



# TAYSIDE LOCAL MEDICAL COMMITTEE LTD

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## “Private” Men B Vaccination

Given the recent publicity around this, it is no surprise that Practices are being approached by parents asking if the Practice can provide a private Men B Vaccination for their child who does not come into the age group for routine vaccination.

Our advice is as follows:

- Practices **cannot** provide this privately to their own patients.
- In theory you can do this as a buddy arrangement with a neighbouring Practice, but there is a supply issue with the vaccine so you may not be able to access non-NHS stocks for this. You cannot use, even on a temporary basis, NHS stocks to provide this.
- You can advise the patient to search on-line for a Private Clinic that may be carrying this out – you cannot recommend one clinic over another though.

## FIT Testing – Supplies of test kits

We have had reports in from Practices with difficulty getting hold of FIT test kits. These cannot, currently, just be ordered on the usual lab supplies form and Practices are routinely only being offered 10 kits at a time as there aren't enough in supply. This is clearly inappropriate for larger practices.

Practices that have been enthusiastic about the new tests are finding they are delaying referrals to wait for kits, which we believe is neither good practice nor fair, as it is Colorectal that are keen for them to be used and should ensure this supply.

Further test kits and patient instruction leaflets can be obtained from Lynne Taylor, Blood Sciences on extension: 33175. Please keep us informed of any difficulties with this new test.

## Health Assessment Advisory Service Forms

We are well aware that these are being sent to patients informing them of an appointment for an assessment in connection with their claim and contain a sentence near the end of the letter saying “*If you have any medical reports that you wish us to see, please also bring them with you, For example, this could be a medical report from your doctor, consultant or support worker.*”

Patients are then making an appointment with the GP looking for a report.

Our advice is:

- Draft a sign for putting up at Reception advising patients NOT to make an appointment for this.
- If you have the facility then add a bit to the message patients get when they phone the surgery telling them the same
- Print off a copy of their Emergency Care Summary and give them this to take along and let them know if a full medical report is required the Agency will contact you directly and there will be a charge for this work.

You can of course charge the £10 fee, as per the Data Protection Act, for printing off the ECS but many Practices choose to waive this.

## Scottish LMC Conference – 11<sup>th</sup> March 2016

Tayside were, once again, very well represented, with 7 representatives, at this lively Conference, as you may have seen from the local and national media, where some of the motions we submitted were covered. A big focus of the debates was around workload and the workforce crisis.

Attached is a brief paper with a selection of the motions debated and their outcomes.

## “Get a letter from your Doctor”

There have been requests for as long as any of us can remember for 'Get a letter' type requests that are often veiled attempts to shift responsibility away from organisations that are providing an, often private, service for our patients.

The number and variety of these requests seems to be escalating and we have therefore modified documents used in other areas of Scotland to try and minimise the number of inappropriate requests to practices. We will, later this week, send these templates out directly to Practice Managers and would welcome any feedback on their content or suggestions for future revision.

### **Congratulations**

Congratulations to Dr Mary O'Brien who has been elected as Chair of Scottish LMC Conference 2017. Well done Mary.

**Dr Andrew Thomson**  
**Medical Secretary**

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## A selection of the motions debated as the Scottish LMC Conference, 11<sup>th</sup> March 2016

Motions carried are used by SGPC to formulate policy and are to be taken forward in negotiations.

(c) = carried (u) = unanimous (r) = to be used by SGPC as a reference (l) = lost

### Funding

That this conference insists the Scottish allocation formula and GMS funding streams:

- i. Should clearly account for the added and rising workload relating to multi-morbidity, whether it occurs in the elderly, or prematurely in the socio-economically deprived
- ii. Should be weighted sufficiently to account for the costs of providing medical care to care homes
- iii. Ensure that the additional NHS work that falls to rural and remote practices is properly remunerated under any new GP contract. – **carried unanimously**

That this conference expresses concern that the vast majority of NHS funding in Scotland has been absorbed into services and hospitals and the percentage of total spend on general practice has decreased, and calls on:

- i. Scottish Government to urgently increase the funding to general practice
- ii. SGPC to work with the Scottish Government to direct any new investment into funding for general practices and primary care services and staff
- iii. SGPC to work with Scottish Government, health boards and health and social care partnerships for increased funding for general practitioners to work on local service developments – **carried unanimously**

That this conference, to ensure practices have financial stability in 2017 and beyond, calls on SGPC to work with Scottish Government and health boards to ensure that all:

- i. existing funding streams including historical funding and enhanced services funding for general practice will continue in 2017 and beyond – **carried**
- ii. funding streams into general practices should be uplifted approximately every year – **carried unanimously**

That this conference:

- i. believes the care patients need should be free at the point of delivery – **carried unanimously**
- ii. believes because of the ever increasing demand and inadequate funding, general practices and the NHS may not survive – **carried**
- iii. is concerned that short term funding is leading to a fragmentation of care that is difficult to access, confusing to navigate and demands longer term decision making and funding – **carried**
- iv. demands the Scottish Government and all political parties agree to a public debate on what the NHS should and should not provide – **carried**

### General Practice

That this conference acknowledges the efforts of some health boards to employ measures to aid the sustainability of GP practices in their areas, and:

- i. is dismayed that some health boards are failing to aid their GP practices' sustainability – **carried unanimously**
- ii. urges the Scottish Government to instruct health boards to assist in the sustainability of their area's practices by the provision of services and investment agreed with SGPC – **carried**

### Miscellaneous

That this conference is concerned by the increasing development of private, specialist residential units in the community and

- i. insists that patients resident in these units require medical care over and above that normally expected of a general practitioner – **carried**
- ii. insists that using GMS resources is not the way to fund medical cover for these units – **carried unanimously**
- iii. demands that the Scottish Government negotiate with SGPC new funding outside the GMS funding envelope to allow these units to have the level of medical cover they need to adequately manage the patients with complex needs who are placed in these units – **R-carried as a reference**

### Health & Social Care

That this conference:

- i. believes that GPs remain the most efficient and cost effective leaders of primary care teams – **carried unanimously**
- ii. believes that the GP practice should be the core unit for health and social care teams in the community and that practice aligned healthcare teams are essential for effective and efficient delivery of quality care – **carried unanimously**
- iii. believes that health and social care partnerships have so far not made any genuine efforts to engage with grassroots GPs – **carried**
- iv. has grave concerns that the development of integrated joint boards will result in even further fragmentation of primary care infrastructure – **carried**

## **Contracts and Negotiations**

That this conference supports SGPC in negotiating a new GP contract from 2017, but:

- i.* calls on the Scottish Government to make working as a GP more desirable to achieve an increase in the number of whole time equivalent GPs in Scotland – **carried unanimously**
- ii.* calls on GPs to have a meaningful leadership role in enhanced clinical teams in the community to ensure these teams work effectively for good patient care – **carried unanimously**
- iii.* has concerns about whether there will be a sufficient multi-disciplinary workforce to provide the broader team approach required and asks the Scottish Government to ensure that the multi-disciplinary workforce is adequate – **carried unanimously**
- iv.* insists that the work done by practitioners other than GPs is clearly defined prior to the introduction of the contract in 2017 – **carried unanimously**
- v.* insists that a fully defined and costed contract be presented to the Conference of Representatives of Scottish Local Medical Committees in 2017 – **R-carried as a reference**

That this conference welcomes the changes to the GP contract in Scotland in 2016-17, welcomes the transfer of funding from the Quality and Outcomes frame work to core funding, and welcomes the return of professionalism to the contract, but:

- i.* is concerned that the continuous transfer of work to general practice has not been addressed - **carried**
- ii.* is concerned that the Clinical and Core Standards payments are fixed and cannot change despite changes in practice list sizes - **carried**
- iii.* is concerned that, due to the present workload and workforce crisis, the transitional quality arrangements will not be able to be delivered by GP practices - **carried**
- iv.* believes that the changes do not free up significant GP time for new quality work - **carried**
- v.* seeks assurances that the GP contract from 2017 onwards will not include those aspects of the interim contract in 2016-17 that increase workload with no proven benefit to patients – **carried**

That this conference recognises the special UK LMC conference resolution about GPC canvassing GPs on willingness to submit undated letters of resignation but, in view of ongoing Scottish negotiations, SGPC should determine whether or when that action would be appropriate for GPs in Scotland – **carried unanimously**

That this conference calls on SGPC to ensure that any contracts for GPs working within practices under Section 2c contractual arrangements:

- i.* encourage recruitment and retention – **carried unanimously**
- ii.* recognise the leadership and quality improvement provided for their practices by these GPs - **carried**
- iii.* have employment rights reflecting years of service in the practice for GP partners who become salaried as a consequence of their practice adopting a Section 2c contractual arrangement - **carried**
- iv.* have terms and conditions of service which are negotiated nationally by SGPC with the Scottish Government – **carried**

That this conference demands a solution is found to the increasingly common situation of a last remaining partner carrying the sole burden of redundancy costs when a 17j contract is surrendered to a health board – **carried unanimously**

## **EHealth**

That this conference is dismayed by the lack of investment in general practice IT in many areas of Scotland resulting in geographical variability across the country and demands that

- i.* there is uniform funding and provision of IT in general practice with a minimum specification across all health boards
- ii.* if GPs are to embrace new technologies to enhance patient care and improve efficiency, these must be fully funded and be upgraded frequently – **all parts carried unanimously**

## **Unscheduled care**

That this conference welcomes the conclusion of the National Review of Primary Care Out of Hours Services (Ritchie Report) that services should continue to be delivered by general practitioners as part of larger multidisciplinary teams and asks:

- i.* the Scottish Government to urgently address the out of hours pension and pay disincentives identified in the review in order to improve retention and recruitment - **carried**
- ii.* the Scottish Government to be aware that any moves towards longer routine practice opening times would significantly threaten the pool of GPs available to do this work - **carried**
- iii.* this review is used as an opportunity to provide GPs working in out of hours services with better job descriptions and clinical leadership roles - **carried**

## **Appraisal and Revalidation**

That this conference demands the provision of additional resource to allow general practitioners time to complete the requirements of appraisal and revalidation – **carried unanimously**

### **Prescribing, Pharmacy Services and Dispensing**

That this conference in the light of the new Scottish GMS contract negotiations requires SGPC to seek from the Scottish Government the:

- i. inclusion of a dispensing doctor contract within the national contract framework
- ii. assurance that any future dispensing arrangements be specified on a national basis and not left to the whim of individual health boards – *carried unanimously*

### **Fees & Certification**

That this conference remains disappointed that the culture of ‘get a letter from your Doctor’ continues to be an administrative requirement from organisations in both public and private sectors before patients can access services and:

- i. maintains that there should be a central, accessible, ‘plain English’ website outlining which documents, certificates and letters patients are/are not entitled to on the NHS – *carried*
- ii. calls on the Scottish and UK Governments to promote and encourages common sense approach that removes the “need” for a GP letter – *carried unanimously*
- iii. calls for a phased timetable for abolishing all requirements and requests for GP letters to support benefit claims – *lost*

That this conference calls for an extension of self-certification for illness from 7 to 14 days – *carried*

### **Sessional GPs**

That this conference acknowledges that the BMA salaried model has worked hard to defend GPs against unfair terms and conditions since its inception and urges SGPC to insist the Scottish Government to advised boards to use this model when employing GPs but at a pay level that is attractive in order to aid recruitment and retention – *carried unanimously*

That this conference is dismayed at the continuing barrier the PVG scheme presents to GP locums working across Scotland and calls on SGPC to demand an immediate review and overhaul of the scheme – *carried unanimously*

That this conference acknowledges that locum GPs now comprise a substantial part of the workforce and in light of the workforce crisis:

- i. deplores the fact they are finding it increasingly difficult to access important clinical training such as basic life support updates – *carried unanimously*
- ii. is dismayed by the continued lack of NHS occupational health access for locum GPs – *carried*
- iii. calls on SGPC to demand the Scottish Government instruct boards to ensure GP locums have full access to free NHS occupational health services – *carried*
- iv. calls on SGPC to demand the Scottish Government instruct boards to provide important clinical training such as basic life support updates free, for all GPs including locums – *carried*

### **Education and Training**

That this conference, in light of the direction of the future GMS contract and vision for general practice, re-affirms its support for a minimum of four year GP training for all GP trainees and that this training is of high quality and relevant rather than allowing workforce shortages in secondary care to be filled – *carried*

That this conference is concerned by the decline in applications to GP training in Scotland over recent years and believes that there is an impending workforce crisis. Conference calls on SGPC to work with relevant bodies in order to:

- i. increase the amount of time medical students spend in general practice during medical school – *carried unanimously*
- ii. increase the number of foundation trainees with general practice placements – *carried unanimously*
- iii. Promote the benefit of a career in general practice in Scotland to potential applicants – *carried unanimously*
- iv. increase the attractiveness of general practice in Scotland to potential applicants – *carried unanimously*
- v. introduce a mechanism to incentivise medical schools who have high numbers of students entering general practice – *carried*

### **Government Policy**

That this conference welcomes the publication of the Chief Medical Officer’s report “Realistic Medicine” in starting a conversation with clinicians on how doctors can reduce the burden and harm to patients from over-investigation and overtreatment – *carried*

That this conference calls for a change in legislation to allow other health care professionals such as midwives, allied health professionals and nurse practitioners to complete “fit notes” for patients – *carried*

## **Workforce**

That this conference:

- i.* believes the proposed increase in GP training numbers risks compounding the recruitment crisis in remote and rural areas due to the additional numbers being allocated in predominantly urban areas – ***Reference - lost***
- ii.* asks for an urgent review of the distribution of training places to promote and support rural general practice – ***carried unanimously***
- iii.* insists that SG and NHS Education for Scotland ensure an even distribution of GP trainees throughout Scotland providing incentives if necessary in order to ensure the continuation of general practice training outwith the central belt and cities – ***reference - carried***

## **Workload**

That this conference is concerned by the current workload in general practice and believe that this is both unsustainable and is acting as a disincentive to those who might otherwise consider a career in general practice. Conference calls on SGPC to work with relevant bodies to reduce the workload managed in general practice by:

- i.* creating a mechanism for patients to self-refer to professions allied to medicine including but not limited to physiotherapy, podiatry and counselling - ***carried***
- ii.* increasing the number of pharmacists working in general practice who can deal with medication reviews and repeat prescriptions - ***carried***
- iii.* stopping the need for re-referrals to secondary care where patients have been discharged following failure to attend appointments - ***carried***
- iv.* exploring mechanisms for triaging patients prior to them being appointed to see a GP – ***carried***

That this conference demands that Scottish Government acknowledge the ticking time bomb of GP premises across Scotland and takes action to:

- i.* ensure current health board owned premises are fit for patient care – ***carried unanimously***
- ii.* act as buyers of last resort for GP and third party premises to reduce the ongoing but entirely avoidable collapse of practices – ***carried unanimously***
- iii.* invest in community premises where long standing deficiencies make their 2020 Visions impossible to realise – ***carried unanimously***