



## GLASGOW LOCAL MEDICAL COMMITTEE LIMITED

13<sup>th</sup> September 2024

### To All GPs and GP Practices

Welcome to our September 2024 newsletter. Following the summer recess, we are looking forward to welcoming members back at GP Subcommittee/LMC meetings on Monday evening.

### GP and Practice Managers' Meeting

Many thanks to all the GPs and PMs who attended our meeting on 11<sup>th</sup> September. We were pleased to welcome the new Chair of SGPC, Dr Iain Morrison. Dr Morrison spoke about national issues regarding general practice and the future direction for negotiations as well as the GMS Contract. As referenced at the meeting, we continue to encourage GPs and PMs to consider the [BMA Scotland Safe Workload Guidance for GPs](#) in their own practices to ensure safe delivery of services.

### Sessional GP Meeting

We are holding a networking and engagement event for sessional GPs on Wednesday, 9<sup>th</sup> October at the LMC office. If any sessional GPs would like to attend this event, please contact Elaine on [elaine.mclaren@glasgow-lmc.co.uk](mailto:elaine.mclaren@glasgow-lmc.co.uk).

### Annual Contract Return Letter

As outlined in our communication to practices on 5<sup>th</sup> September, we have taken a number of enquiries regarding the Contract Annual Return letter that was issued by the board to practices on 28<sup>th</sup> August.

Firstly, we would like to advise that our position is that the contractual requirements surrounding the offering of an online appointment booking system were suspended with the introduction of the national escalation framework in 2020. Since then, the LMC has worked with the board to agree further iterations of the GP Practice Escalation Framework. All practices are currently at level 1a or higher on the escalation framework, and there has been no agreement locally in GGC to reintroduce these contractual requirements.

Secondly, we would strongly encourage practices to have a partnership agreement and a business continuity plan in place, and to make sure both of these documents are up to date. However, the LMC's position is that neither of these are requirements of the national GMS contract.

### GMS Uplift

The [Doctors' and Dentists' Remuneration Board](#) (DDRB) has recommended a pay rise of 6% for GPs. Negotiations are taking place nationally between SGPC and the Scottish Government about the 2024/25 GMS uplift. As in previous years, the uplift settlement will also include the staff pay increase and non-staff expenses element. We will keep practices informed of any announcements.

### MSP Meetings

The Chair and Medical Directors have recently met with four of the MSPs who cover the GGC area. We highlighted the increasing pressures facing general practice and the urgent need for an increase in core GP funding as well as additional money into GP premises improvements.

## SGPC

Dr Iain Morrison has been elected as the new Chair of SGPC. Dr Chris Black and Dr Al Miles have been elected as Joint Deputy Chairs. Glasgow LMC congratulates the GPs, and looks forward to working with the new team of national negotiators at SGPC.

## Travel Vaccination Service

Responsibility for travel vaccinations resides with the health board. Patients and the travel vaccination service should not need to request inappropriate lists of information from GP practices. If a practice believes this is happening, please contact the LMC office.

## GP Systems Reprovisioning Update

### EMIS to Vision

Over the next 2 years, all EMIS PCS practices will be moving to the Vision clinic system. Practices in the Renfrewshire HSCP area will be the first to migrate. Then, practices in the following HSCPs, in this order- East Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire and Glasgow City.

There have been delays in the development of the software tools needed to convert data from EMIS into Vision but progress is being made. The first EMIS practice in Scotland is beginning the data conversion process. Two other pilot practices, including one in GGC, are due to start in October. The current plan is that the first GGC practices will begin migration around February 2025.

The EMIS to Vision migration is a 12 week process. The practices due for the initial migrations will have received email packs with information such as practice check lists and searches. These are helpful for housekeeping tasks ahead of the formal data migration process.

## Vision To Vision

All the current Vision practices in GGC have been migrated to the new Hosted (cloud based) server. Feedback from practices has been generally positive. However, practices are advised to report any problems with the Hosted server including performance issues. An updated appointments module is available, and practices are being upgraded to the new module.

## Docman 10

Document management is being updated too. Docman 7 will be replaced by the new cloud based Docman 10 over the next 2 years. There have been delays in the development of the product to be fully operational in Scotland. It is projected that the first pilot practices in Scotland will begin in early to mid 2025.

## Assisted Dying for Terminally Ill Adults Bill-Consultation Response

The LMC submitted a response to the Scottish Parliament's call for evidence on the Assisted Dying for Terminally Ill Adults Bill. The LMC did not take a position on legalising assisted dying for terminally ill adults but in the response we addressed certain points for the eventuality that it is legalised. These were:

- An opt in system would be required for doctors to be involved.
- This should be outwith GMS and should not be undertaken by the patient's registered GP.
- The treatment should be provided by a stand alone service, and should be provided in a clinically appropriate setting, with the home not always being the appropriate setting.
- These assurances would be required to protect the doctor, the doctor patient relationship, and also the relationship with other family members of the patient who may be registered with the practice.

## Practice Situation Survey

We would like to thank practice managers for their ongoing support with our practice situation survey. This is a weekly, one question survey to practice managers asking them to gauge the level of pressure experienced by their practice over the past week. We are aware that many practices are experiencing significant workload demand and practice pressures. We are keen to monitor the situation in general practice in GGC and to allow us to feed back locally and nationally. The survey is anonymous and should take practice managers less than a minute to complete. The weekly email notes the data that is coming into the office. We are having good uptake with this, with around 120/130 practices completing this each week.

## Email Mailing List

If any GPs would like to receive our communications direct to their own inbox, as well as their practice's, please do let the office know.

## Wellbeing Resources

The cumulative stress of the pandemic, the workload pressures, and patient demand is undoubtedly affecting people's mental health. We know that practice leadership, and a supportive and valuing culture in general practices is vital in maintaining the wellbeing of the practice team. These are some of the wellbeing resources available to GPs, PMs and practice staff-

National Wellbeing Hub- [www.promis.scot](http://www.promis.scot)

NHS GGC Occupational Health Service-  
[Occupational Health - NHSGGC](#)

The Workforce Specialist Service-  
[The Workforce Specialist Service \(WSS\) - National Wellbeing Hub](#)

BMA Wellbeing Resource-  
<https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/sources-of-support-for-your-wellbeing>

Working Health Services Scotland  
[Working Health Services Scotland \(WHSS\) - Health and Well-being \(nhsinform.scot\)](#)

The Cameron Fund  
[The Cameron Fund | The GPs' Own Charity](#)

Royal Medical Benevolent Fund  
[Royal Medical Benevolent Fund - Help for Doctors in Need \(rmbf.org\)](#)

Yours sincerely,

**Dr Mark Fawcett**  
Chair

**Dr John Ip**  
Medical Director

**Dr Patricia Moultrie**  
Medical Director

**Marco Florence**  
Policy Officer

**Elaine McLaren**  
Administration Officer