

July Issue

Newsletter

GLASGOW LOCAL MEDICAL COMMITTEE LIMITED.

New Contract

We are now well into Year 2 of the New Contract implementation. Each of the Health and Social Care Partnerships in GGC has their Primary Care Improvement Plans (PCIP) which describes how the GP Contract and the new services and staff will be implemented in the HSCP area. The Memorandum of Understanding committed to the delivery of new services to take GP workload out of practices by 2021/22. The first PCIPs were agreed in July 2018 and the next iterations of the plans have been developed for 2019/20.

The LMC and GP subcommittee reps have been working with HSCP staff to update each of the 6 PCIPs. In addition, we have been working with each of the HSCTs updating their Tracker tool which is the report that goes to Scottish Government on how the New Contract is being delivered in each area. We would like to thank our GP subcommittee PCIP reps and all the HSCP staff for their hard work with the PCIPs and Trackers.

With the combined challenges of funding and workforce pressures, the LMC was not able to agree that the PCIPs showed a path for delivering on the New Contract commitments by April 2021. Therefore the LMC could not sign off on the current plans. However, we are content that the PCIPs are to be implemented locally and the new services and staff will continue to come on stream. We are happy that the PCIPs be submitted to the Scottish Government and SGPC for scrutiny and also for solutions to the workforce and funding issues that were identified.

In the meantime, we continue to work closely with HSCTs, the Board and SGPC to ensure

delivery of the commitments set out in the Memorandum of Understanding.

Anticipatory Care Plans (ACPs)

We have heard from GPs that some areas have been piloting projects asking GPs to do ACPs for certain patients or asking GPs to transfer information from community based services onto eKIS. Whilst these pilot projects may be well intentioned and focused on improving quality, the workload associated has not been agreed by the LMC.

Quality Improvement work in the new GP Contract is the responsibility of GP Clusters. Therefore any Quality Improvement Activity should be agreed by the clusters and the PQLs, and not imposed onto practices.

Shared Care Agreements (SCAs)

We are getting more reports from GPs and practices around workload that is coming to GP practices from secondary care. Examples include so-called SCAs for medications that have not been agreed with the LMC. There is also an increasing trend for hospital clinics not to see patients face to face for review but rather to ask them to attend their own practice for bloods and observations ahead of a telephone review in 'virtual clinics'.

These are not agreed care pathways and we have highlighted this to the Board and hospitals as unacceptable. Please get in touch with the LMC if this is happening with your patients.

FairWarning®

FairWarning is a software product that detects potential inappropriate access to Health Records by users. The software will report users looking up records of colleagues,

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family members, neighbours or their own records.

FairWarning is now active for GP practice users of Board Clinical Systems such as Clinical Portal and SCI Store. Primary Care Support has issued a guide for practice managers and GPs about FairWarning and how to manage breach warnings. If you have any questions about this, please contact the LMC or Primary Care Support Dept.

Data Protection Officers (DPOs)

In 2018, the Scottish Government announced that all GP practices will have access to a Board appointed Data Protection Officer (DPO) and it would be funded nationally. DPOs in practices are required under the new Data Protection Act and GDPR.

We have agreed with the Board that DPOs will be supplied to practices and funded by the Board. We are working through all the details currently and also the advice regarding non NHS work and data.

The LMC has been working with the Board and Information Governance leads on how this will operate for practices in GGC. We are close to rolling out the service and recruitment is currently taking place. We hope to have guidance for practices soon about the DPO role and how practices can access the service.

Practice websites

We know that some practices use their own website to help patients with registration, requesting prescriptions or sending a message to the practice. We would like to remind practices who collect and process personal data in this way, that it is vital to be

compliant with GDPR. That includes having a privacy notice, data retention policy and that personal data is not sent outside of the EU. Please contact the LMC if you have any queries.

Sandyford

The LMC continues to have serious concerns about the Sandyford and its provision of services across GGC. We hear from practices about the impact on GP workload of both closures to Sandyford sites and also the increasing difficulty faced by patients in accessing timely appointments.

We have made it clear to the Board that GP practices are not resourced to provide a specialist sexual health service nor are they an STI screening service. Practices cannot be expected to soak up excess patient demand that is not met by the Sandyford. We will continue to engage with the Board about this but ask that practices are vigilant to this workload shift in the meantime.

qFIT and Colorectal Referrals

The LMC has been involved in the Board's qFIT Implementation Group. The agreed Colorectal pathway includes qFIT testing and we would encourage its use by GPs. The Board and secondary care colleagues on the Implementation Group have agreed that Back to Referrer outcome **should not** be used by referral triage solely on the basis of there being no qFIT test. If this is happening and you have examples please get in touch with the LMC about this.

Phased Return GP on Sickness Leave

The Statement of Financial Entitlements (SFE) allows practices to claim payments for locums covering sickness leave for GP

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partners or employed GPs. Full details of the SFE can be found here:-

<https://www.sehd.scot.nhs.uk/pca/PCA2018sfe.pdf>

We have agreed with the Board that payments can be claimed when GPs are returning to worked on a Phased Return. Reimbursement will be paid for a maximum of 28 days of the Phased Return. For details on the claim process, please contact the Primary Care Support Dept.

If you have any question about the SFE or practice payments and entitlements, please contact the LMC for advice.

National Data Collection for Phase 2

As part of the 2018 GP Contract agreement, practices will be required to supply workforce, income and expenses information to SGPC and the Scottish Government. This national exercise is to inform Phase 2 of the Contract. The work to develop the National Data Collection tool is currently ongoing. We expect the tool in the latter half of 2019. We have been informed that some of the data such as NHS income information and practice information will be pre-populated by PSD. The tool, which is likely to be a spreadsheet, will require a considerable amount of practice input by either practice manager or GPs. We have been informed that practice accountants may need to also be involved but we await further clarity on this.

GP IT Reprovisioning

The replacement for EMIS PCS and Vision is a national process that is currently ongoing. There are 3 companies who are developing the so-called Tranche 1 requirements for Scotland's GP practices- Microtest, EMIS and

InPS. The current timeline is that system suppliers should have the functionality for Scotland ready by 2020. After that "mini-competitions" will take place to determine which system a "cohort" will go to.

We are starting the process in GGC to specify our GP practices' requirements for the new clinical systems and how to form practices into cohorts. The size of a cohort is variable and is determined locally. A cohort could be one practice or it could be all the practices in GGC. The mini-competition process means that practices do not choose a particular system but rather, practices form into a cohort based on their functionality requirements. The mini-competition will rank the available suppliers' systems according to the scoring and weighting of the functionality requirements.

The vast majority of GGC practices are on one clinical system and we believe that there are many advantages to practices being on one clinical system such as training and familiarity amongst locums and HSCP staff. We hope that most practices will chose to be in the main cohort.

However, we accept that some practices will want to exercise their right to choose and may wish to form their own cohort or with other similar practices. The GP Contract allows for this and we will ensure that practices are supported if they chose to go down this route.

CDM Templates

Official IT Support for the CS Templates for Chronic Disease Management has ended. The product is still working in most practices but if it crashes or stops working, the IT

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department is unlikely to fix any issues. EMIS Templates and Vision Guidelines have been developed as a replacement when CS stops working. For more information on these new templates, please contact Primary Care Support.

Patient Registration Guidance

We are still receiving queries into the office about registering patients especially those from overseas or visitors to Scotland. Can we direct practices to paragraph 6 of the Scottish Government guidance which we highlight below:-

6. APPLICATIONS FROM OVERSEAS VISITORS

6.1 Who can Register for Free Primary Care Services?

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary care – in effect, therefore, anybody in Scotland may register and consult with a GP without charge.

Where a GP refers a patient for secondary care services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care must be assessed by the receiving organisation. **It is not the responsibility of primary care services to check the eligibility of patients for charging in secondary care settings.**

A patient’s nationality is therefore not relevant in giving people entitlement to register as NHS patients for primary medical care services.

All asylum seekers and refugees (including refused asylum seekers and those with no recourse to public funds), overseas visitors, students, people on work visas and those who are homeless, whether lawfully in the UK or not are eligible to register with a GP practice even if those visitors are not eligible for free secondary care (hospital care) services.

The full guidance can be found in our website’s library section in the overseas visitors, patient registration and contract and contractual issues, folders. Link below <https://www.glasgowlmc.co.uk/glasgow-lmc-library/>

LMC Website and Vacancies

Just a reminder to our voluntary levy paying practices that you can advertise your vacancies free of charge by completing the vacancy form on the website.

BMA Scottish Conference 21st September 2019

The next annual BMA Scottish conference – **Doctors under pressure: Supporting the profession in Scotland** takes place on the 21 September 2019, in Glasgow. The BMA would like to encourage as many doctors as possible to attend from all branches of practice. You can find out more information and register at:

<https://www.bma.org.uk/events/2019/september/bma-scottish-conference>

From the Team at the LMC

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