**November 2021 - Update**

**BMA Scottish GP Committee and LMC Update**



# BMA Scottish GP Committee (SGPC) Update:

## **BMA SGPC Meeting – 28 October 2021**

Vaccinations Update

Following negotiation with Scottish Government, regulations were approved by the Scottish Parliament and are now in force.

Removing the vaccination and childhood vaccination additional services from regulations. The regulations are available online via: [legislation.gov.uk/ssi/2021/302/contents/made](https://www.legislation.gov.uk/ssi/2021/302/contents/made).

[Guidance to Health Boards to serve notices to practices to continue to deliver vaccinations](https://www.sehd.scot.nhs.uk/pca/PCA2021(M)10.pdf) deadline for rural flexiblity and options appraisal issued on 28 September 2021. Boards will serve notices on practices under paragraph 33A of the updated regulations to continue providing vaccinations until April 2022, but will be prevented from issuing notices for the period beyond this until transitionary service arrangements are agreed between the BMA and Scottish Government.

[COVID-19 Vaccination Directed Enhanced Service](https://www.sehd.scot.nhs.uk/pca/PCA2021(M)09.pdf) issued on 16 September 2021

BMA Scottish GPC Meeting – 28 October

The BMA Scottish GP Committee (SGPC) had its first meeting of session on 28 October 2021 which discussed the National Care Service Consultation; the announcement of elections for SGPC deputy chair and SGPC Executive positions; BMA Scotland GP Pay Survey Result; Pharmacotherapy Strategic Implementation Group reports; Vaccinations and Contractual matters.

The committee again discussed local rollout of the Redesign of Urgent Care work, the future of COVID-19 and respiratory pathways and received various reports on Sessional GP and GP Trainee issues. SGPC also heard updates on IT, GP Wellbeing, GP medical appraisal and pensions.

## **Negotiating Issues and Contracts**

Pharmacotherapy Update  
The Pharmacotherapy Strategic Implementation Group had its third meeting with two SGPC representatives and Andrew Cowie as co-deputy chair on the group. Their remit is to describe the different professional roles within the pharmacotherapy service; to describe the outcome measures and the different processes (eg acutes, permissible repeats, reconciliation, and medication reconciliation) and report to the National GMS Oversight Group.

BMA SGPC and Scottish Government – Joint Statement

The BMA Scottish GPC Chair and Cabinet Secretary for Health and Social Care issued a [Joint Statement to General Practice](https://www.sehd.scot.nhs.uk/publications/DC20211005BMASG.pdf) on 05 October 2021 to thank and acknowledge General Practice and to clarify the joint position on supporting General Practice through Autumn and Winter. The chair additionally published a blog to further provide clarification on the letter: [GP Update:BMA Scotland Joint letter with Scottish Government](file:///C:\Users\ndunsire\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\MELYV1RQ\bmascotland.home.blog\2021\10\06\gp-update-bma-joint-letter-with-scottish-government\)

Transitionary Services Arrangements Update

BMA Scottish GPC and Scottish Government are in negotiation on the transitionary service arrangements for Pharmacotherapy, CTACS (Community Treatment and Care Services) and Vaccinations which both BMA SGPC and Scottish Government had committed to in the [joint letter – GMS contract Update for 2021/22 and beyond](https://www.sehd.scot.nhs.uk/publications/DC20201203GMS_Contract.pdf) issued last December 2020. These will see practices begin to temporarily receive additional resources as a result of the commitments of the 2018 GMS contract not yet having been fully delivered.

Remote or Rural GP Practices that will be continuing long-term delivery after 1/4/22 of one or more MoU services that would otherwise have transferred to the health board (for additional funding) will require an options appraisal to be completed by HSCPs and share with the National GMS Oversight Group by 31 December 2021 as noted in [PCA(M)(2021)10: Guidance to Health Boards to Serve Notice to Practices to Continue to Deliver Vaccinations and Deadline For Rural Flexibility And Options Appraisal](https://www.sehd.scot.nhs.uk/pca/PCA2021(M)10.pdf).

## **BMA Pensions Update**

### Pensions Update The BMA Pensions Committee is currently continuing to meet and negotiate on matters, with consultation of tiered contribution rates being a current priority. The BMA’s priority in these discussions is to secure changes to the number of tiers, so that the burden of the NHS pension scheme no longer falls so heavily on doctors.

**Primary Care/ GP Workforce**

BMA Scotland GP Survey – GP Access/ Vacancies/ Abuse  
The BMA Scotland GP survey received 375 responses (41% of the total in Scotland), covering 2,592,804 registered patients (45% of the total across Scotland). The survey was distributed to GP practices via LMCs to capture the extent of the pressure on GP practices, the true picture of in person appointments and issues such as vacancies and abuse of GPs and their teams. The results will also be used for discussion with Scottish Government and be used in BMA press and media work. The chair has published a [blog](https://bmascotland.home.blog/2021/11/05/renewed-focus-needed-on-increasing-gp-numbers/) regarding the results.

In the week from 4th-8th Oct 2021 there were a total of 221,420 appointments completed in the practices surveyed, across in person, telephone and video. If the same rate of consultations to number of patients was applied to the practice lists for those that did not participate in the survey, then more than 500,000 appointments would have been held in a single week in general practice which is the equivalent of around 10% of the Scottish population. 83% of practices said demand was exceeding capacity with 42% stating demand substantially exceeding capacity, and only 4% said capacity was exceeding demand. 88% of practices said a member of staff had been subjected to verbal or physical abuse in the last month, with 78% stating it had worsened since May. 28% of practices reported a vacancy of one or more GPs emphasising the importance of the pledge of 800 additional GPs by 2027. SGPC would like to reiterate its thanks to all practices who were able to participate at this incredibly busy time and to LMCs for their efforts in distributing it.  
  
[General Practice Workforce Survey 2019 Report](https://www.publichealthscotland.scot/publications/general-practice-workforce-survey/general-practice-workforce-survey-2019/)   
The General Practice Workforce Report was published on 26 October 2021 by Public Health Scotland which data collected pre-pandemic. The survey indicates a small increase in the number of WTE GPs between 2017 and 2019 (from 3,520 to 3,613) based on 8 sessions per week being one WTE, however almost a third of all practices which responded reported a vacancy of at least one GP. The data also suggests that GP numbers in 2019 (4,400 headcount) were on par with 2013 (4,394 headcount), an indication that recruitment of more GPs in Scotland, is still a challenge despite the pledge of an additional 800 GPs by 2027. Up to date data is required to reflect current GP workforce numbers and staff, the next workforce survey is scheduled for April 2022.

## **GP Wellbeing**

### GP and Staff Wellbeing Resources – [Workforce Specialist Service](https://www.practitionerhealth.nhs.uk/accessing-the-service-in-scotland)

The Workforce Specialist Service has been offering advice and support for regulated professionals working across the NHS and social care sectors.

A reminder that if you or a colleague would benefit from access to the Workforce Specialist Service, you can find full details of this service [**here**](https://www.practitionerhealth.nhs.uk/accessing-the-service-in-scotland). If you do need to use it, please complete both the registration forms and wellbeing questionnaires available [**HERE**](https://www.smartsurvey.co.uk/s/NHS_SWSS/) – it is essential that you complete both sets of forms to register for the service and ensure you are provided with the support you need. If you have any difficulties accessing or completing the forms or would prefer to speak to someone in the service, please call **0300 0303 300,  
(Mon– Fri 8am-8pm, Sat 8-2pm).**

£2 million package to support wellbeing and mental health of primary and social care workforce

On 27 June, the Cabinet Secretary outlined an £8 million package to support the wellbeing and mental health of the health and social work /social care workforces. £2million of the sum has been directed to provide evidence-based support to meet the needs of people working in primary care and social care in responding the pandemic. Funding allocation of this sum for 2021-22 were made based on NRAC and were sent to Integration Authority Chief Officers on 06 October 2021.

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## **National Care Service Consultation**

### National Care Service Consultation

The Scottish Government launched a [consultation](https://www.gov.scot/publications/national-care-service-scotland-consultation/) on proposals for a National Care Service for Scotland on 9 August 2021 which closed on 2 November 2021. BMA Scotland’s response is available [here](https://www.bma.org.uk/media/4746/bma-scotland-response-to-ncs-consultation-nov2021.pdf).  
The main area of concern for GPs which is also the main focus of the BMA Scotland response is recommendation 17 which proposes that “*IJBs* [which would be reformed to CHSCBs (Community Health and Social Care Boards)] *should manage GPs’ contractual arrangements whether independent contractors or directly employed…”.* The proposal includes that the CHSCB would take responsibilities to commission and procure range of health services wider than what is currently delegated to IJBs and consider distribution formulas for direct allocation of budgets to territorial boards.

The BMA SGPC discussed recommendation 17 at the August and October SGPC meeting highlighting the risks that the proposal will separate GPs from the National Health Service, causing potential underfunding of general practice, impacting on the recruitment and retention and attractiveness of general practice as a career option, and damaging the morale of GPs and its parity with acute care which risks an exodus of the profession. This concern is shared amongst BMA GP members and is also recognised by BMA secondary care doctor members alike that the change of having GPs within the National Care Service will destabilise the NHS.

The separation of GP from the NHS will also negatively affect the current relationships built between primary care and secondary care and the interface and collaborative working to improve patient pathways and continuity of care.

The proposal is in conflict with the 2018 GMS contract agreed between BMA SGPC and Scottish Government with outcome being improving the attractiveness of the GP specialty through clinical leadership of MDT, and more time to work as Expert Medical Generalists to encourage recruitment and retention. CHSCB ‘s managing GP contracts is not an attractive proposal and damages the attractiveness of GP as a profession.

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## **Information Management and Technology**

### Scottish Joint GP IT Group

The thirteenth meeting of the Scottish Joint GP IT Group was held on 29 September, with discussions on the [Primary Care Digital IT letter 2021-22](https://www.sehd.scot.nhs.uk/publications/primary_care_digital_improvement_2021-22.pdf) issued on 13 July 2021; a review of the terms of reference of SJGPITG; the Digital Asynchronous Consulting Solutions (DACS) Steering Group and COVID-19 certification (passports).  
The SJGPITG also heard updates from NHS Education for Scotland -National Digital Services (NDS), Scottish National Users Group (SNUG), Systematised Nomenclature of Medicine – Clinical Terms (SNOMED-CT), and Primary Care Informatics (new SCIMP).

**LMC Update:** **For information**

Scottish LMC Conference: 3 December 2021   
The agenda committee met on 21 October to discuss the finer details and arrangements for conference which would be held virtually via MS Teams with a voting app for motions which include motions on contracts and negotiations, public messaging, healthcare planning and provision, government policy, environmental and various others.

Speaker slips should be submitted for motion speakers with additional speaker slips for SGPC negotiator questions which will allow delegates to ask their own questions to the BMA SGPC negotiators.

The cabinet secretary for health and social care, Mr Humza Yousaf MSP is attending from 09.45. LMC secretaries have been contacted once more to collate and prioritise questions to send to: [slmc.conference@bma.org.uk](mailto:slmc.conference@bma.org.uk). The questions will be asked by the chair of conference, deputy chair or by members of the agenda committee on behalf of delegates.

Online elections will again be run alongside conference on the BMA Online Elections system via STV for the 2022 Agenda Committee positions. As in previous years the new representative/ refresher online training session will be run again. There will be no MS Teams drop-in sessions, these will instead be offered by request to secretariat.

COVID Vaccine Certification: Advice to General Practitioners on Medical Exemption  
The CMO, Dr Gregor Smith issued a communication to GPs on 27 October to inform that the domestic certification scheme came into effect on 1 October and that GPs and their teams will not be involved in the issuance of vaccination certification exemption certificates with an attached poster that could be displayed in GP practices with a note to call the free NHS COVID helpline – **0808 196 8565.**

### BMA Scottish GP Committee, Deputy Chair and SGPC Executive Elections

The **deputy chair and SGPC executive** elections have concluded. I am pleased to announce that Dr Patricia Moultrie and Dr Andrew Cowie has been elected uncontested as joint deputy chairs and Doctors Chris Black, John Ip, Iain Kennedy, Iain Morrison, Tyra Smyth have been elected to our SGPC Executive subcommittee for session (2021-2022).

GP Trainees Committee Regional Elections (2021-23)  
The GP trainee committee is holding elections for a two-session term for Scotland (North) and Scotland (West).

* Scotland (North) - North of Scotland GP Training Programmes (covering NHS Grampian, Highland, Orkney, Shetland, Western Isles)
* Scotland (West) - West of Scotland GP Training Programmes (covering NHS Greater Glasgow and Clyde, Forth Valley, Ayrshire and Arran, Dumfries and Galloway, Lanarkshire)

Eligibility criteria is noted online. We would be grateful if you could share this amongst GP Trainees.   
Further details are available on the [BMA GP Trainees Committee webpage](https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/gp-trainees-committee).

GP Trainee Survey   
The GP Trainees Committee launched a wide-ranging survey on 25 October which aims to capture the views of GP Trainees on the current state of training, impact of COVID-19, and future career plans post CCT. We have been informed that GP Trainees need not be a BMA member to complete the survey. We would be grateful if you could help to promote this by sharing this amongst any GP trainees and junior doctors to encourage a response. Please find the link to the survey here: <https://www.research.net/r/GPTsurvey2021>

***BMA GP Trainees Committee***

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## Join us in fighting against rising oral cancer in Scotland Scotland has seen an increase in the incidence of oral and oropharyngeal (throat) cancers in the last 30 years with rates significantly higher in Scotland than the UK average. There are stark inequalities associated with mouth cancer, with both incidence and mortality both over twice as high in people in the most deprived areas of Scotland. Over two thirds of head and neck cancers in Scotland are mouth cancer and oropharyngeal cancer – which are often first spotted by dentists during routine check-ups.  Early detection improves the survival and quality of life of those diagnosed with the disease. Survival can be improved from 50% to 90%. We are encouraging you to join with the British Dental Association by raising awareness among your patients and encouraging them to visit the dentist promptly if they have any symptoms.

At the BDA, we know that dentists play a vital role in detecting oral cancers. We published an [Oral Cancer Action Plan](https://protect-eu.mimecast.com/s/IyVoCmy55FjJ1P8tGs6tU?domain=bda.org) in 2018 which set out the key trends in oral cancer, including incidence, mortality and estimated costs, and is structured around three key themes: prevention, early detection and joined-up services. It also contains a number of recommendations for the Scottish Government and NHS Boards.

Please also read our [factsheet](https://protect-eu.mimecast.com/s/uHMSCnO11h7Ol3gtJbQXk?domain=bda.org) which outlines some of the key definitions, epidemiology, risk factors and prevention measures, and visit the [oral cancer section on our website](https://protect-eu.mimecast.com/s/zOSHCoy11FrqlP5sVkAxl?domain=bda.org). Information for patients is also available from the [Oral Health Foundation](https://protect-eu.mimecast.com/s/zHQ6Cp211tnMQOqfGR4lx?domain=dentalhealth.org).

## ***Announcement from BDA Scotland***

### LMC and GP Subcommittee Board Visits

Due to the impact of COVID-19 the negotiating team have postponed all physical future visits. The negotiating team are however attending virtual meetings. If it would be helpful to meet with the negotiating team virtually please do get in touch.

## **Contact us and follow our work**

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| |  |  |  | | --- | --- | --- | | **Our BMA Scottish GP Committee (SGPC) Negotiating Team** | | | |  |  | C:\Users\patricia\Pictures\.jpg | | ***Dr Andrew Cowie***  ***Deputy Chair, SGPC*** | ***Dr Andrew Buist***  ***Chair, SGPC*** | ***Dr Patricia Moultrie***  ***Deputy Chair, SGPC*** |   **Any emails for the** **BMA Scottish GP Committee negotiating team should be submitted to** [info.gpscotland@bma.org.uk](mailto:info.gpscotland@bma.org.uk) **Your ideas about achievable measures to reduce pressure on general practice are always welcome.  We can’t respond to every email, but all emails are read and considered by the team.** |

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### Blogs from our negotiating team:

* [Renewed focus needed on increasing GP numbers](https://bmascotland.home.blog/2021/11/05/renewed-focus-needed-on-increasing-gp-numbers/) – 05 November 2021
* [GP update: BMA Scotland joint letter with Scottish Government](https://bmascotland.home.blog/2021/10/06/gp-update-bma-joint-letter-with-scottish-government/) – 06 October 2021
* [The reality of GP pressures -Dr Andrew Buist Q&A](https://bmascotland.home.blog/2021/09/24/the-reality-of-gp-pressures-dr-andrew-buist-qa/) – 24 September 2021
* [Trust us to do our jobs](https://bmascotland.home.blog/2021/09/22/trust-us-to-do-our-jobs/) – 12 September 2021

### Follow the work of the BMA online:

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| Blog:  <https://bmascotland.home.blog/> | Twitter: [**@BMAScotland**](https://twitter.com/BMAScotland)  <https://twitter.com/BMAScotland> |
| Facebook: <https://www.facebook.com/bmascotland> | Instagram:  <https://www.instagram.com/bmascotland> |

**LMCs are reminded they can contact Andrea Ma, BMA SGPC secretariat for more details (**[ama@bma.org.uk](mailto:ama@bma.org.uk)**).**

**BMA Wellbeing Support Services:** **0330 123 1245** | [bma.org.uk/wellbeingsupport](http://www.bma.org.uk/wellbeingsupport) | [@BMAwellbeing](https://twitter.com/bmawellbeing)  
Our counselling service is open 24/7 to all doctors and medical students (regardless of BMA membership), plus their partners and dependents, and is confidential and free of charge.

### **Workforce Specialist Service:** [practitionerhealth.nhs.uk/accessing-the-service-in-scotland](https://www.practitionerhealth.nhs.uk/accessing-the-service-in-scotland)

Delivered by NHS Practitioner Health, the Workforce Specialist Service is a confidential mental health service for all regulated professionals working in health and social work/social care sectors in Scotland.

**National Wellbeing Hub:** **0800 111 4191** | [wellbeinghub.scot](https://wellbeinghub.scot/)   
broad range of advice and evidence-based digital resources to help staff cope with issues such as stress, anxiety and resilience, and improve sleep. The helpline also provides confidential emotional and psychological support for Scottish staff working in health and social care.