GLASGOW LOCAL MEDICAL COMMITTEE LIMITED
14th August 2026
www.glasgowlmc.co.uk

To All GPs and GP Practices
Welcome to our August 2026 newsletter. We hope colleagues have managed to find some time for rest over the summer. This edition contains important practice deadlines, details of our September meeting, information about the new SGPC guidance on sustainable working, and an update on the continuing impact of the Vision migration.

Important August Deadlines
- **25th August – Workforce Funding:** complete and submit the Quarter 1 Workforce Survey.
- **28th August – Non-Staff Expenses:** complete the expenses data collection return.
- **23rd September – GP & Practice Manager Meeting / LMC AGM:** register attendance.

GP and Practice Manager Meeting followed by LMC AGM
We are holding a meeting for GPs and practice managers at 7.00pm on Wednesday, 23rd September at Hampden Park. We will provide a local Service & GP IT Update. Dr Iain Morrison, the Chair of SGPC, will also provide a national update. The LMC Annual General Meeting will follow the main meeting and is for GPs only. GPs and practice managers wishing to attend should register by emailing elaine.mclaren@glasgow-lmc.co.uk. Please include your practice code. Sessional GPs should confirm that they work in GGC.

Non-Staff Expenses
Information was circulated by Primary Care Support on 14th July regarding the arrangements for the non-staff expenses funding. An FAQs document from the LMC was also distributed to practices.

The data collection form was issued on 29th July. **The key deadline is 28th August 2026.** We would advise practices not to leave the data return until the final week.

As per our FAQs document, these are the practical actions that practices should be taking:
1. Check your practice's individual allocation in the issued allocation document.
2. Identify who will complete the Microsoft Forms expenses return.
3. Gather 2024/25 invoices/accounts information for all relevant non-staff cost categories.
4. Keep energy invoices separate and ready for submission to the Health Board.
5. The LMC is discussing with the health board the local process for the one third energy reimbursement. Further details will be circulated.
6. Retain evidence of all submissions and claims.
7. Record how any freed up funding will support workforce capacity or practice sustainability.
8. Challenge any unclear shared-premises/service-charge calculation and ask for the methodology.

Workforce Funding
A communication was issued to GP practices on 28th July regarding the GP Workforce Funding requirements. Practices should study the communication and must complete and return the General Practice Workforce Survey on ***a quarterly basis*** as a condition of this funding.

The Workforce Data App opened on 14th July for the Quarter 1 Workforce Survey Returns and **will close on 25th August 2026**. As a result, practices must undertake the following by **25th August 2026**:

1. **Review and update (if needed) their workforce intentions for Tranche 1 and Tranche 2 funding.**

Tranche 1 intentions should reflect workforce increases expected by 30th September 2026 and include costs. Tranche 2 intentions should reflect any further workforce increases expected by 31st March 2027 and include costs. If there are no changes, there is still a requirement to mark this as complete.

Note – for this return the associated costs of Tranche 1 and Tranche 2 workforce intentions should be the full annual employer cost of the planned workforce increase, not the funding allocation or spend during the reporting period.

2. **Review and update their staff and workforce information to reflect the period of 1st April 2026 to 30th June 2026.**

This includes the Practice Information, Staff, Vacancies and Absences tabs of the survey adding all information relating to the first quarter of the year. **If there are no changes, there is still a requirement to mark this as complete.**

3. **Finalise and submit**

Ensure all sections are marked as finalised and the submission is finalised and submitted using the Finalise Year tab.

New BMA Scotland Guidance- Sustainable working in general practice

Scottish GP Committee (SGPC) has published new guidance on sustainable working in general practice, recognising that GP workload extends far beyond the number of patients seen. The SGPC team has also published a blog post explaining the importance of the new guidance.

The guidance emphasises that results, prescribing, referrals, correspondence, supervision, practice management, governance and professional development are all legitimate GP work. Practices should aim to incorporate this often "invisible" workload into normal working patterns rather than relying on work spilling into lunch breaks, evenings, and days off.

SGPC recommends that practices consider moving away from thinking solely in traditional "sessions" towards the actual hours required to do the whole GP job. It also reinforces the BMA safe workload recommendation of up to 25 patient contacts per GP per day, and that complexity will influence what is safe.

Importantly, the new GP workforce investment provides an opportunity not simply to increase appointment numbers, but to create more sustainable working patterns while maintaining or improving patient access. Additional capacity can help protect time for indirect clinical work, supervision, leadership and quality improvement.

For GPs in Greater Glasgow and Clyde, this is particularly relevant given increasing clinical correspondence, prescribing and interface workload, supervision responsibilities and pressures associated with current IT systems. The LMC encourages practices to review the guidance and consider discussing their current working patterns at partnership meetings.

Vision Migration - Ongoing practice impact

The serious impact of the migration to the Vision clinical system has been highlighted recently by Glasgow LMC Medical Director Dr John Ip in The Times.

Routine clinical and administrative tasks are taking significantly longer on Vision leading to some practices having to cancel or reduce appointments. Practices have described delays after mouse clicks, more complicated workflows, difficulty locating important clinical information and problems accessing less commonly prescribed medicines.

Dr Ip told the newspaper that using Vision could feel "like wading through treacle", with the system both slower and less intuitive than EMIS PCS.
The article also highlighted concerns about prescribing safety. The number of alerts generated during prescribing can create warning fatigue, increasing the risk that an important alert may be overlooked among multiple lower value warnings.

These problems have consequences beyond staff frustration. Time lost navigating a slow or inefficient clinical system is time taken away from direct patient care. Where practices have to block appointment slots to manage the resulting workload safely, the migration is directly reducing general practice capacity.

The LMC recognises that any major system migration requires a period of familiarisation. However, the persistent problems being reported extend beyond ordinary training or adjustment issues.

The Scottish Government and those responsible for the programme must ensure that reported problems are investigated promptly, that practices receive responsive technical support and that improvements are demonstrated in real clinical settings. There must also be consideration of additional resources for practices experiencing significant disruption.

The LMC will continue to gather evidence from practices and raise concerns through local and national GP IT governance structures.

SGPC has also published a blog regarding the GP IT system migration. This can be read here.

GMS Uplift

We are awaiting an announcement of the negotiations between SGPC and the Scottish Government regarding the GMS uplift for 2026/27. As soon as we have confirmation of this, we will advise GPs and GP practices.

Contacting the LMC

Please use our online enquiry form at https://www.glasgowlmc.co.uk/contact-us/.
Do not send patient identifiable information, including names, dates of birth, addresses or CHI numbers, either in the form, emails or attachments.

Wellbeing Resources

Pressures from workload, finances and patient demand can affect the wellbeing of GPs and practice teams. A range of confidential wellbeing and financial support is available:-
National Wellbeing Hub- https://wellbeinghub.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 Austin Nichol
Medical Director

Marco Florence
Policy Officer

Elaine McLaren
Administration Officer