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## Notifying Patients of Results

We are aware that some Departments, (Gastroenterology & Colorectal in particular) are now sending a standard letter advising the patient:

*Your GP referred you to the service for investigation. A consultant has reviewed the results of your investigations and has decided the service needs to take no further action.*

*The results of any biopsies taken are available electronically to your GP. If you wish to discuss these results, we suggest that you contact them directly.*

We have written to the Department Leads advising them of the BMA Guidance around test results, and have copied Dr Cook, Associate Medical Director in asking that he remind ALL department of this.

It is also unacceptable for communications to General practice to be placed on ICE / Clinical Portal without being 'pushed' to practices either electronically or via 'snail' mail.

### ***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*

## Lichen Sclerosis

There seems to be some confusion around the monitoring of these patients, with some GPs being advised by Dermatology / Gynaecology that they should be monitoring these women annually.

We can confirm that the agreement that was put in place in 2013 /14 still stands and our advice is as it was then when the patient leaflet was modified to remove the section advising patients to attend the GP for an annual review.

This monitoring remains the responsibility of the secondary care clinician.

We have written to secondary care to remind them of this agreement and ask that they cease advising that GPs undertake this monitoring.

## Capacity Assessment Requests

We have seen a rise in these requests, particularly in P&K. Practices are contacted and told that *they are not looking for a general assessment of capacity for welfare and financial decisions* but rather an opinion on capacity in relation to a particular query/ instance.

You will not be surprised that this is not GMS work and therefore chargeable (in the old days this would have been covered by the collaborative arrangements.)

Our advice is that if the patient is under the care of another service, i.e. is seeing a CPN or Psychiatrist, then they are probably best placed to give this information.

You can of course decline to take on this work and, if you do you, should notify the requestor if this in writing.

If you do decide to take this on then you should notify the requestor in writing of your fee and the timescales you require to complete this.

## Scottish LMC Conference

This event took place on Friday 10 March 2017 and Tayside was well represented and involved in the presenting of motions and debate.

We have again attached a short paper with some of the motions debated and the outcomes of the votes on these, for your information.

The Health Minister, Shona Robison attended and made announcements around the intention to provide additional support for Practices. You will have been sent this via, the BMA.

We have had a few queries around the statement about sick pay for Locum cover and the use of internal staff to cover sickness absence and Practices have mooted cancelling their arrangements for Locum Insurance cover.

The statement below came for the SGPC negotiators in response to this question.

*We would suggest that practices do not change their current arrangements for locum insurance until we sign off the regulations around this agreement. There is a lot of detail to cover in how this will work in practice.*

## Oxygen Supplies to Practices

We have had a couple of queries around oxygen supplies to Practices. As far as we believe Practices were informed about payment for this via the PSD December 2016 newsletter, link below.

<http://www.psd.scot.nhs.uk/professionals/medical/documents/edition-82-dec-16-good-practice-v2.pdf>

## Denosumab

We regularly receive queries from practices around the administration and monitoring of this drug.

To clarify:

Denosumab Injections can be claimed under the Minor Surgery DES, however, there is not a Shared Care Agreement in place to allow it to be claimable under the Near Patient Testing LES.

We have recently written to some secondary care departments advising them of this as these are the departments we are aware of that have requested monitoring recently.

We will keep you informed if there are any changes to the current arrangements.

## Dr Andrew Thomson Medical Secretary

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