

## 2017/18 Contract Agreement

SGPC and Scottish Government have announced a further period of practice financial stability until April 2018. There is expectation that changes to the Scottish GP contract will be agreed by October 2017 and these will start in 2018. The Government has given a commitment that funding into primary care will increase annually up to an additional £500m a year by 2021/22. The aim of this additional funding is to expand the workforce in the community that will support general practices in looking after patients in the community.

There are pilots currently underway across Scotland including the New Ways Project in Inverclyde that are trialling new staff such as pharmacists and physios within GP practices to help GPs manage workload. All GP practices in Inverclyde have signed up to the new project and are now involved in a range of service delivery changes aimed at freeing up GP time for the clinical activity which requires GP skills. Our thanks to Inverclyde colleagues participating in this very important project. Both the Joint letter to GPs and the Memorandum document are accessible [here](https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-scotland) from the BMA website.

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-scotland>

Locally in GGC, we are working with the Board to reach an agreement for Enhanced Services for 2017/18.

## SGPC GP Vacancies Survey 2016

SGPC are undertaking their third GP Vacancy Survey of 2016. SGPC have consistently received more than 500 responses nationwide to each survey. This level of response means that more than 50% of practices in Scotland are taking part. The data from these surveys enables SGPC to build a picture of the recruitment pressures facing practices across Scotland. SGPC use this information when submitting evidence to the Scottish Government's Health and Sport Committee on the recruitment pressures facing GPs, and continue to use the data in discussions with Scottish Government.

Please see below a short summary of the Glasgow results from the previous quarters' survey.

### Glasgow LMC responses

101 responses received  
13.9% of respondents (14 practices)  
least 1 vacancy open on 1 Sept  
2 of the reported vacancies had been open for at least 6 months

### All responses

539 responses received  
28.6% of respondents (154 practices) had at least 1 had at vacancy open on 1 Sept  
Of the total 186 vacancies, 80 had been open for 6 or more months

44 practices in Glasgow reported failing to engage a locum on at least 1 day in the 4 weeks before they responded to the survey, with 4 practices failing to engage a locum on 7 or more days in the period.

Below you can compare the vacancy rates in Glasgow across 4 of the 5 GP vacancy surveys (unfortunately SGPC don't have the data by area for the March 2016 survey). SGPC have included information on the total number of practices who responded to each survey from Glasgow as this helps to provide some context.

Mar-15		Jun-15		Jun-16		Sep-16	
Glasgow vacancy rate	no of Glasgow responses	Glasgow vacancy rate	no of Glasgow responses	Glasgow vacancy rate	no of Glasgow responses	Glasgow vacancy rate	no of Glasgow responses
8.7%	127	10.3%	116	13.0%	100	13.9%	101

The LMC is very grateful to those GGC practices that have contributed to the previous SGPC surveys and would ask practices to once again undertake this very useful short survey. The link to the survey can be found below and the closing date is **Wednesday 14 December**. <https://www.surveymonkey.co.uk/r/GNY2M9S>

## **C**lusters and CQLs

The first CQL event took place on 23rd November at the Campanile Hotel. LMC Chairman, Alastair Taylor attended the event to explain how the LMC and GP Subcommittee can support this new process and give CQLs and cluster groups a broader and stronger voice. The LMC is developing a CQL List Server that will help cluster leads from across GGC connect with each other to share ideas and experience. We are also proposing a framework to the HSCPs for more formal links between cluster groups and the LMC/GP Subcommittee so that cluster groups can feed into the statutory medical advisory role of the GP subcommittee.

## **O**xxygen Cost Reimbursement

There has been agreement reached nationally that GP practices that pay for their emergency oxygen supply will have the costs reimbursed by the NHS for 2016/17. There is an ongoing procurement process for a national GP practice oxygen supplier contact that may be available from early 2017 onwards. In the meantime, the arrangements for payment are as follows:

1. If a practice responded to the national survey stating they pay for the oxygen supply, then this will be taken as evidence that they have a contract in place and they will be automatically reimbursed £320
2. If the practice failed to respond to the survey then they should submit a claim for payment to Practitioner Services and provide evidence that it currently meets the cost of its own supply for financial year 2016/17 e.g. a paid invoice.
3. If practices incurred additional reasonable costs for more frequent refills of emergency oxygen cylinders, they should submit a claim for payment to Practitioner Services providing evidence of those costs.

## **B**MA Firearms Guidance

The BMA recently updated their guidance for GPs responding to Firearms Applications letters. The guidance is available <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>

This has been a very difficult issue for many GPs especially from an ethical and conscientious point of view. We are aware that the BMA Professional Fees Committee and the GPC are involved with the Home Office in making changes to the current process. The guidance from the BMA has been subject to reviews and legal opinions but it is the most comprehensive guidance for GPs currently. We would advise that GPs familiarise themselves with the guidance when they receive these letters.

## **N**ew NHS Complaints Process

From April 2017, there will be a new [NHS Scotland Complaints Handling Procedure](https://www.nhs.uk/consult/externalcomplaintshandlingprocedure/). We are working together with the Board to develop a programme for GP practices to support the implementation of the new procedure. There will be additional steps that GPs and practice managers need to be aware of and changes will need to be made to practices' local complaints processes. There are also new reporting requirements for practices and we are hoping to develop electronic reporting tools that will reduce the admin burden on practices whilst still fulfilling all the new requirements. We will be writing out to practices in the New Year with more information.

<http://www.msg.scot.nhs.uk/wpcontent/uploads/Circulars/DL's/NHS%20Model%20Complaints%20Handling%20Procedure%20-%202016.pdf>

## **S**andyford Services

Sandyford clinics across the Board have been undergoing changes to their service provision due to challenges with workforce. The LMC has been actively monitoring and reviewing all the proposals coming from the Sandyford. These have included reduction in service provision at Easterhouse and other clinic sites as well as changes to opening times across many Sandyford sites. We have been extremely concerned about the impact of these changes on both patient access and also on GP services. We have made these concerns very clear both at Board level and to HSCP management but the service changes have nevertheless been “rolled out” provisionally on a 3 month pilot basis.

It is important that GP practices are aware of these service changes. We would be very keen to hear from you if you see any impact on patient access or on your practice workload as a result of these changes.

## **E**mployee Medical Reports

GPs are often asked by patients' employers for medical reports on employees who are unwell and deemed unfit for work. One of the questions that are often asked is whether the GP considers that the person is a disabled person for the purposes of the Equality Act 2010. The LMC would consider this to be a legal question and therefore we would advise GPs not to give an opinion that strays outwith their field of expertise.

## **I**nsurance Reports

We are often asked about fees for insurance reports especially with regard to 'agreed fees' and targeted reports. BMA guidance can be found here <https://www.bma.org.uk/advice/employment/fees/insurance>

## **G**P Provision of Medical Certificates

We have had a number of queries recently about what certificates GPs are obliged to provide. In the fees and certificates folder of the library section on our website you will find the list of the prescribed certificates that GPs are contracted to provide. In the LMC template letters folder we also have a useful medical certificates information leaflet that can be given to patients. <https://www.glasgowlmc.co.uk/glasgow-lmc-library/>

There is also a drive nationally for people to have in place guardianship and welfare power of attorneys in the event they become incapacitated. This is private work and completion of the relevant paperwork can be carried out by either a solicitor or doctor. As it is private work a fee is payable. Please note that if guardianship or welfare report is requested by social work a fee can be claimed under the collaborative agreement (Adult Support and Protection, full medical examination including report and opinion).

Can we also remind practices that where a fee is payable for any non GMS work patients should be advised of this from the onset. The BMA also has very useful FAQs for patients on why do GPs charge fees which can be found here: <https://www.bma.org.uk/advice/employment/fees/why-gps-charge-fees>

## **S**olicitors requesting Capacity Assessments

GPs are often asked by solicitors to make an assessment of someone's capacity. It is worthwhile bearing in mind the Law Society's guidance to their own members about capacity and asking for assessments-

<http://www.lawscot.org.uk/rules-and-guidance/section-b/rule-b1-standards-of-conduct/guidance/b15-vulnerable-clients-guidance>

The paragraph that is relevant is-

*9. In cases of doubt as to the extent to which, and circumstances in which, capacity can be exercised, or conversely as to the extent to which incapacity prevents a contemplated act or transaction, the advice of a medical practitioner or clinical psychologist should be sought. It may be necessary to approach someone with particular specialist expertise. The solicitor should not seek a generalised and simplistic verdict of "capable" or "incapable". The solicitor should explain the act or transaction contemplated and the legal requirements for it to be valid. The solicitor should explain any indications of relevant capacity or incapacity of which the solicitor is aware, and any steps which the solicitor proposes in order to facilitate exercise of capacity.*

LMC advice is that in cases where there is doubt about a person's capacity to make a legal decision, GPs should exercise care in accepting a solicitor's request for a "capacity assessment". The solicitor's request should detail explicitly the nature of the proposed transaction and explanation of the relevant capacity or incapacity that is being sought. It may be appropriate that the assessment is carried out by a specialist doctor.

## **V**alidium 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**.

## Reporting of deaths to the Procurator Fiscal

SGPC met with representatives of the Scottish Fatalities Investigation Unit (SFIU) of the Crown Office Procurator Fiscal Service (COPFS) on 4th October to discuss problems with the electronic reporting process which requires GPs to report deaths to the procurator fiscal via SCI Gateway. This included feedback that GPs were unable to speak to the procurator fiscal to discuss queries they had regarding the reporting of deaths. The following points were agreed at the meeting:

- GPs should be able to speak to the Procurator Fiscal in order to resolve queries so the form can be completed.
- GPs should use SCI Gateway to submit death reports to the procurator fiscal; this information cannot be given over the phone.
- If there are technical problems with SCI Gateway and forms cannot be submitted using this method, they may be sent by secure email, this must be discussed in advance with the fiscal.
- There were reports of abusive behaviour by GPs to the SFIU staff members answering the phones, which is unacceptable. Any problems with the submission of electronic reports of deaths, or in relation to being able to speak with the procurator fiscal to clarify issues should be sent to the SGPC secretariat who will ensure these are raised with COPFS at future meetings.

It was also agreed at the meeting to share the above points with both GPs and the COPFS teams, to ensure clarity of process and to reduce issues going forward. ©SGPC

## IT Snippets

### Scam Emails

We wish to remind all practice staff to be extra vigilant for scam emails. There have been reports of emails from various sources with very malicious links embedded in the email or emails attached with malware. One practice in GGC was subject to ransom ware which encrypted the whole practice server. Please beware when opening your emails.

### Business Continuity

Practices may find it useful to know how to access EMIS Web/Vision 360 from your desktops. Both these systems give a read only version of your practice data which can be very useful if your practice is unable to access the clinical system. We would encourage including how to access these systems in your business continuity plan.

## Christmas and New Year Holiday

Please note that the LMC office will be closed from noon on the 23rd December and will reopen on Wednesday 4th January 2017. 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

If your query is not urgent please visit our webpage [www.glasgowlmc.co.uk](http://www.glasgowlmc.co.uk) and use the contact us form and we will respond as soon as possible.

## The Cameron Fund Christmas Appeal

The Cameron Fund is the GPs' own charity and its principal activity is "*the relief of poverty, hardship and distress of General Medical Practitioners and their dependants*". The fund aims to meet needs in the fullest and most practical ways possible, conscious that the circumstances in which help is needed vary enormously, from the elderly in nursing homes to young, chronically sick doctors and their families. If you wish to donate details can be found on <http://www.cameronfund.org.uk/making-a-donation.shtml>



From the Team at the LMC