

Committee News

Our thanks go to Dr Petra Sambale who has recently stepped down from the LMC/GP Subcommittee. Petra joined the Committee in November 2006 as a co-opted member for Glasgow North and has been a great GP representative and a super advocate for general practice throughout her time on the Committee. Petra's insight and comments will be missed by all members. We wish Petra all the very best for the future.

New LMC Website

Don't forget that relevant and important Board notifications, alerts, newsletters, clinical updates, prescribing advice and SHD Communications together with essential reference documents can be found on the new Glasgow LMC Website. The site is updated with important information on a daily basis.

In addition we advertise vacancies for doctors, nurses, reception staff, practice managers and health care assistants. Advertising is free. If you would like to advertise a vacancy on our website please click the following link.
<http://www.glasgowlmc.co.uk/vacancies/>

Otherwise your continued feedback and suggested additions to the new site are very much welcomed.

New GP Contract Changes

Scottish General Practice Committee Chairman Alan McDevitt wrote to GPs to explain the changes to the Scottish GP contract that will run until 2017 on Wednesday 13 August. These changes include:

- A period of stability to March 2017
- Changes to address recruitment and retention problems.
- A review of existing arrangements with the Scottish Government to optimise GP retention.

Further information can be found on the following link:

<http://bma.org.uk/news-views-analysis/news/2014/august/gps-agree-to-long-term-boost-for-primary-care>

Golden Hello

As part of the new contract, automatic entitlement to Golden Hello payments will cease from January 2015. Any new partners should claim ASAP and practices that are considering taking on new partners might want to take this into account in their planning. Golden Hellos will still be available for practices that meet the rural or deprivation test.

Appropriate use of NHSmail

NHSmail is a valuable way of communicating with colleagues and a welcomed IT Development. However it is essential to remember where you are sending information to a number of different people for example using the global email list, that this information should be factually correct, justifiable and consideration given to the appropriateness of this type of email communication.

Virology

The West of Scotland Specialist Virology Centre (WoSSVC) is located in Glasgow Royal Infirmary. They have recently developed a new web page for virology information relevant to General Practitioners. The site contains their updated user manual with a wealth of practical information helpful to practices, treatment of sexually transmitted diseases and information relating to shingles and chicken pox exposure in pregnant or immuno-compromised women. This can be accessed below:
http://www.nhs.gov.uk/content/default.asp?page=home_virology

QOF Changes

Practice will have received correspondence from Tom Clackson regarding retired indicators for this year's QOF. Within this correspondence was a statement:

'Practices should therefore continue to appropriately code diagnosis and provide relevant lifestyle advice at the time of these diagnoses. As a result practices should note that verification for payment of these retired indicators will be included within future verification visits'.

We have sought clarity from the Board on this. We have been told that there is no expectation that practices will document lifestyle advice for all new diagnoses in the QOF disease areas but they should offer lifestyle advice where it is clinically appropriate to do so and in particular lifestyle advice should continue for these patients included in CVD-PP002(S) and CVD-PP003(S).

Transgender reassignment

All Scottish patients undergoing gender reassignment surgery are required to travel to the Nuffield Hospital in Brighton for surgical treatment and follow-up. The numbers of patients undergoing this procedure are very small and most practices will never see a patient who uses this service. The surgery is funded under an NSD contract with Mr Phillip Thomas, Consultant Urologist. As a result of the distances involved, patients are pre assessed by telephone by the service's clinical nurse specialist and, following this, the surgical team in Brighton request a series of preoperative tests to be undertaken locally.

These patients may not have had much contact with their GP and this could be seen as an opportunity for supportive consultation to this potentially vulnerable group of patients. If however, a GP practice does not have capacity to undertake this work; the tests can be undertaken at the Nuffield Hospital in Glasgow. Further information relating to the types of tests and contact details for those requesting further information can be found on the LMC website.

Your GP Cares

Improving recruitment and retention is one of the main goals of the Your GP cares campaign, which is calling for long-term, sustainable investment in general practice. So far, 12,000 practices across the UK have received campaign packs. You can do your bit by accessing materials and signing up to the campaign.

Sessional GP Update

As part of the Scottish GP contract recently agreed (see link above) two developments are of direct interest to Sessional GPs. Firstly, Health Boards will be required to fund costs incurred by Sessional GPs for their annual appraisal and this is set at £350 a year per Sessional GP. The LMC will shortly be discussing start date and the administration of this payment with the Board. Secondly, a national returner scheme to make it easier for GPs to return to practice in Scotland has been announced.

The LMC is currently working on guidance for practices and locums around communication and effective working to supplement current BMA guidance. Meantime attention is drawn to the need for both practices and locum GPs to ensure that they have systems in place which avoid any confusion around booked sessions. Additionally there should be awareness that a short notice cancellation by a locum GPs presents a practice with a very difficult situation and should be avoided if at all possible. On the other hand it has to be recognised however, that doctors working as locums have family responsibilities and are as susceptible to unexpected illness as anyone else, therefore this unfortunate eventuality will inevitably arise from time to time.

The LMC recognises the importance of professionalism and goodwill on the part of both practices and locum GPs and hopes that future items in this newsletter and guidance when it becomes available will assist in fostering good relationships between practices and locum GPs in the Board area.

One for the diaries: Following on from the success of our previous update meetings for Sessional GPs, a meeting has been arranged for the evening of Tuesday 30th September in the Campanile Hotel, Finnieston from 6:30pm. Invitation and programme once finalised will be sent out in September.

Nursing Homes LES update

The LES specification is currently being progressed by the Board. The plan is to offer this service to the current Nursing Homes Assisting Practices. Following this other Practices will be asked to express an interest.

Prescriptions and Confidentiality

It would be worth raising awareness in Practices that many of us will write messages on the right hand side of prescriptions. Remember that other people who may not be directly involved in patient care may have access to the information and, as such, you may want to ensure that you do not write any confidential or sensitive information on the right hand side prescription.

Female Genital Mutilation (FGM)

FGM is illegal in Scotland and is child abuse and a child protection issue. The CMO recently issued a letter detailing the important role that the NHS and GPs in particular can play in identifying those who have undergone FGM or may be at risk of FGM. The CMO letter assists practices by listing at Annex A the countries where communities are known to practice FGM and the 4 different types of FGM. In Annex C the Read codes to be used in General Practice to record FGM and family history of FGM are detailed.

As part of the strategy against gender violence consistent recording of FGM within GP records has an important part to play enabling increased understanding of prevalence and incidence in Scotland. FGM is a violation of the rights of children and should be managed through existing child protection and adult protection structures, policies and procedures. Further information can be found in the CMO letter.

<http://www.glasgowlmc.co.uk/wp-content/uploads/2014/07/Female-Genital-Mutilation-Joint-ACMO-and-CNO-letter-11-July-2014.pdf>

Oxygen

We note that the latest Medicines Update for Primary Care refers to the NHSGGC Respiratory Managed Clinical Network (MCN) statement regarding the use of emergency oxygen and nebulisers in general practices. Oxygen is required for treating hypoxemia during medical emergencies which may present in primary care settings. Practices and health centres should have a supply of oxygen for emergency use as current best practice is to provide optimal oxygen therapy at the earliest opportunity while an acutely breathless and hypoxic patient is assessed and treated in the community. The LMC View is that the Board should fund oxygen for practices as it is an emergency drug; we have entered into discussions with the Board regarding this and will keep you updated.

We are also aware that currently, Ayrshire and Arran Health Board fund the supply of emergency oxygen for their Practices.

NOACs

The LMC is aware that the introduction of this group of new drugs within the board area has been a source of concern for GPs on grounds both of lack of familiarity with these new preparations and apparent workload shift to Primary Care as patients previously managed by the Glasgow Anticoagulant Service and maintained on Warfarin are returned to their General Practitioners for initiation of NOAC therapy. The LMC met with the board on 26th August to discuss these concerns. As a result of this discussion it has been agreed that more resources will be made available to General Practitioners to support them in making these preparations available to their patients, this will include a website hosting information, FAQs and details of a hierarchy of professionals available to assist including a senior clinician. Educational events supported by the Heart MCN are planned to support initiation of NOACs in AF. The LMC continues in discussions with the board regarding funding to support this work and is exploring the possibility of funding via a LES.

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