

Committee News

Dr Bob Ballantyne has stepped down from the Committee. Bob was one of our two sessional representatives and we wish him well for the future in his new role.

Scottish GMS Contract – A Message from Chair of SGPC

Dear Colleagues,

You will likely be aware that the SGPC (Scottish GP committee) is in discussion with the Scottish Government on the future of the GMS contract. As there have recently been inaccurate reports in the media, I want to take this opportunity to be clear about these discussions.

The SGPC negotiating team have been pursuing an independent contractor model since talks with SG began in September 2014. We see practice based lists of patients as the future basis of the contract. **We also expect that GP practices will continue to employ broadly the same core staff.** As discussions and negotiations are on-going it is not possible to guarantee the outcome of negotiations at this stage – you can be confident that SGPC is seeking an independent contractor model for the future.

We also believe that calls for greater funding and support for general practice have been heard by the Scottish Government, but we continue to need the support of the profession to ensure that we can deliver a better future.

Last week the Cabinet Secretary, Shona Robison, announced the end of QOF by 2017. This is a welcome announcement and is consistent with Scottish Local Medical Committee Conference policy. We are working with the Scottish Government on a new way of addressing quality that will not involve the micromanagement associated with the QOF. We hope this could begin as early as 2016.

I appreciate that some of the staff who are heavily involved in QOF may feel anxious about this change. Our discussions with the Scottish Government have been about needing more, not less, staff in GP practices and the wider primary care team.

Yours sincerely,

Alan McDevitt, Chairman, Scottish GP Committee
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Herpes Simplex Virus testing in Primary Care

The laboratory service has confirmed that it is possible to test for HSV using a Chlamydia and Gonorrhoea (C/G) kit. However the laboratory service would prefer GPs to use the designated viral bottles to test for HSV as they are 1/10th of the price of the C/G kit. (on using the viral bottles the swab is shaken in the fluid but not retained in the bottle). The viral bottles have a shelf life of 2 years and it is suggested that practices order an appropriate number. All Herpes Simplex virus

test are automatically screened for Syphilis as are the combined C/G tests.

Glasgow Anticoagulation Service

We have had a few enquiries about recent correspondence from the GAS service to GP practices suggesting that practices may wish to review the list of patients known to the service. This is a reinstatement of previous practice and is intended to be helpful to provide the opportunity for the practice to confirm whether those patients who are being prescribed warfarin are attending the GAS service for monitoring. If the practice wishes it also allows an opportunity to consider the appropriateness of on-going therapy with warfarin. The service reinstated sending out the lists following discussions with the GP Subcommittee as it was thought to be beneficial to patient safety.

Men ACWY Programme

This DES consists of the Freshers Programme and the Catch-up programme. Freshers defined as young people under 25 and attending university for the first time. The Catch-up programme is targeting all adolescents aged 14-18 years. Please read the CMO letter regarding the DES on

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)15.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)15.pdf)

Those young adults who do not fall within the eligible groups will not get the ACWY as part of the national DES. Some practices have been asked if they can supply the vaccine privately for patients who do not qualify under the NHS scheme and we would remind practices that they cannot charge their patients for this privately but can direct them to a private provider outwith the NHS.

The Directed Enhanced Services published so far can be found in the library section of our webpage www.glasgowlmc.co.uk in the Contract and Contractual Issues folder/GGC Enhanced Services 2015 2016.

Smear Taking and LBC Vials

Can we please once again remind smear takers of the importance of checking the expiry date on the LBC vial before taking the smear? We have been made aware that out of date vials are occasionally used by practices. It is important to remember that laboratories will reject the sample if the vial is expired. In these cases the patient will need to be called for a repeat smear test.

Consultant to Consultant Referrals - Outpatient Referrals

Following an increase in the number of queries into the office about consultant to consultant referral we would once again reiterate that in most circumstances if a secondary care clinician decides that onward referral is required then they should take responsibility for this and not pass this back to the GP. The following exceptions apply:

- Where the condition or symptoms requiring onward referral are unrelated to the basis for the original

referral the GP should be advised of that to enable their decision on further management

- When a referral requires additional information held by primary care it would be appropriate to ask the GP to make the referral.

When a consultant does make an onward referral they will inform the GP who will retain clinical responsibility for the patient. If the patient does not wish to be referred on the GP will be notified of that position.

Prescribing Responsibility

It has come to our attention that some GPs are feeling pressurised to prescribe medication by the CAMH service that GPs feel is beyond their knowledge and expertise. We have raised this with Margaret Ryan, Lead Clinician Prescribing Services and Margaret has asked that instances are highlighted to Local Prescribing Support in order that such occurrences can be examined. Please let us know if, despite this, you continue to have issues.

Workforce Planning Survey

Can we please encourage practices to complete (if possible) the recent workforce planning survey issued on behalf of Information Services Division (ISD) Scotland? Hopefully the results of this survey will strengthen SGPC's argument for more resources for General Practice and Primary Care.

In Memoriam Dr Tom Clackson

Like so many, we are deeply saddened by the loss of Tom Clackson who died suddenly on Sunday 27th September. It is clear from the reaction of friends and colleagues that Tom was held in the highest regard by NHS GG&C GP practices. Many GPs and their practice managers have spoken of the way in which Tom quietly advised and helped individual practices over the years, no matter how trivial an issue may have appeared. Tom was a great friend of General Practice and Primary Care and his passing has left a great void.

Tom is survived by wife Anne.

Dr Robert Trolen

On Saturday 3rd October Dr Robert Trolen passed away in St Margaret's Hospice following a long battle with cancer. Robert had been a GP partner in Glasgow's Milton area for 28 years before retiring in 2013. Robert is survived by wife Trish, children Chloe, Amy, Rory and Lucy and 5 grandchildren.

HVs, EMIS Web and Child Check Forms There appears to have been a misunderstanding around the need for HVs to continue to complete and pass onto to

GPs the Child Check form. As yet EMIS Web and GP EMIS systems are not compatible and HVs should continue to provide paper forms. Please see the extract from current HV guidance below.

Step 3 HV	Do NOT End the assessment. If your practice pre EMIS was to complete the HV section of the paper 6-8 week Review form prior to the GP completing their section then print off the Assessment from EMIS by highlighting the Assessment then selecting print on the ribbon. You may now pass the HV completed information to the GP for reference only.
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Practice Manager's Training Event held on 1st October We would once again thank Nic Zappia and his Primary Care Support Team for being supportive of our new training events for Practice Managers. The feedback from our second event on 1st October was again very positive and we hope to organise another PM event in the coming months.

We would also like to thank Dr Alan Mitchell, Clinical Director East Renfrewshire for standing in at the last minute when we were unable to provide our planned 'Visitors from Overseas' presentation. Alan's talk on the subject of managing patients with challenging behaviour, the MAPPA process and his answers on common patient registration queries was both informative and enjoyable.

Need Your Help We have been asked by SGPC if we could provide examples of some of the most ludicrous '*get a letter from your doctor*' or form filling requests that practices receive on a daily basis. These will be used to highlight the inappropriate non-medical work that GPs are asked to provide and often expected at no cost.

The challenge for our practices is to see if you can beat the "*can you confirm your patient (who was applying for a job as care assistant) would be able to prepare a meal of potatoes and broccoli*" received by one GP in Tayside.

Please email examples to mary.fingland@glasgow-lmc.co.uk

From the LMC Team

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Dr Mark Fawcett, Vice-Chairman
Dr John Ip, Medical Secretary
Dr Patricia Moultrie, Medical Secretary
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