptoms that they would normally have referred on to the GP or OOH service. They may still need to refer on in some cases but they will have completed an assessment to pass on to the GP or OOH service in those cases.

The community pharmacists have agreed to limit the scope of this service in the first instance to the following:

- UTI
- Impetigo, infected bites and stings
- Infected asthma
- Early stage cellulitis
- Earache
- Sore throat

Practices may get a communication in relation to any interventions that their patients may have with these community pharmacist as a result of this service

Community Pharmacist Independent Prescribers are as follows

### **Angus**

Keith Fraser - Boots Brechin

Emma McElwhinney - Davidsons Brechin

Michael McMillan - Letham

Lauren Clarke – Davidsons, Forfar can deliver the UTI only at present

### **Dundee**

Grainne MacGregor - Boots B/ferry

Hassan Yousaff - Boots city centre

1 other to come on board at a later date

### **Perth & Kinross**

Alasdair Shearer – Davidsons, Milnathort

Gillian Grant - Davidsons Dunkeld

Donna MacSween - Asda Perth

Graeme Carcary - Davidsons Blairgowrie

All have access to Clinical Portal with the exception of the 3 Boots branches.

## **“Generic” Email list**

We are aware there are some difficulties around inclusion in the generic e-mail lists,

- [Tay-UHB.alltaysidegps@nhs.net](mailto:Tay-UHB.alltaysidegps@nhs.net) which is concerning as many important drug alerts and circulars are sent out through this route.

The e-mail account [Tay-UHB.alltaysidegps@nhs.net](mailto:Tay-UHB.alltaysidegps@nhs.net) is owned and managed by E-health and Primary Care are unable to make any amendments to this. IT have now highlighted that since the introduction of NHSMail2 there have apparently been compatibility issues with these lists, which neither us or Primary Care were made aware of.

They have, however, confirmed that in order for email addresses to be picked up for these dynamic lists it is important that very specific titles are included in the LDAP details under the National Details section, i.e. Practice Manager, General Medical Practitioner or GP Registrar.

Primary Care have asked us if we could try to ensure that all GPs update their LDAP details as above, as soon as possible, to ensure that they are included in the generic list and are receiving all documents.

Your LDAP password should be in the passwords collection in the box at the right side bottom of your screen, along with all other single sign-on passwords.

The problems around the issuing of new nhs net email addresses remains a national issue and we are led to believe that this is being looked in to.

We are also aware that the generic NHS Tayside PM list is affected in the same way and this is why we have developed our own PM mailing list.

Until such time as these problems are addressed we would suggest that the PM groups discuss this and agree that those that are receiving communications via the NHS Tayside PM list “buddy up” with a PM that isn’t and agree to forward things on to them meantime.

Ensuring your LDAP details are up to date and accurate and checking these on a regular basis are also a good habit to get into.

We accept that again these are not ideal solutions but it would mean vital communications are not being missed.

## Shingles Vaccine Uptake

At the last Tayside Immunisation Steering Group the lower uptake of shingles vaccine was discussed, as Health Protection Scotland are exploring the potential reasons for this.

HPS are requesting feedback from each Board area around Practitioners experience of Shingles vaccine and possible reasons for the lower uptake.

We would be grateful if you could send comments or suggestions in relation to your experience of Shingles uptake, by 21<sup>st</sup> February 2017 to [janeforbes@nhs.net](mailto:janeforbes@nhs.net)

This feedback will be used to inform HPS regarding Shingles uptake from a local perspective.

## Tayside LMC Annual Conference

Thank you to the 55 GPs who attended this event.

We were delighted to have senior members of NHS Tayside management team in attendance and an evening of lively debate took place.

The AGMs of the Divisions also took place and the representatives from these Divisions to the main LMC Committee from April 2017 – March 2018 were confirmed as follows.

*Angus – 3 reps*  
Dr Marc Jacobs  
Dr Giles Ledlie  
Dr Andrew Thomson

*Dundee – 5 reps*  
Dr Julie Anderson / Dr Zahida Din – job sharing  
Dr Andrew Cowie  
Dr Shawkat Hasan  
Dr Mary O'Brien  
Dr Pascal Scanlan

*Perth & Kinross – 4 reps*  
Dr Andrew Buist  
Dr Richard Humble  
Dr James McMillan  
Dr Beena Raschkes

If you have not already submitted your feedback form for this event please send them to Hazel at the LMC Office as they assist with planning future events.

## LMC Template Letter booklet

We recently sent a flash drive containing our updated template letters and advice documents out to all PMs.

Can we ask that you ensure this version is the one being used by all Practice team members please?

The changes we made make it clear what is being highlighted and also make it easier for us to keep track of which Departments are the main offenders and also what it is the have failed to do/ transferred to Practices to do.

Please keep copying us in every time you use one of these as it gives us actual data/ evidence to use when raising issues, such as the lack of Med 3s being issued at discharge.

## Email Scam

We have been notified by our colleagues in Glasgow & Greater Clyde about an email scam doing the rounds currently. 2 separate GP practices were affected and in both cases, the scammer sent an email to the practice manager asking for a large cash transfer. The email will look as if it has come from the GP partner but in fact is from a totally different email address.

Once the victim is hooked, the scammer will send the account number and sort code for the transfer. One practice lost a significant amount of money.

Please be vigilant and always verify email correspondence.

## Dr Andrew Thomson Medical Secretary

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