

# **MORGANNWG LOCAL MEDICAL COMMITTEE**

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## **LMC Newsletter February 2011**

### **Chairman's Blog**

*"This month has seen me very frustrated with **PAPERWORK!** Not so much the often ridiculous requests for doctors to countersign forms which have little or nothing to do with a patient's health but my bug bears are:*

**Hospital letters addressed to the wrong doctor in the practice** - the increasing receipt of hospital letters (especially downgrading letters) addressed to the wrong doctor in the practice when the referral letter has the referring doctor clearly stated. Whilst, it is good news that practices are clearly being informed about downgraded referrals, I fail to see why the hospital administrative teams cannot ensure they send the letter back to the referring doctor. It is not rocket science. However, by them being addressed to the wrong doctor it takes time to review the patient record, find out which doctor referred the patient and then send the letter on to the relevant clinician to ensure they review whether the downgrade is acceptable. This all takes time, and time is something we have precious little of in the day given the ever increasing demands made on us. I have flagged this up to the Health Board as I got no joy when trying to speak to the hospital appointment manager at the local hospital. Is this only an issue for Singleton referrals? Please let us know.

**Continuing care forms** - somebody locally has decided to unilaterally change the form. Not only does it state that the assessment cannot go ahead without our written report, but now requests more detail about the patient and also asks whether the patient has had a capacity assessment and what the outcome of this assessment was. We all know that capacity has to be assessed for a particular issue and only applies at the moment in time. There is no reason why the continuing care team shouldn't and couldn't make their own assessment of this at the time of seeing the patient and indeed, I would argue they should. I would remind all doctors that their **ONLY** responsibility is to furnish the continuing care team with the patient's significant medical diagnoses and medications - this is easily printed off from computer systems so should not pose any difficulties. We have written from the LMC to the continuing care assessors but are still awaiting a reply. This has been taken up nationally too. Any problems then please get in touch.

Another issue this month includes a real concern regarding the social services response to urgent child protection referrals that has been raised by a local GP. This is being taken up urgently by Swansea Locality Associate Medical Director and also the LMC. If you have any issues relating to this, please contact the LMC ASAP.

Lastly, the next LMC meeting will have representatives from the 4 main political parties attend a mini "hustings" event. Each party rep will give a 3 minute speech and each will then answer questions from the floor. This will no doubt prove to be an excellent, informative and interesting evening. If you would like to pose a question or attend as an observer then please get in touch with the LMC office ASAP."

**Charlotte**

### The Violent Patient Scheme

ABMU Localities have recently distributed a new form for the Immediate Removal of a patient from the Practice List under the Violent Patient Scheme. It combines the old Part 1 form (Request by Practice for immediate removal) and Part 2 form (Request by Locality for more information) forms and was produced by Swansea Locality with LMC agreement in response to complaints from Practice Managers that the separate Part 2 form contained much of what was in the Part 1 form and this had to be written out again. Some Practices have now asked why so much information is required and so an understanding of the Violent Patient Procedure may help to explain this. When the full information is received, a Violent Patient Panel is called (Locality Officer / Lay Member / LMC Secretary) to consider:

- Whether the patient stays in the Alternative Primary Care Facility (APCF) and if so, for how long
- Whether GP colleagues in the APCF need to be aware of any particular risks posed by the patient
- When the patient may be safe to come out of the APCF (normally 12 months but it depends on the initial incident, the patient's reaction to this and the behaviour since being allocated to the APCF)
- How to manage the patient out of the APCF (usually done by an Allocation agreed with a local Practice which is not the "removing" Practice and the signature of an Acceptable Behaviour Contract).

At all times, the aim is to protect all colleagues (and other patients) from violence in General Practice whilst ensuring that a patient who has been violent to GPs and/or their staff can obtain General Medical Services. Practices should be aware that a failure to provide full information on the new form makes it difficult for the Panel to make an objective decision and can increase risks to colleagues.

### Contraceptive Implants & IUCDs

The Faculty of Sexual & Reproductive Healthcare has advised PCOs throughout the UK of the criteria they feel that GPs should meet to provide Enhanced Contraceptive Services to their patients. The criteria include the need to take regular courses provided at cost to GPs by the Faculty. GPC Wales does not believe that non GPs should presume to set governance criteria for GPs and so, if a UK solution to this is not found, one will be pursued in Wales.

### Morgannwg LMC Election 2011-2014

Your LMC Members for the following constituencies for the new session are:

**Sessional GP** (4 elected and 1 vacancy):

- Oak Aung-Kyi
- Stephen Bassett
- Ian Michael Millington
- Nimish Shantilal Shah

**Bridgend** (2 elected and 3 vacancies):

- John Ronald Anthony
- Sean Patrick Young

**Neath Port Talbot** (3 elected and 2 vacancies):

- Chiranjib Ghosh
- Alan Stevenson
- Helen Marie Walters

**Swansea** (9 elected and 1 vacancy):

- Katherine Ann Berry
- William Andrew Bradley
- Charlotte Esther Victoria Jones
- Charles Danino
- Emmanuel Owoso

- Anny Pritchard
- Ashok Patel Rayani
- Stephen Mark Rix
- David Werner

All GPs who are Partners in Practices that pay the Voluntary Levy or work in Practices that pay the Voluntary Levy are eligible to stand for Membership of Morgannwg LMC. The LMC meets on the 2nd Tuesday every 2 months in the Towers Hotel at 7.00pm and there are no additional commitments. The agenda focuses on local issues relevant to General Practice whilst giving early notice of developments in Wales and in the UK. There is a real need to ensure that the opinions of local GPs are heard in order to strengthen and protect General Practice in these rapidly evolving times. So, if you have second thoughts and wish to become a Member for your constituency (Bridgend, Neath Port Talbot, Swansea or Sessional GP), please submit a Nomination form duly signed by two proposers and yourself to me at the above address. (NB: Forms are available from BSC Contractor Services in Swansea or from the Morgannwg LMC Office).

### And finally

Some of you are stepping down this time after representing your colleagues on Morgannwg LMC. This is an important role and you have done this for a number of years (and in some cases, for many years). Morgannwg LMC wishes you all the very best for the future.

*Diolch yn fawr iawn!*

**Next LMC meetings: Full Committee 7.00pm Tuesday 08 March 2011 - Towers Hotel, Jersey Marine  
AGM & Dinner 7.00pm Tuesday 12 April 2011 - Blanco's, Port Talbot  
Full Committee 7.00pm Tuesday 10 May 2011 - Towers Hotel, Jersey Marine**