

Special Conference of LMCs

The BMA's General Practitioners Committee (GPC) voted on 19th November to hold a Special Conference of LMCs. This was in response to LMCs across the UK expressing an urgent need for action to ensure a safe and sustainable GP service.

GPC members voted overwhelmingly in favour of the following motion:

'That, in the light of concerns about the crisis in General Practice expressed by Local Medical Committees responding to their members' concerns, the GPC is calling a Special Conference of Representatives of LMCs in the new year to decide what actions are needed to ensure GPs can deliver a safe and sustainable service.'

Although the calls for a Special Conference have been mainly from English LMCs, GP representation is united across all 4 nations. General Practice in Scotland has been struggling with the same mounting pressures that our English, Welsh and Northern Irish colleagues have been facing.

We all know that the pressure on General Practice has been increasing steadily over the years. It has now reached crisis point in many practices due to a multiple reasons-

- Escalating workload
- Rising patient demand and expectations
- Unresourced transfer of work from secondary care
- Break-up of the primary healthcare teams
- GP Recruitment and retention problems
- Inadequate funding
- Falling GP incomes and pension changes
- Lack of premises investment
- Plunging morale
- Rising indemnity costs

GPs want to deliver a high quality service to their patients. It has become clear that the workload and demands on General Practice is putting at risk a safe and sustainable service. The leaders of our profession agree that there needs to be urgent action to ensure that General Practice can continue to deliver a high quality service for all patients.

We are looking for motions from our GPs for their Special Conference. We are asking for motions that

are focussed on the actions that GPs want to safeguard GP services and the profession of General Practice. Please email in your thoughts to mary.fingland@glasgow-lmc.co.uk

Scottish GP Contract

SGPC are currently in negotiations with the Scottish Government for changes to the 2016/17 Contract and also more importantly, the 2017 Scottish GP Contract. The Scottish Government has already announced that QOF will end in 2016 and we await news of how this will be implemented in the 2016 Contract. We also await a timetable for SGPC Contract Roadshows for the first quarter of 2016.

The vision for SGPC and the Scottish Government is of GPs being the "expert medical generalists" in the community within their own GP practices but also working alongside and leading an expanded and fully functioning primary healthcare team. These teams will consist of staff employed by the Board or Health and Social Care Partnerships (HSCPs) such as district nurses, pharmacists, healthcare assistants, physios, CPNs and paramedics, etc. The aim is that the GP will no longer be the first and only stop for patients but rather, GPs will lead the teams that will provide the right care to the patients at the right time and right location.

The models of care and service provision for the 2017 Contract are being piloted across Scotland. GP practices in Inverclyde will be involved in this project which will begin in 2016.

LMC and GP Subcommittee Upcoming Election

Elections to the LMC/GP Subcommittee will take place in January 2016. Nic Zappia, General Manager Primary Care Support will once again act as returning officer and will oversee the election process.

We have one Committee which fulfils two functions and we are sometimes asked what the different functions of the GP Subcommittee and the LMC are. A brief description of both roles is outlined below.

1. The GP Subcommittee together with the Hospital Subcommittee of the Area Medical Committee is recognised in statute as part of the advisory structure to the Board on service delivery.
2. The LMC has a medico-political role as the representative body for contractual issues.

Both the GP Subcommittee and the Hospital Subcommittee nominate seven representatives to the Area Medical Committee whilst the LMC nominates six representatives to SGPC.

The LMC medical secretaries will be happy to have a chat about the role and work of the LMC and GP Subcommittee with any GP interested in standing for the Committee.

Sandyford Services The LMC is in discussion with the Sandyford on a range of issues which have been raised by GP practices following recent changes to the Sandyford service model. These include; patient access including appointment waiting times and the termination of pregnancy self-referral telephone process; requests for SCI referral to the service and requests from the service to GPs to arrange onward referral for investigations and management; redirection of patients to GPs for treatment of conditions detected through testing within the service. In order to constructively address these or other issues with the service it would be helpful if you could continue to forward any examples of the above or other problems to mary.fingland@glasgow-lmc.co.uk and to include only the patient's CHI number (which will allow the service to investigate).

GP Reports for Travel Insurance Claims Following some queries from practices on patients being told they had to meet the cost of GP reports when making a claim on their holiday insurance; we contacted the Association of British Insurers (ABI) to seek some clarification on this matter. The ABI does not advise its members who should be responsible for the payment of a medical report as this is a commercial decision for individual insurers to take and it should be set out in the individual's travel insurance policy wording who is liable for this cost if a medical report is required.

Evidently some insurers offer a 'discounted' rate if the policyholder meets the cost of any initial reports needed. The difficulty for GPs is that they are often faced with patients that have taken ill whilst abroad and need reports to allow insurers to approve payment for treatment. In such cases GPs should advise the patient or their representative of the cost of the report at the onset. Of note the Financial Ombudsman has stated that "*if a claim is successful, however, then we would expect the insurer to reimburse the cost of such report(s)*". Patients could

be advised to add the cost of the report to their claim if successful.

The Sick Doctor's Trust (SDT) provides support for doctors, dentists and medical and dental students who experience problems in relation to substance misuse and addiction. This support is provided through a 24 hour help-line service which is completely confidential. The SDT helpline number is 0370 444 5163. More information can be found on its website www.sick-doctors-trust.co.uk or by emailing help@sick-doctors-trust.co.uk

Medico-legal certificates As it is that time of year again we thought we would remind you of the BMA/GPC guidance on fitness certificates which we have copied below.

Fitness certificates fall outside a GP's NHS Terms and Conditions which means doctors can charge their own rate for undertaking the work.

When it comes to issuing fitness certificates for travel insurance or for health club membership, there are medico-legal reasons why you need to be careful. Read our guidance to make sure you cover yourself.

Even if a thorough history, examination and any necessary investigations are carried out, doctors **are still not in a position to guarantee that a patient is fit for a particular activity.**

We discourage doctors from signing certificates which indicate that the patient will, for example, be fit for the duration of the holiday, **as current fitness is not a guide to future fitness.** Doctors can only report on what is written in the patient notes, and reporting on future fitness could have medico-legal consequences for you.

Therefore we advise that if certificates are provided, they should include words to the effect that:

"based on information available in the medical notes, the patient appears to be fit to travel"
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From the LMC Team

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