

Highland LMC e-Newsletter – July 2015

LMC Communication and Representation – Highland LMC would like to encourage all practices in NHS Highland to join or continue to be members of the LMC. We have recently written to the very small number of practices who are not members to encourage them to join. We have also written to salaried and sessionals with our offer of a first year's free membership; subsequent years for these individuals are priced at a token cost of £40 p.a. It is tough and about to get tougher in General Practice and we need good representation and lots of input from constituents.

SGPC roadshow May 2015- This successful event allowed Highland GPs to meet SGPC, ie the GPs who negotiate the GP contract with Scottish government. Unfortunately we experienced some VC issues out with our control on the night and our apologies go out to those affected. There were some radical proposals for the next contract negotiations for 2017. The following email address has been set up so GPs can continue to send SGPC comments, feedback and ideas - info.gpscotland@bma.org.uk. We encourage practices to use this way of getting in touch with SGPC.

A further Road Show is being held in Fort William on the 18th of August and we encourage as many of you as possible to attend this in person or by VC.

BMA AND GPC INFORMATION –

The following documents have been added to the Highland LMC website

- All monthly GPC updates
- All monthly SGPC updates

All newly added documents can be found at the following link:

http://www.highlandlmc.org.uk/HighlandLMCmembers/gpc_sgpc.htm

GP TRAINEES/LOCUMS INFORMATION

How Will the New GP Contract affect You? Just to remind you of the BMA sessional subcommittee page at <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-members/sessional-gps-subcommittee>

NHS HIGHLAND AND SCOTLAND INFORMATION

Medication at Home Service – Dispensing Practices! It has been brought to our attention by a couple of dispensing Practices that they were not aware of the cover letter sent to pharmacies detailing how to claim for providing this service. Dispensing Practices should claim for providing this, in line with pharmacies. Please let us know if you have not been aware of this, and do not know how to claim. At the risk of repeating ourselves, non dispensing Practices do not provide this service.

Research and Development – We have discussed and agreed safe and confidential remote searches as individual agreements between HHB research dept and individual Practices.

ABI Data – GP sub and LMC have approved an opt in system for Practices to provide additional anonymised Alcohol brief interventions data to Elizabeth Smart in public health, for the purposes of accurately analyzing the service and its effect. We have sent out some information previously.

Community Pharmacists and Unscheduled Care Services - http://www.communitypharmacy.scot.nhs.uk/unscheduled_care.html

Making Better Use of Community Pharmacies - Urgent and emergency care is under pressure across the UK. The former Cabinet Secretary for Health and Wellbeing in Scotland often talked about a safe and efficient 24/7 health service to ensure high quality and consistent standards of care. Community pharmacy has a key role to play below a lead pharmacist has outlined some of the areas where the network can make a difference.

1. Supporting patients to self-care
 - a. 8% of A&E visits are for Minor Ailments (could be dealt with in CP)
 - b. 18-20% of GP workload is accounted for by Minor Ailments

Solutions: Highlight National Minor Ailment Service to reduce demand on other services. Stock up and receive advice on winter ailments to have at the ready when GP surgeries are closed.

2. Supporting patients to live healthier lives
 - a. National Public Health Services such as Smoking Cessation and Sexual Health service provision supports OOH and GP services
3. Helping patients get the best from their medicines
 - a. Emergency supply of medicines (through a national formalised service in Scotland) OOH to reduce A&E attendances when the patients run out of prescribed regular medication
 - b. Palliative Care schemes to ensure availability of specialist medicines in primary care needed during end of life care
 - c. Chronic Medication Service helps patients get the most of their medicines helping the estimated 50% of them who do not take them as prescribed. This could help around 11% of hospital admissions, A&E visits and GP visits due to non-adherence.
 - d. Interventions with new medicines and/or high risk medicines

Solutions: Pharmacists can help supply appropriate medicines when a patient runs out and going forward we can work with patients to help them manage their medicines to ensure adherence. This should reduce the burden OOH.

Scottish Public Services Ombudsman Dealing with Complaints - The Scottish Public Services Ombudsman (SPSO) deal with public service complaints including those about NHS boards, GPs, dentists, opticians, community midwives and nurses, etc. They can only look at complaints which have **already** been through the health service complaints procedure. Best Practice would recommend that the below is included in any letter of response to patient complaints where the complaint has already gone through the Practice/NHS Highland complaints process.

If you are unhappy with the response you have the right to ask the Scottish Public Services Ombudsman(SPSO) to look at your complaint. Please note that the SPSO cannot normally look at complaints more than 12 months after you became aware of the problem. You can contact them on Freephone 0800 377 7330 or got their website www.spsso.org.uk or write to them at Freepost EH641,EH3 OBR.

Medical Certificate of Cause of Death and reporting to the fiscal – GPs will be aware that electronic death certification, and separately but co-incidentally, reporting to the fiscal, have just been introduced. Practices will have received much information about this, and we will not reproduce it, but LMC is interested to hear of any particular difficulties with this.

Awareness Training of BSL – We have been contacted by Jean Pentland the Community Advocacy and Development Officer with the British Deaf Association who provides support and advocacy for Deaf people whose first language is British Sign Language (BSL). She would like to provide G.P. Practices with awareness training on best practice when working with Deaf people whose first language is BSL. This workshop would be of particular interest to practices who already have Deaf patients registered but would also be of interest to any practice where there is always the possibility of having Deaf patients register in future. There would be no cost associated with this input. Jean can be contacted on 07543360826 or cado.nthscot@bda.org.uk

Fit to work Scotland – a new national occupational health scheme has been launched by Scottish government. GPs can refer consenting patients who they predict may be off work for more than 4 weeks. Employers can refer after 4 weeks. Overall welcome, but it has been pointed out by General Practice that it would be better to weight this in favour of employers (rather than GPs) referring consenting employees.

Police Requested Examination – Highland LMC were asked by a constituent to bring attention to the police telling victims of assault to attend their GP to have their injuries recorded. Our view is that this is not part of ordinary GMS and that GPs who do not provide medical services to the police have no obligation to record injuries for evidence in case of prosecutions. They have a duty to treat any injuries or medical conditions necessary under GMS and record this in the patient record. This does not amount to a comprehensive assessment of injuries for legal purposes, and anyone requiring that should be sent back to the police for the police surgeon to record injuries and be photographed if necessary.

Enhanced Services baskets. These continue to cause problems in Highland. This is particularly because they have been devolved to operational units and agreed with locality groups, and LMC/GP subcommittee has not been involved in the discussions, contrary to the understanding of many Practices. This is because each operational unit runs a different basket service agreement, rather than a single pan Highland SLA, and this division means that LMC/GP subcommittee are not asked by the operational units about these SLAs. We continue to discuss the pan Highland SLAs eg. care homes, medicines reconciliation etc with the Health Board.

Highland LMC counselling service. If you look on the website, you will see that we have overhauled and updated the contacts and information regarding the counselling service for GPs funded by LMC. Please follow the information in order to contact a counsellor. If you

have any difficulty doing this please contact LMC admin or LMC secretary. All communications regarding this will be treated with complete confidentiality.

Just to note that when counsellors submit invoices to LMC for sessions delivered, the identity of their client remains confidential, and is not disclosed to LMC staff.

New medicine for the elderly consultant appointments. Martin Wilson came along to speak to GP subcommittee and his ideas for community based geriatricians gained wide support from the committee. He pointed out very reasonably, that Highland had less geriatricians per patient population than almost anywhere in Scotland, despite having the oldest population. He is happy to work with GP sub and Practices to develop a consulting service which GPs can use to manage their elderly patients. **But unfortunately,** just as it was about to start, these new consultants, particularly Martin, needed to become involved in the Caithness Hospital cover rota in line with other specialties. This has been necessary to protect patients and continue to offer a service. We asked Dr Wilson to give us a sound byte on this: *Since the discussions with the GP sub committee a specific situation has arisen around the viability of Caithness General Hospital both in terms of emergency cover and supervision of doctors in training. As part of a larger solution the Care of the Elderly department aims to extend its plans for North Highland to include Caithness as well as East Sutherland. This will be community based work in the practices in Wick and Thurso but due also inpatient reviews in Caithness General itself. The back fill for this time will be from the department as a whole which may include the new post holders providing more inpatient provision in Raigmore than originally planned.*

We will update you when we have more news.

Protecting Vulnerable Groups (PVGs) Practice Responsibilities. Just another reminder that practices are required to carry out PVG checks on their employed staff such as nurses, HCA and any non-clinical staff who may have one-to-one contact with patients or vulnerable groups. Employers have been given a three year period of grace in which to check their existing employees pre-2011. This obligation for retrospective checking went live on 29th October 2012 and ends in October this year. If you have not already done so can we please encourage practices to register and carry out PVG checks on existing staff as soon as possible? Practices will be at risk of legal action if it is found that an existing employee is deemed unsuitable for working with vulnerable groups and the practice had not PVG checked relevant employees by this date. Forms can be obtained from Disclosure Scotland, and should be submitted directly there. Practices need to check and copy required identification forms eg. birth certificates. Information on what is required can be found on <http://www.pvgschemescotland.org/>

Primary school flu catch up-no enhanced service at present. After the confusion of last year when Practices had no arrangement (LES or DES) to provide primary school children flu catch up vaccinations, but parents were erroneously directed back to General Practice, we have asked SGPC whether a national DES for this service is likely. Due to the small numbers and the fact that Practices would most likely need to run this service at considerable effort and a financial loss to themselves it currently does not look likely that there will be any sort of enhanced service for flu catch up for primary school children whose

parents had consented, but who were then absent on the day, along with the small number who require two doses. During last winter Highland LMC wrote to public health: *We understand that school nursing is particularly overstretched and poorly resourced, and we have every sympathy with this, but the answer is to improve resourcing and manpower in this important clinical primary service not to persist in the expectation that Practices will fill this gap.*

We will update you later on this coming winter flu season, and let Practices know if anything has been agreed.

Pre-operative testing- Currently there is no arrangement for Highland Practices to carry out pre-operative assessments or testing under either GMS or enhanced services. This continues to be an issue, in particular there have been some insistent requests to prescribe antibiotics for asymptomatic bacteruria. We have taken this to Area Medical committee, and will update.

Defence Society Costs- A heads up from England, where some prohibitive defense union annual fees have been quoted to GPs. Not heard this in Scotland at present.

Minor QOF changes from 1 April 2015- http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/general-practice-contract/contract-agreement-scotland/scottish-contract-minor-changes-2015_16

Bogus Callers – We have been aware of a number of bogus calls being made to Patients in the NHS Highland area. If a Practice is made aware of such a call, please advise the Patient to contact the Police.

Lindsay Dunn
LMC Lay Secretary
Tel 07582 097718

Susan Hussey Wilson
LMC Medical Secretary

Email: admin.highlandlmc@nhs.net

www.highlandlmc.org.uk