



## December Newsletter

### LMC Conference

At the end of November we attended the Scottish LMC conference. This was the first under new SGPC leadership and it sent a bold and unambiguous statement about the need to change direction and the strength of our resolve.

The results of the BMA pay survey showed 86% felt the uplift was not enough and 65% were prepared to consider industrial action. This was robustly supported by conference with many motions being passed that echoed this message.

Neil Gray announced an additional investment of £13.6 million into General Practice the details of which will follow soon. This was welcomed as a move in the right direction but did little to dampen the impressive and passionate mood of conference.

The timing and form of potential industrial action was not explored at conference, but discussions have already begun in other arenas including SGPC and more details will be shared in the months ahead.



### District Nurse referrals

Changes have been made to the way we will refer to District nurses from January 2025. Details have already been circulated to practices about the new pathway. The primary reason for this was to create a standard process with a clear audit trail. The long term aspiration is for this to be done via a SCI Gateway form but until that is developed an intermediate e-mail system has been agreed that includes basic patient details, the urgency, and nature of the request. Attaching a summary sheet is requested but is not mandatory.

None of this precludes us from speaking to our District nursing colleagues but requests should be followed up by an email referral. While any additional workload remains a concern the argument in favour of a clear audit trail was compelling and this intermediate arrangement represents a far less burdensome ask than the original proposal. Some of you may have seen a huge form for District nurse referral. That is for secondary care and what this system avoids for GP's.

### Vision in administration

Some of you may be aware that INPS who supplies Vision has gone into administration. Given our reliance on these systems this is clearly a source of huge concern across Scotland. There is no immediate threat to the systems at a practice level and there are existing contingency measures in place. Intensive efforts are already underway to find a solution and no action is needed from practices at this time.

## Enhanced Services

The 2025/26 enhanced services have been shared with the GP Subcommittee and were discussed in our December meeting. We acknowledge and appreciate the efforts made by PCCO to protect the enhanced service budget in the face of widespread NHS Lothian cuts. There are positives within the services but disappointingly this is offset by a number of significant negatives.

We are in discussions with PCCO and will provide some commentary and opinion for practices once this has been concluded.

## Private Providers

The office is receiving many emails about the interface between private providers and practices. Much of this is currently about the prescription of ADHD and weight loss medication but is likely to expand. We are also aware of examples of harm caused by the current approach taken by some within the private sector.

We are writing a document summarising the current advice on this topic and hope to release it alongside some imminent Lothian guidance.

### BMA SAFE WORKLOAD CASE STUDY

I am delighted to share a practice amended adaptation of the BMA safe workload guidance that I deploy on a daily basis at my practice. At 4pm every day the following message is read and texted to all patients that call requesting a message or phone- call with the duty doctor:

"Our duty doctor is extremely busy dealing with patients with urgent medical issues, they are triaging all calls and prioritising those with urgent clinical needs. This may mean that they are unable to call you back today. If you have not heard from the practice by 6pm this evening and you feel your problem needs urgent medical attention, please call 111 to be seen by Out of Hours. Please don't call 111 before 6pm and if your problem can wait until tomorrow, please phone the practice back from 8:00 in the morning".

This message provides an additional level of patient safety whilst enabling the duty doctor to triage to a higher degree. All patients are still asked the usual duty doctor triage questions by reception of 1) what your concern is 2) how long it has been going on for 3) what you are expecting from the GP today. However this allows the duty doctor to actively seek out the sickest with the comfort of knowing that all patients have been fully safety netted if they are unable to reach the patient by 6pm.

This has not only significantly eased the stress of the afternoon duty doctor from frantically trying to ring all patients and calling well passed closing time where the ability to help/assess patients is more restricted, but it also allows the duty doctor to use their clinical discretion as to who needs an urgent assessment that evening. Furthermore there is the flexibility to deploy that message earlier in the day if workload is clearly outstripping safe working capacity.

There has been no clinical significant event as a result of this, there has been no push back from patients and in truth it has deferred patient's phoning late in the day demanding to be seen, and our urgent care and out of hour colleagues have not reported any inappropriate workload shift to them as a result.