GLASGOW LMC LIMITED E-NEWS SEPTEMBER 2014

Committee News
There are Committee vacancies in the following areas, East, North, South East and West. Membership of the Committee If you are a GP working in these areas and think you may be interested in joining the Committee please contact the office for a chat with one of our medical secretaries.

Significant Event Analysis and Ombudsman/GMC Activity
Ombudsman or GMC investigations are a source of great anxiety to GPs and their practice staff. As part of their investigations these bodies will often make reference to Significant Event Analysis being undertaken within the practice and practice meetings being held to identify organisational or personal change as a result. It is recognised that, although as GPs we submit SEAs each year as part of appraisal, individual GPs confidence in undertaking SEA is variable and where the Ombudsman or GMC is involved it is particularly important that the SEA is of high quality. In response to this, and to encourage GPs to undertake SEA at the earliest opportunity when an adverse incident is known to have occurred, NHS Education Scotland have offered to provide support in writing a SEA along with peer review of that SEA at no cost where the Ombudsman or GMC have notified a GP that they are involved. This support will be available to all GPs in the board area including Sessional GPs who are the subject of investigation for an initial period only in situations where the GMC or Ombudsman has approached the practice. Where this situation has occurred the GP should approach their local Clinical Director or LMC Secretary.

We would also encourage all GPs to undertake SEA at an early stage where they are aware that an adverse incident may have occurred rather than wait until approached by either of these bodies: a proactive approach may be viewed in a positive light as evidence of reflective practice and a desire to learn from incidents. NES is also able to provide help and peer review in that situation although, as above, the board has agreed to make this service available without cost only in situations where the GMC or Ombudsman has approached the practice.

We would like to emphasize that the provision of this SEA service in no way alters the current situation whereby GPs are at all times advised to consult, and follow the advice of, their defence organisation at the earliest possible opportunity where an adverse incident or complaint comes to light. http://www.gpcpd.nes.scot.nhs.uk/west-overview/peer-review-resources/significant-event-analysis-(sea).aspx

Shingles Vaccination
The first year of the shingles vaccination programme ends on 31st August 2014 but any unused stock can be used for the new programme starting 1st September. Further information on the second year of the programme can be found at http://www.sehd.scot.nhs.uk/cmo/CMO(2014)21.pdf.

No difficulties with vaccine supplies are anticipated this year but practices are reminded that this is an expensive vaccine and requests will be reviewed against reported uptake. NHS Education for Scotland, in partnership with Health Protection Scotland, has revised existing educational resources for registered healthcare practitioners. These include training slides and notes and a 'questions and answers' resource. These will be available at:
www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation.aspx

Retired QOF points and Payment verification
There continue to be suggestions from GGC that there will be a payment verification process attached to the QOF points that were retired under the contract agreement for 2014/15. SGPC have recently agreed a circular with the Scottish Government on post payment verification in 2014/15 which states: " *the 264 QOF points transferred as part of the 2014/15 GMS Contract Agreement is different from the transfer in 2013/14, and the decision on whether or not it is appropriate to provide a particular service to a patient in these areas is taken by the GP, usually in conjunction with the patient, and is based on clinical judgement rather than simply whether the action was previously required to achieve a QOF indicator".*

The expectation is that for the clinical areas transferred via the Clinical Core Standard Payment in 2014/15, that these services will continue to provided, where it is considered clinically appropriate, as above, and suitably recorded in the patient's clinical record. **There will be no specific PPV arrangements aligned to previous QOF indicators and levels of assurance will be based upon the clinical process detailed within the patient's clinical record.** The clear policy intent is to support GPs to make appropriate clinical decisions utilising their professionalism, and there is not any specific verification of payment related to these areas. However if it appears that there is a systematic failure to provide any of the transferred services, this may require recourse to a formal review of the clinical decision making recorded within the patient file; a process that is not part of the PV system. Thus: As part of the payment verification process, practices will not be required to provide evidence to support activity relating to the transferred QOF points.

Pertussis Vaccination in Pregnancy
The JCVI has advised that pertussis vaccination in pregnancy should continue for at least the next five years. Points to note:

- Pertussis activity in the general population remains at high levels.
- Uptake of vaccine in pregnant women is 60%.
- Babies of unvaccinated mothers continue to die before their first routine vaccination is due.
- Whooping cough cases in babies born to vaccinated mothers reduced by over 90%.
- No safety issues found in the vaccination of thousands of pregnant women.

Prescribing for Sports Clubs
Prescribers, who are providing medical services to sports clubs, or other patients not registered to their NHS practice, should not be issuing NHS prescriptions from their practice to such patients. NHS prescribing should be done through

the NHS service the patient is registered to (or attending in the case of allied health professionals). Prescribing for patients out with this should be done by private prescription.

Travel Vaccinations
Travel vaccines which are prescribible on the NHS under the General Medical Service Contract are:-

- Hepatitis A - first and second dose.
- Combined hepatitis A and B - all doses.
- Typhoid - first and any subsequent doses.
- Combined hepatitis A and typhoid - first dose (second dose monovalent hepatitis A)
- Tetanus, diphtheria and polio - given as combined vaccine
- Cholera

NB: All other travel vaccines and malaria prophylaxis should be prescribed by private prescription. NHS travel vaccines are supplied and administered on an individual basis and therefore should be prescribed on a GP10. Stock orders should not be used in place of a GP10 to supply medication to named patients.
MMR vaccine is not classed as a travel vaccine but patients (as per those identified in part 1, paragraph 4 of annex J of the SFE) whose routine MMR vaccinations are not up-to-date should be vaccinated before travel.

Paediatric Amoxicillin Doses
The latest edition of the Children's BNF includes new higher doses for oral amoxicillin for children. The NHSGGC e-formulary for EMIS and Vision has been amended accordingly.

Emergency Detention Certificates
Concerns were raised by a number of GP practices regarding a lack of support from the Old Age Psychiatry Service in attending the community settling to complete a short term detention certificate. As such the LMC have had an ongoing dialogue with the Psychiatric Services to raise concerns that GPs are having to produce Emergency Detention certificates (against mental welfare commission advice of good practice) due to a lack of community response.

Recent feedback from the Chairman of the Old Age Psychiatry division states that the psycho geriatric service should not ask the local GP to detain a patient on their behalf but would also not expect a GP to ask them to attend urgently to detain a patient who they have never seen before If the team do not know the patient they will see them within one working day if an emergency referral is sent.' We would ask you to let us know if there are any further problems and also to share recent experience with us on this matter.

Clinical Portal
As access to clinical Portal gathers momentum we are receiving increasing reports of patients being directed to GP practices by Acute secretaries to get their Secondary Care test results. It has been clarified on a number of occasions that the Doctor who requests the test is responsible for its management unless an agreed delegation has occurred. We have raised this with the Board and they are keen for any examples to be passed directly to David Stewart (Associated Medical Director). If you would like to notify us of any examples we will pass these on – we need the details of the request, Hospital and the CHI.

CT Scans
All patients who required a CT scan following a suspicious Chest X-ray need to have had renal function tests within the previous 3 months. Can we suggest that if you refer patients for possible underlying chest pathology, it would be helpful to check renal function in anticipation (if no recent result is available). This would ensure a smoother patient journey at a time of high anxiety for patients.

Sessional General Practitioners
In response to the difficulties practices had over the summer months arranging sufficient locum cover, the LMC wrote to all Sessional GPs on the Board's Performers List asking for feedback on factors which cause Sessional GPs to limit their availability to undertake in hours locum work. The response was small but it was possible to identify a number of themes. These have been the subject of further discussion within the LMC and will be used to inform further work aimed at supporting Sessional GPs and fostering good relationships between practices and Sessional GPs locally.

Rates of pay and differential between locum work north and south of the border, was raised as an issue and practices are reminded that the fee paid for locum work is at all times a matter for negotiation between practices and individual Sessional GPs. There can be no suggestion of a "local rate" for locum work as this would be against anti-competition legislation.

In addition to fees Sessional GPs identified a sense of being valued and supported by practices as important factors which would cause them to consider undertaking further locum work for a practice. The LMC feels that this is something which can be developed further and is working on guidance for practices in the form of simple measures which can be taken to improve the practice/locum interface. It was clear from responses that Sessional GPs valued having a relationship with a group of practices and it is likely that investing in developing such a relationship would be to the benefit of both practices and Sessional GPs.

The next in the series of board sponsored and LMC hosted meetings for Sessional GPs will be held on the 30th September and issues relating to the practice locum interface will be discussed then. All Sessional GPs are invited to attend. Details of the meeting are on the LMC website.

From all the Team at the LMC

Dr Michael Haughney, Chairman
Dr Alastair Taylor, Vice-Chairman
Dr John Ip, Medical Secretary
Dr Georgina Brown, Medical Secretary
Dr Patricia Moultrie, Medical Secretary
Mary Fingland, Office Secretary
Ian Mackie, P.C. Training & Development Mgr.
Elaine McLaren, Admin Assistant