



MORGANNWG LMC NEWSLETTER : JUNE 2018

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Dear All,

With GP practices under immense pressure, the recent GMS contract announcement came as a welcome boost to beleaguered colleagues. The slimmed down QOF, the indemnity rise adjustment and the pay increase pending DDRB recommendations all post a welcome signal of intent to relieve the workload pressure and make GP an attractive career again. The proof of the pudding of course will be in next year's more fundamental changes, without which GMS has an uncertain future. We wish WG and GPCW well in their upcoming negotiations.

The relationship between Morgannwg LMC and ABMU has been difficult in recent years, but it was a welcome development to agree the LES for DOAC initiation and monitoring last month. Credit where it is due to Alastair Rooves and the team at the Primary Care Unit who were supportive of our case throughout. We are delighted that their argument has won over and the funding finally released by ABMU for GPs to take this work on. This is great news for patients who can finally look forward to a safe and convenient service in their practices.

Our position remains that **GPs are workload saturated** and our message to secondary care colleagues and the Health Board is that **no work can transfer out of hospital or other sectors to GPs without the proper resource or manpower to deliver that work**. We continue to raise matters of concern, particularly those that you raise with us. Many of these are around the hospital interface and rest assured we represent your interests with great force in order to improve patient care. We appreciate your help in flagging those concerns to the LMC – please keep raising your issues so we can help address them!

Feel free to get in touch via the office or personally – we are there to represent you.

Ian

1. GDPR

The new GDPR regulations came into force on 25th May, 2018. The main changes pertinent to GPs are around Subject Access Requests and the need to engage a Data Protection Officer (DPO). Paul Cundy the GPCUK IT lead has developed a superb blog which makes the GDPR understandable and contains loads of useful resources. I'd encourage you all to read it and use it for your own purposes. The 'Cundy Bundle' as we like to call it (!) is accessible here

https://www.dropbox.com/sh/h22kak6pxlt8ily/AAB4gAuHKib_MZ44Xi3AbAf4a?dl=0.

There are still discussions going on around Wales with GPCW & NWIS as well as locally with the Health board to try to find a sensible solution to the DPO issue for practices at an affordable cost. In the meantime, LMC advice is to read the blog, ensure you are happy with your in-house expertise and complete the Information Governance Toolkit as a practice. We will share any DPO updates with you as soon as we can.

2. Welsh GMS contract changes 2018/19

As outlined above, the recent contract announcement was a significant step in the right direction. Work is underway already nationally to deliver changes from 2019 onwards. A summary of the contract changes can be found here:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-wales/contract-agreement-wales>

There is a very comprehensive webinar available to watch, hosted by our very own Madam Chair, Dr Charlotte Jones, where she answers queries and gives more detail on the changes:

<https://register.gotowebinar.com/register/1731049506121213955>

Developments around the long-term solution on indemnity can be tracked at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=96345>

Please note that CM Web will be decommissioned from 30th June 2018 so make sure you export and retain any relevant QOF reports before that date.

3. DOAC LES

We have finally agreed a specification and costing that is fair to GPs. The agreement came into force from 1/4/18 and includes an 'item of service' type fee for monitoring, to accommodate the fact some patients need review more regularly. There is also the facility to backdate initiation counselling where practices have no evidence that patients have had their DOAC started safely elsewhere. The relevant checklists and documents are on COIN at the ABMU intranet and have been circulated. We hope take up will be universal and would encourage you to read the specification.

4. Diabetes DES/NES

As reported previously, ABMU have commissioned only the gateway DES module as they were legally obliged to do so. We were disappointed they decided against commissioning the other NES modules but we are currently working with ABMU to develop a pathway to a service that fits patient needs. There is a plan to trial the NES via 3 clusters in 2018 with rollout to all clusters by 2019. We welcome this commitment from ABMU and will continue to push for this change - they would be the only LHB in Wales to deliver the NES if it comes to fruition.

Worryingly, there has been a disappointing take up of the gateway module by practices with some put off by the complete misconception they were not accredited as they hadn't done the Swansea course! **This DES largely reflects what you all do already in your diabetic clinics. Claiming should remunerate for you for that holistic work you do with no need for extra training. Please look at the spec in your practices again and claim – I can't think of a practice in the area that shouldn't claim or wouldn't be eligible!!!!**

5. OOH

As we all know, the local OOH service has been under extreme staffing pressure and clinical work has been spilling over into daytime GMS. ABMU has taken significant steps to make remuneration packages more attractive for OOH GPs. It is also worth noting that the HB Unit Medical Director and OOH lead have been 'leading from the front' and working a significant number of shifts in order to maintain the service. We commend both these approaches and would urge you to look at the packages closely to consider whether you can contribute to OOH cover. We realise this is not for every GP, but there are opportunities with new ways of working, including remote triage shifts, which may mean you can reconsider your involvement. Please feel free to share anonymized examples where OOH pressures have affected in-hours work.

6. 'Patient knows best'

ABMU has unilaterally signed up to this trial of patient held records in some specialties at POWH. Whilst the concept is laudable, there are concerns over Clinical Governance and how this may adversely affect GP workload. Our advice remains that **GPs should NOT sign up if approached by your patients and need to monitor any increased workload created by this pilot by reporting it to the LMC.**

7. WCCG feedback

Initial issues around frankly inappropriate consultant feedback to GPs from WCCG referrals have been dealt with by clinical directors following our representations. Should this problem reappear please let us know. There are ongoing concerns about who is responsible for patient care when referrals are redirected for investigations by the consultant at the prioritisation stage – we are exploring these with the AMD and the hospital and hope to have resolution shortly.

8. Flu

As you are all no doubt aware, there are likely to be delays in supply of the adjuvant trivalent vaccine for the forthcoming flu season. Practices will have already ordered and will need to be aware and plan their clinics accordingly to the availability of the vaccines. WG has recently extended the Childhood flu campaign to include Primary years 5 & 6 (which will primarily affect GPs via the catch up programme) and extended the Flu Vaccination scheme to include care home staff. At present, the scheme only allows for community pharmacy vaccination but GPCW are pushing to allow GPs to vaccinate patients on their list who work in care homes to increase uptake further. The Flu outbreak DES remains in force also.

9. Discharge information/All Wales Communication standards

The '*Bete-noir*' of General Practice continues to consume our time and effort! Happily, since our patience ran out and we reported the issue to HIW in 2016, Hamish Laing the MD of ABMU has really engaged with secondary care to improve matters. Though there is still room for improvement, **performance is now at least twice as good as 2 years ago and continues to improve.** ABMU have a dashboard that allows monitoring of compliance by hospital teams and we continue to push ABMU hard

to maintain gains and improve further. HIW have also conducted a Wales wide thematic review of discharge information, which will be published shortly.

The recent Welsh Health Circular, which can be downloaded via the following link - <https://gov.wales/topics/health/publications/health/guidance/allwales/?lang=en>. has now been adopted by ABMU and this sets out the expectation for 2-way communication standards between primary and secondary care. Where there are instances where behaviour falls short of these standards, Alastair Roes has kindly developed a simple desktop reporting tool for monitoring compliance (http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?module=INC&form_id=15). Reporting will allow ABMU to quantify the issues and culprits, but will not trigger an investigation of an individual report - serious breaches of concern should still be raised directly with the individuals involved, copying the LMC in as necessary.

10. Community Nursing

Our colleagues in Community nursing continue to experience a staffing crisis and workload issues similar to ourselves in General Practice. Whilst we are very supportive of the individuals and teams, we continue to argue that geographical working and the effective breaking of direct relationships with GP surgeries has harmed patient care. We continually engage with ABMU and argue for positive change in this regard. The issue of nurses requiring MAR charts for community drug administration when a WP10 has been issued remains under discussion and we are trialing remote access to GP systems to see if it can resolve our issues. However, the advice remains that issuing a WP10 is the only legal requirement of a GP to allow a drug to be dispensed and administered. There is separate agreement to use alternative documentation for insulin and syringe drivers. Keep reporting issues where they arise.

11. Health Board Boundary Changes & the LMC

The Cabinet Secretary announced on 14th June 2018 that Bridgend County Borough would become part of Cwm Taf HB from April 2019. The news was expected but will have a major impact on health services throughout ABMU and Bridgend in particular, whilst there are also impacts on GP representation. Rest assured we are working closely with Bro Taf LMC and making sure that, come April 2019, we will together be able to effectively represent the interests of all Morgannwg GPs in our dealings with ABMU and Cwm Taf Health Boards. At present, there are no plans to re-structure the LMC in line with the health boards until we can assess any impact the change has. We are happy to hear your views on the matter.

12. Pathology Issues

We continue to press for the Vitamin D proforma to be withdrawn. What is clear from our discussions with the laboratory is that occasionally GPs can make their life difficult by not adding 3-point identification or sufficient clinical detail to the green request forms. This does risk non-processing of requests so it helps our argument over Vitamin D requests if we ensure all relevant identifiers and clinical details are completed on green request forms.

**If you require further information about any of the above please contact Dr
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