

December Issue

# Newsletter

GLASGOW LOCAL MEDICAL COMMITTEE LIMITED.

## **New Contract Implementation**

As we approach the end of 2018 and prepare for a much deserved Festive break, we look back at a very busy year not only for the Committee and our representatives, but for practices, GPs and staff.

The year started with the results of the GP Poll which endorsed the proposed 2018 GMS Contract. SGPC approved its implementation and the New Contract began in April. Over the last 9 months, we have been engaged with the Board and all 6 Health and Social Care Partnerships in drawing up, approving and implementing the Primary Care Improvement Plans (PCIPs).

The PCIP is a 3 year process that will transfer existing GP workload out of practices to the new services- Pharmacotherapy, Immunisations and Community Care and Treatment. In addition new staff such as Advanced Practice Physios, Advanced Nurse Practitioners and Links Workers will be integrated into practice teams seeing patients who would otherwise have taken a GP appointment.

This process will take time and we know that practices are under immense workload and recruitment pressures currently. Practices' resilience and sustainability are still a major concern. We would urge GPs and practices to contact the LMC for advice if you are experiencing difficulties and challenges.

## **GP Sustainability Loans**

The first round of applications for the GP Premises Sustainability Loan Scheme closed on 12th December. We had a good uptake from practices with the Board receiving a total of 51 applications. The Board and HSCPs will review all the applications and pass them to Scottish

Government by 25th January. Practices should receive their funding decision by 25th February 2019.

## **Immunisations & Coding**

Childhood immunisations are transferring out of GP practices as part of the New GP Contract. Practices will receive lists from the immunisation service of the children and the vaccinations that have been done. We would encourage all practices to continue to code these into the patients' GP record.

We understand that this is additional work for some practices. We are working with the Board and national IT groups to facilitate an electronic method to import immunisation data directly into the GP record. Until we have that in place, we ask practices to code immunisations into the record with the aim to maintain the integrity of the lifelong GP record. Batch numbers do not need be coded because this remains within the immunisation service record.

## **Generic Clinical Mailbox**

There have been many articles about the banning of fax machines by the NHS. Whilst this appears to be recent news, the use of fax machines to send NHS patient data has been heavily discouraged since 1997 and is now not an approved method of communication. NHSmail is the secure method for sending patient data.

All practices have a generic clinical NHSmail box and every practice should have a system in place for checking this mailbox on a daily basis for any message that needs attention or action.

## **Just In Case Medications**

A brief reminder to GPs to think about 'Just In Case' medications for those patients who may

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require it over the Christmas and New Year period. Also don't forget the pre-printed administration charts which require a doctor's signature.

## **SLMC Conference**

The Annual Scottish LMC Conference was held on Friday 30th November. The Cabinet Secretary for Health Jeanne Freeman gave the keynote speech. As well as giving the news to GPs that Data Protection Officers will be supplied to practices free of charge [can be found at 12m10sec in the clip], she strongly reiterated the commitment that Scottish Government and the other Holyrood parties have to implement fully the New GP Contract. Her speech can be seen here- <https://youtu.be/uhHMKuAVdDo>

It is worthwhile listening to the Cabinet Secretary's speech especially the references to GPs as Expert Medical Generalists in the community, the development of the Cluster Lead role and the Scottish Government's ongoing commitment to the Memorandum of Understanding which underpins the new contract.

## **Changing practice area**

We would like to remind folks that when the practice's area is changed or redrawn, you cannot unilaterally deregister any patients whose address is now outside the practice's area. Practices are required to continue providing GP services to those patients.

## **Shared Care Agreements**

GPs and Practice Managers are ever vigilant to workload shift from secondary care and to report it to the LMC. We meet with Board and secondary care colleagues via regular Interface Groups and continue to tackle the issue of unfunded workload shifting to practices.

The LMC have approved a limited number of Shared Care Agreements (SCAs) with the Board.

<http://www.ggcprescribing.org.uk/shared-care-protocols/>

These 8 documents are the only approved SCAs in GGC. If you are aware of any other so-called SCAs not on the list please let us know as they are not approved for use in GGC.

## **EMISWeb Streaming**

Almost every GP practice has enabled EMISWeb Streaming. EMISWeb Streaming has many advantages to practices including new and improved search functionality, ability to access EMIS data when the server is down and also acts as a remote back up for the practice. We hope that the handful of practices that are not currently signed up will do so soon. If you have any queries please get in touch with the LMC.

## **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**