

MORGANNWG LMC NEWSLETTER : CHRISTMAS 2018



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Dear All,

Compliments of the festive season to you all!!! With the Christmas break nearly upon us (both days of it!) you will no doubt be flat out dealing with unprecedented levels of demand in your surgeries. Added to this is the daily 'aggravation' of having to get involved in things other professionals unilaterally decide to pass on to us, as well as the impact of delay and dysfunction in over-stretched NHS services, with you as GPs expected to fill the gaps in care.

The LMC is active behind the scenes trying to reduce the burden of unnecessary demands from Secondary care, Community colleagues, Outside agencies and other third parties on GPs, so we can get on with the vast tranche of work we are contracted to do and are best at doing. We frequently find that NHS colleagues have no concept of the pressures on our service or the impact that passing work to us has. 'Get the GP to do it...' can sometimes feel like the default position.

Rest assured, your elected representatives are regularly pointing out that unnecessary and ineffective transfer of work is both unsafe and inefficient for patients and GPs. Colleagues are often generally unaware of the unforeseen adverse impact a blood result or swab culture forwarded without a clinical handover can have, but it is thankfully very rare that behaviour doesn't change when this is pointed out. We are all working for the best interests of our patients after all!

If you have experienced such a transfer of work or a piece of general 'aggravation' that you think needs sorting out, pass it to us for advice and input... it's what we're there for! Feel free to get in touch via the office or personally – we are there to represent you. Have a very happy Christmas!

Ian

1. Community Nursing

This issue is probably our biggest area of concern at present. Pressure on our excellent but severely understaffed District Nursing colleagues is causing low morale, fractured relationships and deteriorating services to patients. We have made very strong representations to ABMU that the 'Hub' model of centralising community services has been detrimental to the GP-DN relationship which is key to good quality Primary Care and that it should be reconsidered. There is little prospect of this at present but we are working positively with ABMU to help shape and maintain an effective and functioning Community Nursing service going forward. If you've experienced any particular issues we'd be happy to raise them on your behalf.

2. Ambulance delays

Brendan Lloyd and Grayham Maclean from WAST attended our last LMC meeting and a frank discussion over the issues we face daily in accessing timely ambulance transfer for our sick patients was had. Your representatives clearly articulated some horrific tales of delay and the adverse impact this had on vulnerable patients and overstretched GP services. What is clear from the data is that the precious few ambulances we have in ABMU would be sufficient if they were available and not stationary outside hospitals along the M4 corridor with patients they can't offload. This transfers huge amounts of risk onto community services and places the public at risk. We find this **wholly unacceptable and have written to ABMU and Welsh government** urging them to adopt the policy from Cwm Taf whereby no delayed transfers are acceptable and ambulance delays are almost unheard of as a result. We will keep you posted on any changes that occur but would again welcome you sending anonymised examples of delays to the LMC office so we can illustrate the problem with real cases/stories.

There are things we as GPs can do to ensure we don't add pressure to the service by requesting ambulances when they aren't truly necessary. See attached a really useful aide memoire and advice on how and when to arrange an ambulance:

<https://www.morgannwglmc.org.uk/js/plugins/filemanager/files/WAST - Information for GPs and HCP.pdf>.

3. CAMHS/Mental Health

January's meeting will see the ABMU CAMHS team returning to discuss their service with the LMC. We hear regularly from GPs about ongoing deficiencies, particularly with accessing crisis services and in the timeliness of the CAMHS response. This often leaves GPs in the firing line from disgruntled patients and desperate families. CAMHS have told us they are aware of the negative rumblings from GPs about their service but are disappointed we can't show them real examples of how poor CAMHS responses can cause issues for patients and GPs alike. We have supplied them with some illustrative cases but I'm sure you have more **AND WE WOULD BE VERY HAPPY TO RECEIVE ANONYMISED EXAMPLES IN ADVANCE OF THE SECOND WEEK OF JANUARY** so that we can raise them at the meeting. It is the LMCs view that this cohort of vulnerable children and adolescents deserve better and more timely care and we will be communicating this to CAMHS but your help is needed to illustrate this.

Concerns about the Adult MH service in Neath/Port Talbot led to us meeting the service recently and their listening/ response has been very positive. We are working with them to improve access and to scope better joint working models, particularly around antipsychotic prescribing/monitoring. Any clinical concerns you have should be forwarded to Richard Maggs and Dermot Nolan who will investigate them further: Richard.Maggs@wales.nhs.uk Dermot.Nolan@wales.nhs.uk

4. DVLA concerns

We recently received concerns from GPs that the DVLA were signposting patients who contacted them to reapply for their driving licences to their GP before they could complete their application. GPs clearly have duties under Good Medical Practice around driving fitness and also a role in providing medical facts for DVLA fitness assessments, but such a directive is clearly new work and eats up valuable GP appointments. We raised this with the DVLA who assured us that they had not changed their working practices and were not circumventing existing procedures around fitness for licensing. If you have cases where you feel this is happening please let us know.

5. NWIS DPO

The GDPR regulations introduced in May made it a necessity for all data controllers (ie all GPs!) to engage a Data Protection Officer (DPO) to act as a point of contact for data subjects (patients!) and to provide expert advice on information governance and data protection to practices. GPCW and NWIS have brokered a very well thought out solution which is affordable. If you haven't signed up yet, your LMC would encourage you to do so. No DPO is not an option and the Information Commissioner would hold a dim view if you had a breach with no DPO. Keep referring to the 'Cundy Bundle' for GDPR information - it really is fab! Even I understand it!!!

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

6. National COPD audit

GPCW has been made aware that the national COPD audit, commissioned by the Royal College of Physicians, has changed so that the data extracted from practices (previously held within NWIS) will be held externally by a 3rd party organisation, namely Informatica. This is clearly an added information governance risk with GDPR and it is worth every practice reconsidering their position on whether to supply patient level data to this voluntary audit in the coming year. Practices may be liable for data losses under GDPR and fines can be levied by the ICO (see Cundy Bundle!) so careful thought and consideration is advised.

7. CMO advice

Several recent Welsh Health Circulars have been sent by the CMO to GP practices which have caused concern. Communications on Antibiotic prescribing, Transgender prescribing and another on Epipen shortages were sent out with specific advice for contractors included, which neither the LMC nor GPCW agreed with, as they potentially placed GPs in a vulnerable legal/regulatory position. We were not made aware of these WHCs prior to circulation. There were also concerns around the tone of the communications. This is disappointing but the advice previously issued by GPCW around these issues still stands and we hope that nationally a more collaborative approach can be found to ensure we get the best results for our patients. Let's hope lessons have been learned!

8. Flu

With flu levels starting to rise, it is hard to ignore the difficulties practices have faced in obtaining vaccine stock and in vaccinating their patients in a timely fashion this season. This is disappointing and the impact of the community pharmacy SLA is also being felt more acutely. The JCVI and CMO guidance for next year has also been circulated with 2 vaccines quoted which weren't licensed at the time of writing. The issue has been raised nationally and practices will have to reflect on their campaigns this year, digest the guidance and order accordingly. **We suggest you place sufficient orders to follow guidance but remain mindful of your margins and operational issues when doing so. We have warned the LHB that we are concerned that vaccination rates may drop** as the barriers and

disincentives for flu vaccination in primary care increase, but we hope that this effective public health measure can continue to be successful as it is all in our best interests.

9. Discharge information/All Wales Communication Standards

Improvements in discharge information rates have stalled of late. This is disappointing as ABMU have made over a 50% improvement in the numbers of eTOCs reaching practices since we reported them to HIW for this unacceptable risk. We will be raising this with the new Medical Director Dr Richard Evans again and we feel it is high time that some performance management of those who still feel that a clinical discharge is an 'optional extra' from hospital care is enacted. Many of our excellent hospital colleagues are diligent in producing timely, clear and informative discharge summaries and we commend them. Unfortunately they are still let down by a significant body that for whatever reason **still fail to meet the basic standards set in Good Medical Practice and the WHC on Communication standards**. This has always been the 'bete noir' of the LMC and we have devoted huge amounts of effort to change secondary care culture. It is by no means an issue exclusive to ABMU but we hear reports that junior colleagues are shocked to find a culture in ABMU where discharge communication is unimportant to some. **It's time that doctors behaved better and patients got safer care. Please report discharge information gaps and other breaches of the WHC using this simple reporting tool:** http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?module=INC&form_id=15

It takes 2-3minutes to complete and if we all reported every breach it would really get traction. Help us to help you!

10. Health Board Boundary Changes & the LMC

'Bridgexit' is nearly upon us! To date it's been less contentious than that other -exit!!!! We've been liaising with Cwm Taf and raising their awareness of issues in Bridgend that they need to prioritise come April 2019. Lots of the LMC functions are still provided by Bridgend elected members (including your chair!) and we will still be active and vocal about Swansea/NPT issues come April. We will be re-appraising the need to review the LMC boundaries in a year once the dust of reorganization has settled. The good news for Bridgend constituents is that initial working relationships with both Bro Taf LMC and Cwm Taf have been very positive to date. Let's hope it leads to positive developments on the ground.

11. Pathology Issues

The vitamin D requesting issue continues to vex and annoy GPs. We really think the form should be retired now (and hope you haven't been using it!) but we have worked with the lab to allay their fears over the requesting of vitamin D in primary care. We also have ongoing concerns about the process of unmatched results and how they require manual flagging to the lab to ensure they are not lost in the ether. If we can't solve it in a sensible fashion, as they are data breaches, it may be that we have to involve the ICO. We continue to press your case with the service and with NWIS.

12. LMC conferences

Your reps have been highly active in shaping GPCW policy with 22 motions submitted and excellent debate held. We will be sending delegates to the national conference in Belfast in March to push for UK policy changes - if you have any ideas for how you want policy shaped, let us know and we can draft a motion on your behalf. Send your ideas to the LMC office and we'll turn your thoughts into a motion for debate. Who knows, your idea might become GPC policy and even become a contractual or service change one day. It does happen, so **get involved!**

13. GPDF

The GPDF is a national fund set up by GPs and managed by LMCs which funds representation (including the GPC of UK and the nations), as well as activity and legal action to protect and further the cause of General Practice. It's funded by a 'voluntary levy' which is deducted at source from your practice by NHSWSSP each year and which is currently set at 6p/registered patient/year. It is undergoing a period of consultation and change and the LMCs have been directly contributing to this process. Please read about the GPDF here and feel free to feed back any thoughts you have to us so we can get GPDF to hear your voice. After all, it's your practices that fund it!

https://www.morgannwglmc.org.uk/js/plugins/filemanager/files/GPDF_Workshop_Report_December_2018.pdf.

**All that remains to say is that all at the LMC wish you a very merry Christmas and a Happy New Year!
Let's hope 2019 is good one for the General Practice, the wider NHS and for our patients.**

Nadolig Llawen a Blwyddyn Newydd Dda i chi gyd!!!



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