

## **New SGPC Negotiating Team**

Big congratulations to our LMC Medical Director Dr Patricia Moultrie who has been elected as SGPC Joint Deputy Chair. She joins the SGPC Negotiating Team led by Dr Andrew Buist as Chair alongside Dr Andrew Cowie as Joint Deputy Chair. SGPC had its first of session meeting on the 23 August 2018 where Dr Chris Black, Dr John Ip, Dr Iain Morrison, Dr Denise Mcfarlane, and Dr Kirsty Robinson were elected onto the SGPC Executive subcommittee.

We would also like to thank our LMC member Dr Alan McDevitt for his work on SGPC. Alan completed his tenure as Chair of SGPC in August. He led SGPC for the past 6 years and has been instrumental in shaping and implementing the new GP Contract in Scotland. Alan remains a Glasgow LMC member and we will continue to value his contribution and extensive experience on the committee.

## **Primary Care Improvement Plans**

All six Health and Social Care Partnerships in GG&C have developed their PCIPs and had these agreed with the GP subcommittee. The work of implementation has started at pace at Board level and within each of the 6 HSCPs.

The LMC and GP subcommittee have identified lead GPs in each of the HSCP areas who will work with the local development teams and feed back to the committee. Our secretariat and senior GP sub members are very involved in the various Boardwide groups overseeing the implementation of the Plans. We are clear that all practices

need to be engaged locally with these developments.

The PCIPs detail the actions and funding to develop the services and extended multi-disciplinary teams to reduce GP workload that was agreed in the new Contract. This transformation will take place over the next three years. These include-

- The Vaccination Transformation Programme (VTP) which will remove all immunisations from GP practice workload.
- The Pharmacotherapy Service placing pharmacists and pharmacy technicians into practices to take on routine and acute prescribing requests, IDLs and reviews.
- Community Treatment and Care Services which will provide patient monitoring, phlebotomy, wound and dressing care, ear lavage, etc.
- Urgent Care Practitioners such as Advanced Nurse Practitioners or Advanced Paramedics doing home visits and unscheduled care.
- Additional Professional Roles such as MSK physiotherapists or mental health professionals in practices.
- Community Links Workers in practices to help patients navigate and engage with appropriate services.

## **GP Meeting 30<sup>th</sup> August**

A big thank you to all the GPs that attended our meeting held on 30<sup>th</sup> August at the Caledonian University. Around 120 GPs came to hear about the

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progress of implementing the PCIPs and details of how this will be monitored both locally and nationally. Many pertinent questions were asked from the floor and it was a valuable opportunity for the LMC to hear the views of GP Contract holders and receive feedback about what is happening in practices.

The LMC is very aware of the need to keep practices as informed as possible and is considering how best to do this within our resources. We have identified a need to ensure that Practice Managers are fully abreast of the principles which lie behind the new contract and the transformation in services which is planned and would consider holding another Practice Manager event to address this if there is support for that.

## **Vaccination Programme (VTP) - Coding Transformation**

As part of the VTP work, Childhood immunisations are being moved out of GP practice responsibility and will be delivered by HSCP teams. In the next 3 years, the VTP will transfer all vaccinations currently carried out in GP practices including travel and adult immunisations to HSCP teams.

An issue that has been raised by practices is the coding of childhood immunisations. Practices are receiving lists of childhood immunisations that have been given in the community and are being asked to code this into the GP clinical system. We understand that for some practice this is an additional workload burden. However, as we work with the Board to find a suitable electronic system for this data, we would encourage all practices to enter this immunisation information into the

patient record. The GP record is the most comprehensive patient health record within the NHS and we feel that updating it with immunisation information is important in keeping its integrity and value. The GP record is unique and integral to our work and we suggest that it is in the profession's interest to maintain its accuracy and comprehensiveness whilst other solutions are being explored.

## **Pay Uplift**

Scottish Government announced its pay award for doctors in Scotland on 31 August. Its decision was to uplift GP pay (net of expenses) by 3%, as well as give an increase of 3% for practice staff pay and an uplift of 3% for non-staff expenses. For salaried GPs the 3% applies to those earning less than £80k, with those earning more than £80,000 receiving £1600.

Practices will receive their uplift in their October statement and this will be backdated to 1 April 2018. NSS have sent emails to every practice with practice specific information about the Global Sum uplift and the uplift for Scottish Population Growth. If you have questions about your practice's figures, please contact the Glasgow PSD office.

## **DWP Reports UC/ESA113**

We are aware of the increasing GP workload of Universal Credit and Employment and Support Allowance claims which generate UC/ESA113s forms. The target turnaround time of 5 days is a challenge for many GPs for this contractual work. Computer printouts are accepted by the DWP may be a means by which practices can comply within the short time limits.

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Summaries should contain active problems, current medications (with date last prescribed) and details of the last 3 consultations. Some sections of the form will still need to be filled in by hand if the summary sheet does not hold that information. GPs have told us that printing off computer summaries with the required information has considerably reduced the time burden of UC/ES113 forms especially as the printing can be delegated to admin staff. However, it is important to remember that any third party information should be removed. Official guidance from the DWP is available on [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/744989/medical-reports-completion-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744989/medical-reports-completion-guidance.pdf)

## GDPR- Code of Conduct

The BMA and GPC are currently developing a Code of Conduct for GP practices in relation to Subject Access Requests. We have fed back the considerable concerns of our practices about GDPR to our national representatives especially around the workload and financial impact to practices. The Information Commissioner Office has been closely involved with the BMA and GPC in discussion on the Code of Conduct document. The aim of the Code of Conduct will be to ensure that legal obligations are adhered to whilst reducing the workload and financial impact on GP practices of SARs. We will keep practices updated of any developments.

## Patient Registration Guidance

Practice should be aware of the updated guidance on Patient Registration that

was published by the Scottish Government in September. The guidance was sent out to all practice via email and it is available on the LMC website-

<https://www.glasgowlmc.co.uk/download/contract%20and%20contractural%20issues/Patient-Registration.pdf>

Two key principles are highlighted in the guidance-

- No documents are required to register with a GP. The inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient.
- Anybody in Scotland may access primary care services at a GP practice without charge.

We recommend that practices' registration processes should be reviewed in light of this new guidance.

## I.T. Snippets

The format and quality of the Immediate Discharge Letters (IDLs) have been raised by GPs. We have made these concerns known to the eHealth team and we are due meet with Acute IT leads at a workshop event soon to discuss improvements to the letters.

We are encouraging all practices to sign up to EMISWeb Streaming. This system allows practice EMIS data to be stored and updated within the central EMISWeb servers. The advantage for practices is that this improves business continuity by having a copy of the data held securely outside the practice should the server fail. Also, the EMISWeb

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application allows for enhanced searches to be done with the practice data. The data streaming does not affect the practice server in any way and does not slow anything down. If you have any questions about this, please get in touch with the LMC.

Electronic radiology requests for x-rays and scans are being piloted in some GP practices. This will allow requests and information to be ordered through EMIS or Vision in the same way as lab test. The full roll of the service will start once the pilot and evaluation has been completed.

Practice are reminded of the resource that SCIMP provides online especially in their guidance section- <https://www.scimp.scot.nhs.uk/> The guidance includes a variety of topics which may be useful to practices including recording Outside medications, backscanning and summarising records.

All practices have both a generic practice NHSmail box and a generic clinical NHSmail box. Both these addresses may have important practice or clinical information coming in. We would encourage that practices have a system in place for checking these email addresses for messages that need attention or action.

## Single Handed Practices LMC Meeting

At our recent meeting for GP Contract holders there appeared to be a desire amongst some single handed GPs to meet to explore the particular challenges of being single handed and

perhaps share ways which individual practices have found to meet these challenges. The possible support that single handed practices might be in a position to offer each other was briefly touched on. The LMC proposes to act as host for a one off event of all those single handed General Practitioners who would like to come together to discuss this further. We have identified the 7<sup>th</sup> November as a suitable date for this meeting and would invite you to attend the LMC offices at 7pm for a meeting which will close at 9pm at the latest.

## Information for GPs website

<http://www.nhsggc.org.uk/about-us/professional-support-sites/information-for-gps/>

This website is on the Board's public website and is accessible anywhere. It contains useful information such as Starting work as a GP in GGC, Referral and Clinical Guidelines, and an FAQ for Sessional GPs. Please send any comments to the LMC as the website is in development and we are keen for user feedback.

## GP Counselling Services NHSGGC

This is a completely confidential service for all GPs in Greater Glasgow & Clyde, including Sessional GPs on the GG&C Performer's List. The service can be accessed through NHSGGC Occupational Services on 0141 201 0600 or by emailing [occhealth@ggc.scot.nhs.uk](mailto:occhealth@ggc.scot.nhs.uk).

From All the Team at the LMC

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