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REPORT TO MORGANNWG LMC 12th May 2020

1. COMMUNICATION CHANNELS

To keep up with rapidly changing circumstances during Covid Period, Local Medical Committee (LMC) Chair and Medical Secretary are attending weekly Clinical Leadership Meetings (Cluster Leads & Health Board Personnel Present).

The LMC has asked for 2 weekly virtual meetings with Swansea Bay University (SBU) Health Board (HB) to ensure that any new process or project affecting Primary Care has input from the LMC. The LMC also intends to set up regular meetings with Secondary Care Consultants and Cluster Leads to discuss best management of issues related to Primary/Secondary Care Interface. The LMC will continue to attend Cluster Meetings which are currently held virtually.

LMC Exec meetings and full LMC meetings will continue to be held virtually until the social distancing measures are sufficiently lifted.

NEW PROCESSES, LOCAL DEVELOPMENTS/ CONCERNS

2.PROCESS FOR ACCESSING URGENT PALLIATIVE CARE MEDICATION IN THE COMMUNITY DURING THE COVID (FINAL) (GP AND COMMUNITY PHARMACIST): The LMC is currently working with the HB in developing this. This was proposed by HB as necessary due to anticipated increased number of end of life patients and shortage of palliative medication in the community. The LMC has agreed to the following process. The document is likely to come out in the week of 11th May 2020.

- Medicine Management Team will provide updates to Practice Managers whenever there is any supply shortage in palliative medicine in level 3 pharmacies
- Level 3 pharmacies will regularly update their stock levels and they will receive priority for stock top up. If there is significant national shortage, stock will be centralised at Murryston Hub. This would be an exceptional circumstance.
- GP will prescribe and issue palliative care medicine script after checking medicine shortage list provided by Medicine Management Team.
- GP will call a level 3 pharmacy (One which is most practical to the patient) by using emergency pharma phone number and check that medicine is available and amend the script if needed.
- GP will provide the pharmacist with the name and phone number of the person who is collecting the medicine.
- GP will also provide the pharmacist a number for the practice in case the pharmacist needs to ring back for any further changes.

- GP will write up a palliative care medicine sheet. Carer or DN (or a volunteer person) will be provided with the script and medicine sheet.
- Level 3 pharmacist will ring the person collecting the medicine to make arrangements regarding opening hours, which entrance to come to, who is coming, what to bring, when to come
- Level 3 pharmacist will contact the hub if they do not have medicine in stock (It should not be happening if all of the above steps have been followed). Hub pharmacist can contact the GP if a script change is needed (again these should not be happening if the above steps were all followed)

3.DEMENTIA DRUG PRESCRIBING BY PRIMARY CARE: Secondary care would like SBUHB GPs to take over Dementia Medication Prescribing, without remuneration. The reasons given were NICE recommendation, SBU Practices being out of line with other Welsh Practices, no monitoring requirements for these drugs and the drugs not being on repeat affecting patient safety. Our argument is that Dementia drugs have always been on patients' repeat medication list as hospital prescribed drugs and all drug interactions are accounted for. NICE is a guidance and not a contractual requirement. Dementia drugs are still speciality drugs that GPs have little expertise in monitoring the side effects, adjusting the dosage or stopping medication. It is not true that there is no monitoring required. All drugs, as per basic pharmacology principles, require review and adjustment as per renal function, liver function, age, weight. If the mental health team has not been doing these and prescribing drugs to Dementia patients, it is worrying. If GPs were to issue the script, we would be fulfilling all these requirements and this needs to be remunerated.

4.COMMUNICATION WITH PHARMACY, SECONDARY CARE, and COMMUNITY NURSES: An email regarding this will come out in the week of 11th May 2020.

Consultant Connect app for primary care to communicate directly with secondary care has been launched and this has been quite useful in seeking advice from secondary care. HB has bought mobile phones for pharmacies via the HB contract to provide emergency numbers to pharmacies that Practices can have direct access.

The HB enquired if GP Practices would consider to do the same, which the LMC has agreed. This dedicated phone line number is to be given out to select group of people who needs urgent access to GP surgery (District Nurses, WAST, Consultant Secretaries, Pharmacies, Care Homes). The phones will be provided by HB and these will be on monthly rolling contract and these are funded by HB only for the pandemic.

The LMC has advised the HB to make these facts clear to the Practices and the LMC has not agreed for any time limit in responding these phones. The LMC has advised the HB that if this pilot was successful, the HB should continue to fund it in the future.

5.VERIFICATION OF DEATH: SBU HB has set up a local hub where GPs can ring to request verification of death by a health professional and the information is communicated via telephone for GP to proceed with death certification or to inform the coroner. This service seems to be working quite well.

Morgannwg LMC has forwarded the new BMA guidance for remote verification to the local coroner office. The reason for this was to cover the eventuality that the hub may become very busy if care home deaths or community deaths increase. Remote verification procedure if agreed, would save health professionals' time.

SBU HB and Morgannwg LMC have also worked out a "verification of death policy for care home staff" and an online training programme. The uptake had been slow at the start but a few Care Home nurses have done this. The programme is rather straight forward. Poor take up was mainly due to care home staff shortages.

6.HUBS: Most Practices have joined cluster hubs for covid-19 patient assessment. There are Practices in Swansea and Neath areas that are providing this service individually. The LMC is supporting both types of service provision. LMC Exec team have advised the Swansea Bay University (SBU) Health Board (HB) during the development of Covid Hub/ Practice check list. The LMC have sought reassurance from HB that this was an aide memoire and not an assessment standard. Current footfall at the hubs has not been very significant as per report from Cluster Leads.

7.VIRTUAL WARDS: SBU HB is promoting Virtual Hubs. This model is expected to work in looking after step down patients from Hospital (Bay Studio) ill patients in the community, palliative care patients, house bounds and care home patients, the. The idea mainly includes a virtual meeting where multi-disciplinary teams (DN, Social Services, Palliative Care Team, OT, and Physiotherapy) will sit throughout the whole of the virtual meeting and GPs from each Practice will present cases in turn.

Cluster leads have been asked by HB to submit projects. Heather Potter and her Cluster have already started this work. Other Clusters have been less keen, mainly due to concerns over practicality of obtaining multidisciplinary team support. The LMC is keeping a close eye to ensure that multidisciplinary support is facilitated by SBUHB as promised.

8.FIELD HOSPITALS: The LMC has reservation over the need for these. SBU HB has two field hospitals ready to become operational. Intermediate Care (Llandarcy Academy) and Re-enablement Hospital (Bay Studio). Llandarcy Academy is for intermediate care, mainly for the step down of patients who are a few days away from discharge and off oxygen for 48 hours. They may still be on IVs, and they may need blood monitoring. There will be oxygen and CXR facilities. People from home, if they deteriorate, may be admitted there, but most patients are supposed to be staying at home with Acute Response Team and Virtual Ward measures. Admissions to Field hospitals will exclude Dementia, Mental Health, Nursing, pregnant in last trimester and under 18s. There are 3 bays (59 acute beds, 240 less acute and 18 palliative beds) available.

We have been told that the HB has been approaching experienced GPs for volunteers, and the job will be advertised to GPs on the locum register. The model explained, has 2 elderly care / Intermediate care consultants overseeing it and the HB plans to employ 2 GPs to run the place (6-hour day time shifts and 12-hour night shifts) under contract, with death in service and holiday entitlements. There is a national contract for employment which SBU HB is planning to use. Doctors who have expressed interest have been offered to visit Llandarcy Academy for Induction Days.

Bay studio is in a different format with several re-enablement beds, mainly for those patients who are medically fit for discharge but waiting for social care, physiotherapy and OT etc. The HB is looking at a cluster led virtual hub style management.

9. BANK HOLIDAY DES: There was good uptake over the Easter Holiday. Sudden closure of Central Hub (Pilot Hub set up by HB to develop a cluster hub model) before the Bank Holiday caused a stir as cluster hubs had not been functional yet and Practices were not informed of this change by the HB. It was down to the cluster leads to inform the Practices which did not happen. The LMC informed Practices prior to the Bank Holiday so that they took on the Bank Holiday opening DES with the knowledge of unavailability of Central Hub and requirements for deep cleaning during Bank Holiday, if needed.

111's refusal to re-direct patients to Practices and the delay in changing the HB instigated phone message advising 111 caused some issues around patients ending up in the out of hours list, who then had to re-direct patients to their Practices that were open during Bank Holiday. Some Practices did not arrange telephone diversion procedures in time (DES coming out late did not help matters). These issues have been addressed and HB and LMC have jointly issued a new telephone message and reminders were sent out prior to May Bank Holiday.

Data collection sheet was resisted by Morgannwg LMC on Easter Bank Holiday as it was a DES with no extra requirements. May Bank Holiday Enhance Service, however, allowed the HB to add in conditions and the LMC agreed for data collection which was not excessive.

10. IT: Most Practices have moved on to email access measures and new phone installations to become eligible for Access Standards. SBU HB facilitated the Ask My GP platform through the transformation fund for clusters & some Practices are using e-consult. Most Practices are likely to have fulfilled all of Welsh Access Standards by now. Some Practices could not manage to initiate installation of new telephone systems due to Covid Crisis. LMC advice to these practices is to explain the mitigating circumstances on filling out the access questionnaire and to continue working towards meeting the Access Standards.

NWIS support during this crisis and supported the Practices with remote access measures (NWIS desktop) and Attend Anywhere (video consultation platform). Practices are still waiting for remote access laptops. These laptops apparently do not work if too many people try to work from home. The NWIS desktop will work better than remote access laptops in this scenario.

11. Flu vaccine orders: The HB has sent out an email, advising Practices to change their orders to suit the PGDs written by HB. The LMC has advised Practices of their right to order appropriate vaccines as per WHC and they are allowed to write their own PGD which is not a very difficult task.

12. CONCERNS/ ISSUES

(a). FUNDING: HB has advised Cluster leads that Transformation Funds could be used to set up Virtual Wards. The LMC has questioned the practicality of Transformation Funds getting approved for Virtual Ward purposes. Transformation Fund process has not been very transparent from the start and approval

process has been very complicated prior to Covid. HB believes that this process will be different during Covid period.

Clusters were initially advised that Practices could be allocated with Covid Fund out of Cluster Budget for Covid related expenses. This, however, has not materialised yet with little explanation for delay in reimbursement. The LMC is concerned that Primary Care Funds can become depleted due to Covid related work and work shift from secondary care. This concern has been raised with General Practitioners Council (GPC) Wales.

(b). WELL BABY CLINIC RELATED CONCERNS: The LMC has received a number of concerns in relation to restrictions imposed on Health Visitors, regarding monitoring weight and head circumference, which may result in a delay of identifying pathology particularly amongst the most vulnerable group. In addition the reduction in number of face to face contacts may lead to postnatal depression not being recognised as well as potential safeguarding concerns. This was raised with Unit Nurse Director.

The LMC was advised that social distancing was the advised guidance but the measurements and visits were offered to those children and families in concern. Measurements related to 6 weeks checks were considered as responsibility of GP Practices. Going forward, Health Visiting team would be able to provide visits and measurements due to increased availability of protective equipment. The LMC was advised that some Practices did not want Health Visiting Services due to concerns over footfall. The LMC will discuss further with Practices and other LMCs regarding HV services and 6 week checks.

(c.) SHIELDING LETTERS: Secondary Care Consultants and patients have been asking for GPs to issue letters and MPs have joined in, to make matters worse. It has been an extra workload for GPs. In addition, patients had to wait until the data was added to the portal with WG approval. The whole thing has been a very vague, complicated and time-consuming process which disadvantaged patients, and took up valuable GP time. This concern has been raised with GPC.

(d) GENERAL PRACTICE WORK LOAD, EXPENSES AND WORKFORCE: LMC is refuting the assumptions and statements made by other sectors that General Practice workload has been quiet. This has been steady and manageable, mainly due to remote working measures introduced which allowed Practices to cut out unnecessary demands. Work should pick up significantly once the Virtual Wards and Bay Studio Field Hospital work, come in.

There has been a reduction in workforce due to illnesses, shielding and self-isolation. Practices are still paying for absent staff and overtime, in addition to expenses for social distancing measures in waiting and reception areas, door systems, phone systems to allow recording of mobile phones and remote IT measures. The LMC has raised this with GPC Wales to lobby the Welsh Government for a Covid Fund for General Practice.

Sandar Hlaing
Chair, Morgannwg LMC

