



MORGANNWG LOCAL MEDICAL COMMITTEE LTD

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MORGANNWG LMC NEWSLETTER

DECEMBER 2015

LMC NEWSLETTERS

We asked in the August/September 2015 Newsletter if you thought the Newsletter should continue. A small number of very positive responses were received and we will continue to issue newsletters on a quarterly basis. This issue coincides with the GPC (Wales) Newsletter for December 2015, a copy of which can be found on <http://bma.org.uk/gpcwales>. It is very informative and covers most of the topics in this newsletter plus more of the issues currently affecting General Practice in Wales in which GPC(Wales) is involved.

CONTENT:

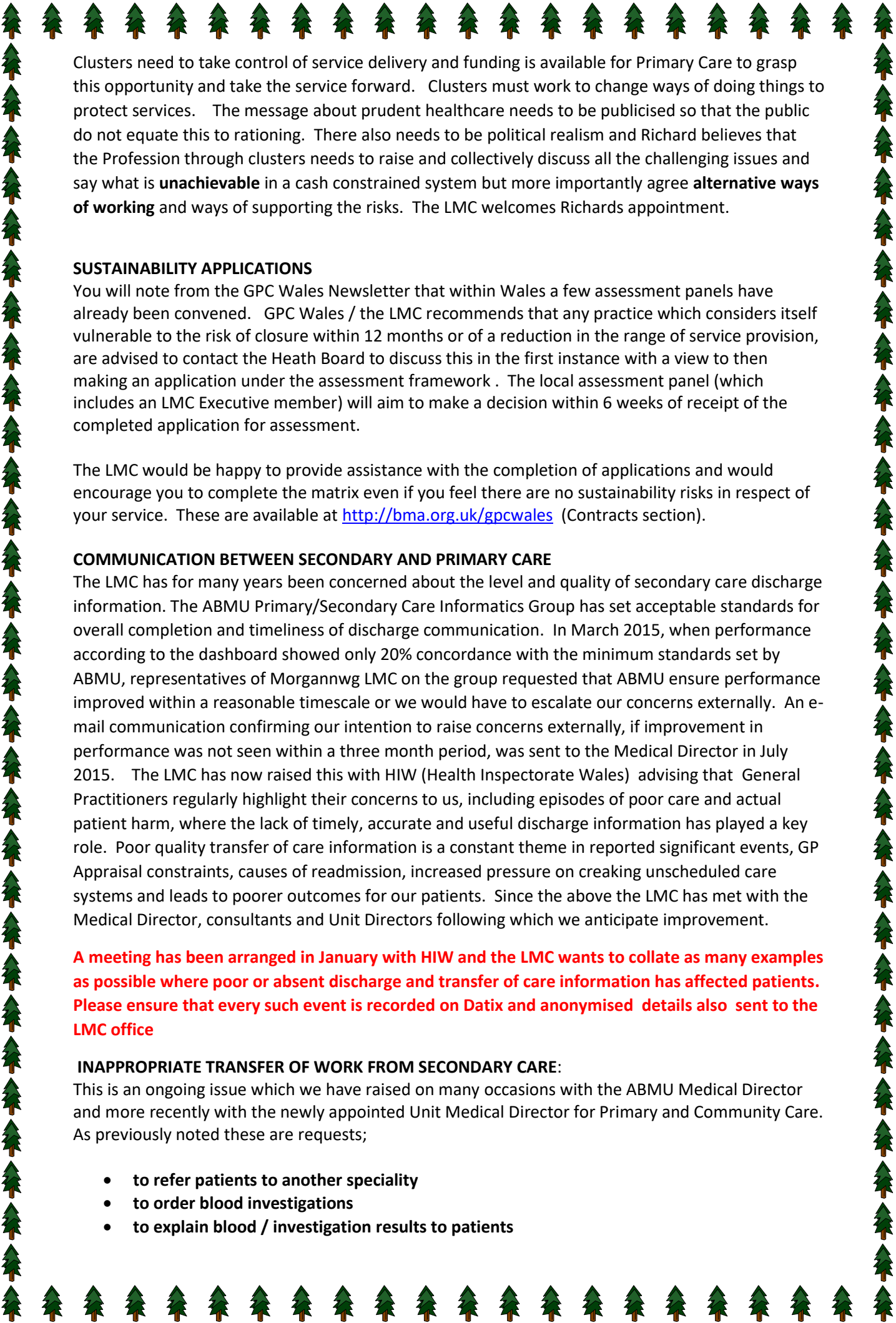
Topics covered in this issue include

- Appointment of National Professional Lead for Primary Care
- Practice Sustainability
- Communication between secondary and Primary care
- Inappropriate transfer of work from secondary care
- DNA CPR Documentation
- Flu Vaccination
- Issues with DN Hubs / DN Audit
- Enhanced services
- Phlebotomy services
- PC support service for substance misuse and dual diagnosis
- Reimbursement of invoices to Practices
- LMC 'Link' GPs

NATIONAL PROFESSIONAL LEAD FOR PRIMARY CARE

The LMC was fortunate to have Dr Richard Lewis as a speaker at its November meeting. Richard was Secretary for BMA Wales for twelve years but has recently been appointed as National Professional Lead for Primary Care. He believes that there is a commitment from Welsh Government, through the clear National Primary Care Plan, to deliver a sustainable healthcare system in Wales which has the best outcomes for patients with prudent health care being the guiding principle. ie

- **Not overtreating**
- **Focussing on needs**
- **Treating those with the greatest need first**
- **Patients taking responsibility for themselves**
- **Using the workforce skills more wisely**



Clusters need to take control of service delivery and funding is available for Primary Care to grasp this opportunity and take the service forward. Clusters must work to change ways of doing things to protect services. The message about prudent healthcare needs to be publicised so that the public do not equate this to rationing. There also needs to be political realism and Richard believes that the Profession through clusters needs to raise and collectively discuss all the challenging issues and say what is **unachievable** in a cash constrained system but more importantly agree **alternative ways of working** and ways of supporting the risks. The LMC welcomes Richards appointment.

SUSTAINABILITY APPLICATIONS

You will note from the GPC Wales Newsletter that within Wales a few assessment panels have already been convened. GPC Wales / the LMC recommends that any practice which considers itself vulnerable to the risk of closure within 12 months or of a reduction in the range of service provision, are advised to contact the Heath Board to discuss this in the first instance with a view to then making an application under the assessment framework . The local assessment panel (which includes an LMC Executive member) will aim to make a decision within 6 weeks of receipt of the completed application for assessment.

The LMC would be happy to provide assistance with the completion of applications and would encourage you to complete the matrix even if you feel there are no sustainability risks in respect of your service. These are available at <http://bma.org.uk/gpcwales> (Contracts section).

COMMUNICATION BETWEEN SECONDARY AND PRIMARY CARE


The LMC has for many years been concerned about the level and quality of secondary care discharge information. The ABMU Primary/Secondary Care Informatics Group has set acceptable standards for overall completion and timeliness of discharge communication. In March 2015, when performance according to the dashboard showed only 20% concordance with the minimum standards set by ABMU, representatives of Morgannwg LMC on the group requested that ABMU ensure performance improved within a reasonable timescale or we would have to escalate our concerns externally. An e-mail communication confirming our intention to raise concerns externally, if improvement in performance was not seen within a three month period, was sent to the Medical Director in July 2015. The LMC has now raised this with HIW (Health Inspectorate Wales) advising that General Practitioners regularly highlight their concerns to us, including episodes of poor care and actual patient harm, where the lack of timely, accurate and useful discharge information has played a key role. Poor quality transfer of care information is a constant theme in reported significant events, GP Appraisal constraints, causes of readmission, increased pressure on creaking unscheduled care systems and leads to poorer outcomes for our patients. Since the above the LMC has met with the Medical Director, consultants and Unit Directors following which we anticipate improvement.

A meeting has been arranged in January with HIW and the LMC wants to collate as many examples as possible where poor or absent discharge and transfer of care information has affected patients. Please ensure that every such event is recorded on Datix and anonymised details also sent to the LMC office

INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE:

This is an ongoing issue which we have raised on many occasions with the ABMU Medical Director and more recently with the newly appointed Unit Medical Director for Primary and Community Care. As previously noted these are requests;

- to refer patients to another speciality
- to order blood investigations
- to explain blood / investigation results to patients

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- to undertake treatments not considered to be part of general medical care /GMS and having then to re-refer patients to be reinstated on a waiting list
 - to manage anticoagulation preoperatively

The LMC recently requested that guidance be issued (again!) to secondary care colleagues but this is felt to be less useful than challenging specific examples. Our advice therefore is to copy the LMC into any correspondence relating to this so that a collective picture can be obtained of what is happening. Also if there is a safety issue details should be entered in Datix.

• The following are links to template letters in the LMC Website which can be used for this purpose.

1. Letter to Medical Staff re inappropriate prescribing request

<http://www.morgannwglmc.org.uk/userfiles/file/GP%20FEEDBACK%20form%20to%20Specialist%20Care%202014.doc>

2. Letter to ABMU Medical Director re inappropriate transfer of work

<http://www.morgannwglmc.org.uk/userfiles/files/Letter%20to%20Hamish%20Laing%20re%20inappropriate%20transfer%20of%20work%20-%202017.8.15.docx>

DNACPR DOCUMENTATION

The LMC is well aware of the problems being experienced with the new self-carbonated forms and can advise that the issues have now been raised at a National Level and a review is being undertaken.

FLU IMMUNISATION 2015-16*

The LMC has concerns about the SLA in place for Community Pharmacies participating in the 2015-16 Enhanced service for influenza vaccination. Practices are reporting that significant numbers of patients in the 'at risk' groups are being vaccinated despite having appointments and having been previously vaccinated in their surgery and some pharmacies are displaying posters which do not comply with Health Board guidance. These issues have been raised with ABMU but please continue to forward any details or concerns to the LMC.

**see also GPC WALES Newsletter*

DISTRICT NURSING SERVICE

LMC members and constituents have raised concerns about the District Nursing Hubs which have been established in Swansea and NPT advising that there are continuity concerns with end of life care/ inconsistent services /communication difficulties /wound care problems /patient dissatisfaction. This is now an agenda item on the LMC/ABMU Liaison Group meeting and the ABMU Unit Nursing Director has confirmed that work is being done to address these issues and those identified in the District Nursing Audit which is available on the ABMU intranet.

REVIEW OF ENHANCED SERVICES:* The LMC/ABMU Enhanced Services Steering group continues to meet bi-monthly.

Asylum Seekers,Failed Asylum seekers and Refugees LES

Pricing of this LES is currently being reviewed in light of the placement of Syrian Refugees in the ABMU area. This is a high priority issue for ABMU and LMC



GPOOH Service – Special Patient Note LES (2015/16 only)

If you have not already agreed to participate in this LES we would recommend that you do so as soon as possible in order that the database with details of your patients who have SPN is clean prior to you becoming responsible for entering and removing Special note details for the GPOOH Service.

ANTICOAGULATION MONITORING LES

The LMC recently circulated a short survey document to assess the level of interest from Practices who would be willing to participate in a Level 4 service if it were properly resourced. The response was disappointing (only about 50% of practices replied) although the majority of those who did reply said that they would consider participating once further details were received and only if the service was fully resourced. Discussions in respect of the All Wales DES are ongoing but should be ready early in January 2016. ABMU will continue to roll out the 'Clydach community model' but the DES will be offered to all practices when released.

*see also GPC WALES Newsletter

PHLEBOTOMY SERVICES

The LMC is aware of increasing issues particularly in the Bridgend area and a meeting has been arranged in January 2016 with the Consultant Chemical Pathologist to discuss. It is the view of the LMC that no changes should be made to local services until a national solution has been agreed. This again is an issue of high priority for Welsh Government.

PRIMARY CARE SUPPORT SERVICE FOR SUBSTANCE MISUSE AND DUAL DIAGNOSIS

The Unit Medical Director has confirmed that the above service will be launched in January 2016 to provide advice, support and education to GPs, Practice Nurses and other healthcare professionals on the management of patients with substance misuse problems and those with both substance misuse and mental health problems.

REIMBURSEMENT OF INVOICES TO PRACTICES

Delays in reimbursement remains an issue. ABMU has confirmed that a clear plan will be developed and advice on how to claim given. In the interim GPs are advised to claim for each individual meeting on a single invoice to the meeting organiser.

LMC 'LINK' GPs

We recently wrote to all practices asking for the name of a nominated GP to act as a link with the LMC in respect of Contract issues or matters where clinical input is required. Thanks to those of you who have already submitted names and can those who haven't please submit them asap.

THE CAMERON FUND

On your behalf the LMC makes an annual donation to the Cameron Fund which is the GPs' own charity. It is the only medical benevolent fund that solely supports general practitioners and their dependents. It provides support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment. It also helps those who are already suffering from financial hardship and those who are facing it. In association with BMA Law the Cameron Fund is offering a series of partnership clinics early in 2016. Further details can be found at www.cameronfund.org.uk

Nadolig Llawn a Blwyddyn Newydd Dda!