



MORGANNWG LMC NEWSLETTER : OCTOBER 2017

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Dear All,

The pressures facing GPs every day show no sign of lifting any time soon, so we continue to work hard on your behalf to hold back the tide of un-resourced work at the gates. Many practices in ABMU continue to face an existential crisis and are battling to deliver GMS to their patients.

Our current 'default' status is 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**. This applies to several areas in this newsletter (as you will see) and it may be that the only way we can secure funding or manpower is to hand back responsibilities that the Health Board continues to be unable to resource so that we can concentrate on our core GMS responsibilities.

This is anathema to the ethos of 'care closer to home' and many of us find this a difficult thing to do, but in many parts of ABMU, it may be the only way to keep patients with a GP.

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

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1. NOAC LES

As part of the national negotiations on the INR DES, Health Boards were expected to resource a LES to cover the initiation and monitoring of NOACs. A LES has been in place in 3 Health Board Areas for many years and most of the other Health Boards have commissioned a LES in the last year. ABMU remains unable or unwilling to commission a LES and blames its current financial position. We are aware that without resource to cover it, this work is not being done well and may represent a **patient safety issue**. Prescribing and monitoring of NOACs should remain in the same environment – if ABMU are unable to resource practices to monitor NOACs safely then practices should consider **repatriating both prescribing and monitoring to secondary care**. Should you need any help/advice with logistical matters in this regard, contact the LMC office.

2. Diabetes DES/NES

Under the recently launched Diabetes DES, patients with Type 2 diabetes mellitus (excluding six specific categories of patient) receive an enhanced review with their GP. There is scope within the spec for Health Boards to further commission a basket of NESs which covers initiation and monitoring of patients on Insulin and GLP-1s. To date, ABMU have not chosen to do so. Practices may wish to reflect on the fact that ABMU have chosen to retain the funding for these NES categories centrally and would naturally expect the initiation and monitoring of these agents to occur in secondary care diabetic clinics. Our advice would be to consider **referring all such patients back to Hospital Diabetic Clinics for monitoring +/- prescribing until such time as ABMU choose to resource the NES**. Given their financial position we are not hopeful of this happening any time soon. Again, should you need any help or advice with logistical matters in this regard, contact the LMC office

3. Delay in payment for secondary care initiated phlebotomy

Practices should have received their first of two payments in September for this nationally agreed payment. The eagle eyed amongst your practice managers will have noticed that in ABMU (and only ABMU practices!) no such payment was received last month. We are suitably reassured that SSP will pay ABMU practices the correct amount in October, however, this unnecessary delay in cashflow has not pleased the LMC and we have made ABMU aware of our feelings on your behalf!

4. Indemnity

Jeremy Hunt recently announced his intention to set up a Government Funded solution to rising indemnity fees for GPs in England at the RCGP conference. This solution will not apply to Wales but GPCW are working on a bespoke Welsh solution as we speak and we will get details as soon as they are known. Until such time, the advice is to make sure you maintain your indemnity at present levels of cover. Here's a useful GPCW communication. <http://www.morgannwglmc.org.uk/about/faqs.html>.

5. Prescribing of drugs for dementia

The current arrangements are that secondary care prescribes and monitor these drugs. We were asked by ABMU to consider repatriating this work to Practices without any resource or funding. We declined on your behalf but have received reports that practices are being encouraged to accept this work transfer on an individual/cluster level. Any such decision to take on prescribing is an individual practice's choice, however, our advice remains that GPs are workload saturated and cannot accept this

transfer of work and would urge you to consider maintaining the present arrangements and refuse these overtures.

6. ABMU changes to OOH GPs contractual status

ABMU OOH has recently decided to treat all doctors working for the service as 'employed for tax purposes'. This has ramifications for those working for the service and a useful GPCW document can be found here. <http://www.morgannwglmc.org.uk/about/faqs.html>.

This taxation issue is a timely reminder that some doctors working on a sessional basis within GMS practices may also be viewed as 'employed' by HMRC leaving practices liable for tax and NI. Practices should find this GPCW document an useful *aide-memoire* of the issues; <http://www.morgannwglmc.org.uk/about/faqs.html>

7. OOH cover rota gaps

The LMC has been made aware that there have been occasions where no GP was available to cover ABMU during the OOH period. We find this unacceptable to contractors and patients and have made the strongest representations to ABMU to ensure this is not repeated and that patients receive the care they need during times of rota shortage.

8. Assist-CKD

ABMU nephrologists are piloting a new alert system which will highlight patients with decreasing GFR trends to GPs, along with advice on referral or management. These alerts should not increase workload in any significant way, with around 10 alerts/GP/year expected. The benefits to patients and GPs in this instance are such that we feel this is a worthwhile pilot to support. Let us know if you have any issues that arise from it.

9. Flu

We have had reports of ABMU staff telling clusters that practices which order quadrivalent flu vaccine for the 2018-19 season may not be reimbursed. **This is scaremongering nonsense** and would require a GMS contract variation that GPCW would not allow. Practices are advised to order the correct vaccine for their patients in their clinical opinion, whilst being mindful of the current concern over this season's vaccine effectiveness. ABMU may choose not to include Quadrivalent flu in their PGD, though to date they have. Practices can write their own PGD/PSD very simply and we would be happy to advise on how if the need arose. Practices should remember that although the Pharmacy flu SLA was designed otherwise, they are increasingly in a competitive arena with community pharmacy and choice of vaccine may influence this.

10. Discharge information/WCCG

There are signs of some progress with dashboard performance improving. We continue to work with ABMU and have met HIW again as part of their thematic review to address this risk on your behalf. Please continue to submit any examples you receive of poor quality or absent discharge information and we will forward them to HIW.

We are still aware of examples where consultants who electronically prioritise WCCG referrals are using 'advice requests' to refuse or put referrals on hold. There are also instances of consultant colleagues using inappropriate and unhelpful comments in their replies. We ask that you provide us with examples

where this is happening so we can raise it with the Medical Director and rectify this behavior once and for all.

11. Community Nursing

We are aware of the concerns raised regarding some District Nursing services across ABMU. We all know they have similar, if not greater workforce pressures than GPs and provide an excellent service in the circumstances. The LMC feels urgent and significant investment in community nursing is required on patient safety grounds but a recent report has somewhat questionably suggested to ABMU that they are comparatively over-staffed in this regard! We would ask you to submit SEAs and concerns to try and refute this notion and clarify to ABMU that they need to invest in their community nurses.

12. Another Health Board reorganization.....

The endless cycle of HB reorganization appears to be rolling around again! A consultation is due imminently around moving Bridgend and the Princess of Wales Hospital from ABMU control into Cwm Taf HB. This will doubtless trigger another period of inertia and uncertainty. We will keep you informed and try to ensure that reorganization does not interfere with ABMU supporting General Practice as best we can!

SUPPORT FOR GPs and staff – contact details

WELLBEING THROUGH WORK / IN-WORK SUPPORT: (GPs Patients and staff)

0845 601 7556

ABMU OCCUPATIONAL HEALTH SERVICES (GPs only)

01639 684569

DEDICATED SUPPORT SERVICES FOR GPs:

GP dedicated counselling service: 0800 058 2738 (Health for Health Professionals)

Doctors struggling with addiction: www.livingroom-cardiff.com

02920 302 101

**If you require further information about any of the above please contact
Dr Ashok Rayani, Medical Secretary, Morgannwg Local Medical Committee**

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