

Committee News

Our thanks go to Dr John Nugent who has recently stepped down from the LMC/GP Subcommittee. John joined the Committee in April 2002 as a co-opted member for Glasgow West. John is also well known for his role as the Clinical Director of Glasgow City's North West sector and was also seconded in 2012 to the Scottish Government Health Department as a Primary Care Advisor. That advisory role has been just extended for a further period. We wish John all the very best for the future and thank him for all his hard work over the years.

One for the Diary

Negotiations have now started to develop a new Scottish GMS contract. Dr Alan McDevitt and his SGPC negotiating team will be hosting a series of consultation meetings with the profession across Scotland starting in GG&C on the evening of Monday 26th January (venue to be confirmed). Alan and his team are keen to hear your views on what you would like to see in a new Scottish contract. Please note this is a BMA meeting for GPs only and more information and a formal invite will be sent out in late December. It is hoped to hold a local event for practice managers once the BMA Roadshows have been completed.

LMC Website

Have you looked at our LMC library yet? We hold a range of information helpful for the management of practices but also for day to day patient care – including public health updates, clinical and referral guidelines, GMS contract specifications, pharmacy updates regarding drug shortages etc. Please take a look and let us know if there are any items which you feel are missing.

<http://www.glasgowlmc.co.uk/glasgow-lmc-library/>
Feedback is always welcome and can be sent confidentially via the feedback section of the LMC website.

EMIS Access

Thirty five practices have registered for EMIS access - a system which allows patients to book appointments, register with a Practice and order prescriptions on line. Practices are being encouraged to sign up and the functionality already exists on your IT systems and can be utilised with no additional cost. The benefit for practices could include freeing up time from telephone calls for appointments and repeat ordering. If you are interested in this system please contact IT Support for more information.

Royal Hospital Sick Children: Penicillin V Prescribing Currently Yorkhill recommend a 10 day course of Penicillin V for Tonsillitis. Due to the

instability of the reconstituted Pen V, the shelf-life being 7 days, a further supply of 3 days is required where the medicine has been provided directly by Yorkhill. Patients are thus attending the surgery to request another prescription for a 3 day course, which in the majority of cases utilises an appointment unnecessarily. We have been in discussions with the Pharmacy team and currently there is a proposal that in future any children with tonsillitis requiring Pen V will be issued with a hospital prescription for the full 10 day course. The parent/carer will then take this to a community pharmacy for dispensing. Yorkhill will therefore cease to supply the initial part of the course and the community pharmacist will be able to counsel the parent/carer on the importance of coming back for the balance of the prescription to complete the full course. This proposal will be discussed with A&E and we will keep you informed of the outcome.

Influenza Immunisations

Please be aware the GP practices are not responsible for delivering influenza immunisations to primary school children. These vaccinations will be provided by the individual schools. GPs are only responsible for the immunisations of children aged between 2-5 years old.

Controlled Drugs for sessional GPs

Following recent enquiries from a number of Sessional General Practitioners we wrote out to all GPs to clarify the current system for Sessional General Practitioners acquiring controlled Drugs. At present Stock Order (GP10a) is the method of obtaining CDs for emergency use and, as such, Sessional GPs will need to ask GP practices (who they work for) to request these drugs on their behalf. The Practice will need to keep a record of the Doctor's details so as to provide this information at the two yearly CD and both the Sessional GP register and the Stock Order will be audited by the Accountable Officer Controlled Drugs team every two years.

Chlordiazepoxide

There is a current shortage of Chlordiazepoxide (all preparations/strengths/brands) resulting from a problem with the supply of a raw material required for its manufacture.

Greater Glasgow and Clyde have patients being prescribed chlordiazepoxide in both primary and secondary care during alcohol detoxification, receiving supplies from community pharmacies, inpatient units and day units. Please contact the patient's pharmacy prior to writing the prescription, as some pharmacies may still have chlordiazepoxide stock (capsules or tablets). Confirm the pharmacy has enough stock for the length of the detox so an alteration does not need to

be made during the detox. Diazepam is an alternative benzodiazepine also licensed as an adjunct in acute alcohol withdrawal. The BNF quotes 5mg diazepam is equivalent to 12.5mg chlordiazepoxide. The GGC formulary recommends that diazepam is prescribed as 2mg tablets only.

Sessional GP Some Tips for Filling Locum Vacancies

As a result of discussions locally with Sessional GPs we have identified the following questions which practices who are having difficulty finding locum cover may wish to consider:-

- Does the practice really need that the whole 4 or 5 hour session is covered? There may be other Sessional GPs willing to cover a surgery only that session if requested.
- Is a session including docman/repeat scripts/ acute scripts in addition to a surgery and house calls bringing the best value for the practice? Docman and script handling are time consuming where patients and systems are unfamiliar to Sessional GPs and a session composed of consulting may be more productive.
- Has the practice taken steps to make Sessional GPs feel supported and valued? For example, do staff use the doctor's name or do they refer to them as "the locum doctor". Does a temporary name sign get placed on the consulting room door? Do staff and GP Partners say hello to the Sessional GP who is working in the practice that day? Is there a fit for purpose locum pack available? Is a member of staff tasked with doing a brief induction to the practice? Do staff ensure that the Sessional GP can get logged on to the systems on arrival?
- Is the workload requested of the Sessional GP realistic and reasonable? If considering a session with longer than average surgery duration consider a rest break in middle and, in all cases, ensure that adequate time is allowed at the end of the surgery for completion of all outstanding referrals and administrative tasks, remember that the Sessional GP cannot leave things for the next day and will expect to be able to finish and leave at the pre-agreed time.

Locum Session Cancellations and Withdrawals

Cancellation of locum work by either practice or Sessional GP, particularly at short notice, clearly causes significant difficulties for both parties and is best avoided. It is helpful therefore if terms of cancellation fees are agreed between Sessional GP and practice at the time of making a locum session booking. A number of locum agreement templates are

available and the LMC is currently developing one which can be amended and used locally, this will include a section where cancellation fee terms may be detailed.

A more difficult eventuality to reach agreement on is what is to happen when a Sessional GP wishes to withdraw from a previously booked locum session. At the present time, with the current shortage of Sessional GPs, withdrawing from booked locum work, even with significant advance notice, puts practices in a difficult situation. Where a Sessional GP withdraws at short notice the practice is placed in a very difficult situation and this may even lead to patient safety concerns as it may not be possible to arrange sufficient cover at short notice. This should therefore occur only in exceptional circumstances. It might be considered reasonable therefore where a Sessional GP has to withdraw from a session that that GP should take steps to find another Sessional GP willing to take over the booked locum session. That undertaking can again be detailed in a locum agreement.

Sessional GPs should be aware that repeatedly committing to and then withdrawing from booked sessions at short notice or failing to attend to undertake booked sessions risks, in certain circumstances, being viewed as a probity issue and in breach of the terms of Good Medical Practice and may come to the notice of governance processes.

We would hope that all GPs professionalism would act to ensure that they honour commitments that they have entered into with practices and equally that practices would provide reasonable compensation where they find they no longer need the services of a Sessional GP.

Validium Counselling Services

This is a completely confidential service for all GPs in Greater Glasgow & Clyde, including Sessional GPs on the GG&C Performer's List. Validium employ a group of experienced accredited counsellors who can be contacted 24 hours a day, 365 days a year. This confidential service can be accessed by telephone on **0800 358 4858**.

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