



Glasgow LMC Ltd Annual General Meeting (AGM)
The LMC Ltd AGM will take place after our annual end of year meeting in February 2015. More detail will follow nearer the time.

IT Snippets

NHSmal will be changing next year. The national contract for the service is currently out to tender and will be awarded soon. Users' NHSmal addresses will stay the same and SMS messaging will be retained. However the fax service will not continue for users.

The NHS network (N3) will be taken over by SWAN (Scottish Wide Area Network) in 2015. GP practices currently on N3 will have had a visit from network engineers to assess and/or upgrade IT equipment to enable the changeover. We are told that there should not be any major impact on the practice with this change.

Services currently rolling out to GP Practices:-

- GP Order Comms enables electronic ordering of lab tests from EMIS or Vision.
- Clinical Portal is the hospital based system which allows users to view all the patient's results, hospital appointments, electronic hospital letters and the mental health summary.
- EMISWeb streaming takes EMIS PCS data from the surgery server and uploads it continuously to a secure remote webserver. Apart from enhanced search functionality, EMISWeb also brings an added benefit of a secure real time backup of practices' data.

Docman Export times by GP practices varies enormously across the patch- most practices do very well and export records by 2 weeks but a small number of practices take 6 weeks or more to export. We strongly encourage practices to have systems in place to export the Docman record as timeously as possible. This will help with the care of newly registered patients in their new practice.

EMIS and Vision both have online functions within their systems. In EMIS it is called Patient Access; in Vision it is Vision Online Services. These services give the functionality of online booking and cancelling of appointments as well as online ordering of repeat medications. A small number of practices are currently using this functionality and if you are interested, please contact the IT Dept for more information.

New GP Contract Survey

We are asking all GG&C GPs and GPs in training to complete the short survey on the new GP Contract for 2017. This is a chance to air your views on the current GP contract as well as to give ideas for the future GP Contract. We want to hear what you think about issues such as workload, funding, GP pay, pensions, premises, attracting

doctors into the profession and retaining GPs. The link to the survey is-

<https://www.surveymonkey.com/s/58S3ZTM>

Electronic Medical Certificate of Cause of Death (eMCCD)

In April 2015, there will be a new system to allow for MCCDs to be completed on SCI Gateway. Much like the eFit Notes, it allows the GPs to fill in the details electronically on a form and a paper MCCD will be printed out for the relatives. The electronic data from SCI Gateway will be stored centrally and will be accessible by the Medical Reviewers for Level 1 and 2 reviews.

For further information please go to http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification.aspx

Business Continuity

Over 90 GP practices were represented in business continuity planning events held in August and December. GPs and practice managers heard the story of a practice in North East England that had burnt down and how the doctors and staff managed to coordinate themselves to maintain services, patient records, funding and keep seeing patient! It showed the importance of good planning and teamwork.

We are currently collecting the contact details of the Continuity Planning Officers in each CHP and will send these out in the new year. In the meantime if your practice has a major event affecting services, please contact the CHP Director (not Clinical Director).

A sample Business Continuity Plan is available on the LMC website Library under Practice Management. Please download it and discuss it in the practice.

<http://www.glasgowlmc.co.uk/glasgow-lmc-library/>

Ebola

We would like to bring to practices' attention that the guidelines contained in the document "*Information for Primary Care: Managing Patients who require assessment for Ebola Virus Disease*" have been updated and are available at:-

<http://www.documents.hps.scot.nhs.uk/travel/VHF/ebola-primary-care-guidance-2014-12.pdf>

These guidelines should be available to staff and prominently displayed. GPs are advised to print out these guidelines for easy access. We continue to await the board's response regarding personal protective equipment but review of this document, particularly pages 5,6,8,9,10 highlights the great importance of screening questions being asked to elicit travel history with a view to avoiding at risk patients attending the surgery. Advice was previously given to practices to consider adding an automated message on telephone services, the possibility

of adding a message to online booking systems could also be considered.

The other key message in this document is avoiding any physical contact with at risk patients who do present despite screening attempts. Infectious Disease Consultants on the GGC Ebola Preparedness Group have confirmed that the reference to fever in the assessment protocols for Primary Care in this document are to a history of fever only and at risk patients should not be examined to establish whether they are currently febrile.

Sessional GPs - Identification of doctors

We would like to remind practices that Sessional GPs working in practices should have individual “logins” to clinical systems and should not be provided with generic locum logins. This is important for clinical governance purposes and is for the protection of both practices and Sessional GPs. Prior to a booked locum session practice staff should ensure that such individual log-ins will be available for use by the Sessional GP on arrival. It may be that confirmation of this arrangement will form part of the terms and conditions of the locum agreement.

Logins to emis/vision and docman systems can be arranged within the practice and are not overly time consuming to organise. They can also be inactivated and then reactivated to allow for the situation of a Sessional GP returning to work in a practice. SCI store and SCI gateway access requires to be arranged through the Primary Care Support IT department and therefore takes longer to organise. SCI store accounts lapse after 90 days if not used but can be reactivated without the need for a new account to be set up. Access to SCI store in particular is important and practices need to consider how all GPs consulting in their practice will be able to access results on this system.

Physical identification of doctors is also important and patients and staff should at all times know the identity of doctors and have access to their GMC number as the unique identifier. The GMC provides guidance on this and has the following to say:-

“Consider, when circumstances allow, displaying your registered name and GMC reference number at your practice address (for example on a plate outside your premises, on the door of your office or consulting room, on your desk or on a name-badge.)

..... a doctor's registered name combined with a unique GMC reference number confers a high degree of confidence as to the identity of a particular doctor”.

http://www.gmc-uk.org/doctors/information_for_doctors/doctors_registration_number.asp

Practices may wish to consider attaching a temporary name plate to the consulting room door where a Sessional GP is working and Sessional GPs may wish to consider using a desk plate with name and GMC number or a name badge. At the above GMC link pictures of examples are given. Practice staff should also be encouraged to identify the doctor undertaking locum work to patients by name.

BMA 2015 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually. For further information on the 2015 research grants, and to apply, please visit the BMA website. The application deadline is 9 March 2015 at 5pm. Applications are invited from medical practitioners and/or research scientists, for research in progress or prospective research. If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact info.sciencegrants@bma.org.uk or telephone 020 7383 6755. © GPC News

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**.

Christmas and New Year Holiday

Please note that the LMC office will be closed from noon on the 24th December and will reopen on Monday 5th January 2015. If any of our colleagues requires urgent advice or assistance during this time could they please contact the medical secretaries by email

john.ip@glasgow-lmc.co.uk,
patricia.moultrie@glasgow-lmc.co.uk

Have a very Merry Xmas and a Happy and Prosperous New Year

From all the Team at the LMC

Dr Michael Haughney, Chairman
Dr Alastair Taylor, Vice-Chairman
Dr John Ip, Medical Secretary
Dr Patricia Moultrie, Medical Secretary
Mary Fingland, Office Secretary
Ian Mackie, P.C.T.D. Manager.
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