**GLASGOW LMC LIMITED e-NEWS June 2017**

**N**

**ew Scottish GP Contract**

Negotiations are currently ongoing between the Scottish Government and SGPC on the new Scottish GP Contract. The two parties involved hope/intend to conclude the talks in late 2017 and at that point draft contract documents will be available for GPs to consider. A Special Scottish LMC Conference has been planned for Friday 1st December to discuss the new Contract and the implication for the profession. There will be a ballot of GPs around the proposed contract possibly in early 2018.

Details of the new contract will emerge as agreement is reached between the government and SGPC. However, it is useful to note that the core components of the new Contract will be-

* The GP as the Expert Medical Generalist in the community- dealing with undifferentiated illness, complex problems and leading the healthcare team.
* Moving services such as immunisations, screening and routine chronic disease management outwith the GP contract with no reduction in GP practice income.
* Direct reimbursement of practice expenses
* Reducing the risks of owning and leasing premises for GPs
* Promoting the GP partnership model of general practice
* An expanded primary care team to take existing work away from GPs- such as pharmacists, MSK physios, mental health workers, links workers and community paramedics
* GPs as clinical leaders and GP practices working in clusters to influence the delivery and quality of patient services

To keep up with further developments, please go to the SGPC website-

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

**S**

**cottish GP Pay and Expenses Survey**

Deloitte are currently conducting a survey of GP practice income and expenses. They have contact around half of GP practices in Scotland to participate. Practices will be paid £100 to take part in recognition of the time taken for the survey responses. This will be paid to the practice via the monthly payment from NSS.

We are keen that as many practices as possible take part in the survey. Understanding the complexities of practice income streams and expenses will be vital in ensuring a financially stable transition to a new Scottish GP Contract.

**R**

**eferral Advice for GPs**

As acute hospitals attempt to manage workload and patient flows, there is now an increasing use of “Direct to Investigations” outcome for GP referrals. Examples of this are patients sent directly for Gastroscopy for Gastroenterology referrals or Colonoscopy for Colorectal referrals. Often patients are not seen in out-patient clinics for follow up in the event of negative findings.

GPs have expressed concerns that some patients may require a consultant review regarding their symptoms even if initial investigations are normal.  We have raised this issue with acute colleagues and the Board through the Interface group. The advice to GPs is that at point of referral if the GP feels that an out-patient clinic review is appropriate then this should be detailed within the original referral.

**W**

**orkforce Survey- Please Take Part!**

Glasgow LMC is conducting a GP practice workforce survey throughout June. We want all GP practices in GG&C to participate. To date we have had 90 responses. If you haven’t already done so can you please complete the survey which can be found here:-

<https://www.surveymonkey.co.uk/r/QD3786K>

We know that there is an acute shortage of GPs currently. We are also concerned that other groups such as practice nurses and HCAs are under pressure too. The aim of the survey is to collect quantitative data on the actual workforce within general practice currently that will guide us in our practice sustainability discussion with the Board. Also as we are approach the new Scottish GP contract it is important to understand our baseline workforce situation for any future comparisons once the new contract has bedded in.

**R**

**ansomware Attack**

A number of GP practices in GG&C were affected by the global ransomware attack on Friday 12th May. The IT department along with colleagues from Daisy worked throughout that weekend with affected practices to ensure practices could function normally on the following Monday. We would like to thank David Wilson and his team for their hard work over this time. Also practices are reminded of the importance of having an up to date Business Continuity Plan in the event of any future attack or system failure.

**S**

**erver Software Upgrade**

The IT department are continuing to upgrade practice server software from MS Server 2003 to 2008. This upgrade will involve server downtime and the process usually means a midday to midday period of no server availability. However, despite the inconvenience, it is vital that practices engage with this process. Running out of date software is a risk for the practice and therefore if you have not set a date yet for your upgrade please contact the IT helpdesk to ensure that your practice is upgraded.

**M**

**edical Charities Portal**

The BMA and other charities helping support doctors and their families have set up a new web portal to help signpost doctors to the most appropriate charities or support services for their needs. The link is –

<https://www.doctorshelp.org.uk/>

**R**

**egulation of Independent Healthcare**

Following the introduction of new legislation which provides for the regulation of independent healthcare in Scotland GPs should be aware of the potential impact where non NHS healthcare services are being provided. Healthcare Improvement Scotland is responsible and should be consulted for advice on individual circumstances.

Our understanding is that broadly speaking GPs who are providing non NHS services on an individual basis rather than on behalf of the practice which holds the GMS or PMS contract may require registration. Factors which are considered relevant are whether there is a separate provider of the service, e.g. you have created a separate company to limit risk or liability, whether the monies from the private work goes through that legal entity and whether you provide the service as an individual rather than on behalf of the practice.

Where any of these circumstances may apply we recommend that you take independent advice and contact Healthcare Improvement Scotland to discuss further.

**S**

**econdary Care Test Results**

The BMA’s GP Committee and Consultants’ Committee issued a joint communication in late 2016 around the responsibility of results  and actions arising from tests ordered by secondary care. The message is very clear- **The Ultimate responsibility for ensuring that results are acted up rests with the person requesting the test.**

We would advise GPs NOT to take on delegated responsibility unless it has been fully agreed between the GP and the hospital team. Hospital doctors are able to inform patients of test results and they are fully able to refer to other specialities if required.

**V**

**irtual Clinics**

We had raised concerns about patients being directed to GP practices to have bloods undertaken for new ‘virtual clinics’ and the implication for GPs. We are pleased to confirm that our concerns have been acted upon and patients should now attend the hospital for their phlebotomy.

**C**

**ommittee News**

One of our long standing members and a past Chairman of the GP Subcommittee and LMC is stepping down as a GP in Greater Glasgow for pastures new. We would like to take this opportunity to thank Dr Jim O’Neil for all his hard work over the years in the LMC/GP Subcommittee and for being a great ambassador for General Practice both locally and nationally. We wish Jim all the very best for the future.

# **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**.

**F**

**rom the Team at the LMC**

Dr Alastair Taylor, Chairman

Dr Mark Fawcett, Vice-Chairman

Dr John Ip, Medical Secretary

Dr Patricia Moultrie, Medical Secretary

Mary Fingland, Business Coordinator

Ian Mackie, P.C.Training & Development Mgr.

Elaine McLaren, Admin Assistant