GLASGOW LMC NEWS LETTER MAY 2014

ew LMC Website

After months of consultation and development we are delighted to launch the new Glasgow LMC website with improved functionality including:-

- An online contact form to directly contact the Medical secretaries
- Direct access to GGC Clinical and referral guidance
- Job vacancies and advertisements for GPs Managers and Practice Nurses
- Search engine and regularly updated document Library
- Regular LMC newsletters updating you on important issues
- Contractual advice and updates
- Professional and financial guidance documentation
- Partnership advice
- Information relating to the free LMC Practice Mediation service
- Health related news from local and national media
- Minutes of the GP Subcommittee meetings
- Information on training courses offered within the LMC and NHSGGC

.....And much more

This can be found at: www.glasgowlmc.co.uk

In addition we have 2 new Facebook groups which can be accessed below:

Glasgow Local Medical Committee Group for General Practitioners

https://www.facebook.com/groups/glasgowlmc/ Glasgow LMC Practice manager's discussion group https://www.facebook.com/groups/glasgowlmcpracti cemanagers

Feedback and ideas for improvement welcome. We hope you will choose Glasgow LMC as your home page and look forward to greater communication with all GPs and a greater opportunity to offer support to all General Practices across Greater Glasgow & Clyde

ection 17 C Contracts

A 17C contract is a locally-agreed alternative to the nationally agreed General Medical Services (also known as 17J) Contract for providers of General Practice. Legislation has allowed for Section 17C contracts since 2004. Unlike GMS contracts, they are negotiated between the Board and the practice, and are not subject to national negotiations between the Scottish Government and the Scottish General Practitioners Committee.

In 20013/14 NHSGGC engaged with GP practices on the offer of Section 17C contracts. The Glasgow LMC committee are not supportive of this locally negotiated contract but have contributed to discussions with the Board. Any practice thinking of moving to 17C or signing a 17C contact would need to have these contracts checked legally and financially and seek changes if needed. The LMC is not able to offer legal or financial advice. To date, an additional 28 GMS practices have signed up to new 17C Agreements from 1st April 2014, bringing the total of 17C practices in NHSGG&C to 39.

014/15 GMS Contract

The BMA's Scottish GP Committee has agreed changes to the GMS (GP) contract for 2014-2015 with the Scottish Government. The BMA believe that these agreements will achieve the following:-

- Reduce unnecessary targets and bureaucracy, reducing interference in consultations and allowing focus on the needs of the patient
- Focus primary care resources on the most vulnerable patients in the community
- Provide greater stability of funding for GP practices
- Address some GP practice workload concerns
- Continue to promote a return to the concept of GP professionalism and leadership

The Scottish Government intends to apply an uplift to the value of the contract reflecting an element for expenses and a pay uplift but this will also take account of the Scottish Government's public pay policy. The Scottish Government remains committed to the Doctors' and Dentists' Review Body (DDRB) process and will await the DDRB's recommendation before deciding on the level of the uplift.

In addition, SGPC and the Scottish Government have stated that they will explore the development of a Scottish Contract as part of a longer term agreement (for three years) to create a stable funding environment for general practice. This will include discussions on how a GP contract in Scotland can be structured, taking account of:

- Moving toward the 2020 vision for health and social care
- Strengthening primary health care teams in and around GP practices
- Addressing issues relating to caring for the elderly population and those within deprived and rural areas
- Scottish Government proposals around seniority and recruitment and retention incentives

omperidone

recent Europe-wide review has recommended updates to the treatment advice for domperidone following evaluation of the of domperidone benefits and risks (see http://www.ema.europa.eu/ema/index.jsp?curl=page s/news and events/news/2014/04/news detail 002 083.jsp&mid=WC0b01ac058004d5c1). The review was triggered following continued reports of cardiac side effects and a small increased risk of serious cardiac side effects was confirmed. A higher risk was observed in patients older than 60 years, adults taking daily oral doses of more than 30mg, and those taking QT-prolonging medicines or CYP3A4 inhibitors concomitantly.

Advice for healthcare professionals

• Domperidone is now restricted to use in the relief of symptoms nausea and vomiting

• It should be used at the lowest effective dose for the shortest possible time

Contraindications

• Domperidone is contraindicated in people:

- With conditions where the cardiac conduction is, or could be, impaired

- With underlying cardiac diseases such as congestive heart failure

- receiving other medications known to prolong QT or potent CYP3A4 inhibitors

- With severe hepatic impairment

• Patients with these conditions should have their treatment reviewed at their next routine appointment and be switched to an alternative treatment if required

essional GPs

The LMC is working to strengthen links with Sessional GPs working in the board area. We recognise that practices are having difficulty obtaining locum cover and that it is in the interests of both practices and Sessional GPs for the LMC to work towards making working as a locum in Glasgow and Clyde attractive to Sessional GPs. To this end we have forged a closer working relationship with Glasgow Locum Group and held two well attended meetings with Sessional GPs. This not only allows us to assist Sessional GPs in keeping abreast of GP Contract and local service developments but also allows us to gather information which we intend to use to improve the working experience of locum GPs locally to the benefit of both practices and the locum GPs. There are two Sessional GP representatives on the LMC and we are committed to supporting all GPs working in the board area. Information regarding future initiatives will be highlighted by means of regular updates in this newsletter.

istrict Nurse Review

The DN Review is a critical part of the Board's Clinical Services Review (CSR) and outlines the case for more investment in the DN services. The review looks at best practice and hopes to address the variation in DN service across GG&C. So far it has come up with a number of recommendations on how the workforce should be developed. This includes a better skill mix with more band 3 staff, investing in 'agile' working and providing IT tablets for DNs.

Health and Social Care Integration would see the DN service acting as an 'enhanced' gateway to other services in the Community. The LMC are actively involved in the consultation and represented on the Review Group. We will keep you informed of developments.

ervical Cytology

We have been made aware that there is a considerable number of 'out of date' transport medium/vials used in cervical cytology. Can you please check your stocks and dispose of any out of date vials as these <u>cannot</u> be analysed by the Cytology Labs.

K Conference of LMCs The UK conference of LMCs takes place in York on Thursday 22nd and Friday 23rd May. Glasgow LMC has eight representative places. Live coverage of the conference will be available via the

BMA website and you can also get involved and discuss the key topics on Twitter using the hashtag **#LMCconf**

rom all the Team at the LMC

Dr Michael Haughney, 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
Manager
Elaine McLaren, Admin Assistant