MORGANNWG LOCAL MEDICAL COMMITTEE LIMITED

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LMC Newsletter
July 2011

Chairman's Blog

Dear All

It looks like summer has finally arrived – and not just because the kids are off school for the next 6+ weeks. Oh to be young again…… It has been another eventful month so am very much looking forward to going away for 2 weeks next month – no doubt you will all be looking forward to some respite from my blogs.

So what have I been up to in between ferrying my children between their activities:

- *The Health Board is close to finalising off the LES specifications for Diabetes, COPD and Wound Management. Sean Young and Chris Johns have spent an inordinate amount of time developing these and have included the LMC at all stages which is great and I hope Practices will sign up to deliver them to patients across the whole patch. This will help when evaluating the LES impact at the end of year and show what wonderful enhanced care we can provide in primary care.*
- *The Radiology department is looking to stop access for GPs to musculoskeletal investigations (USS and MRI) as they believe that there are a significant number of inappropriate requests and that patients would be more appropriately managed through assessment in the MSK clinics. As you can imagine this created quite a stir at the LMC meeting and I can assure you that members raised concerns about: (i) removal of access for GPs which seems to go against the WAG ethos of improving access to diagnostics (ii) why GPs are being targeted when secondary care doesn't seem to have restrictions to the same diagnostics (iii) capacity within the MSK service to deal with the inevitable increase in referral numbers. A meeting has been set up with Radiology and the Health Board to find a way forward.*
- *Nationally, we have met with the Health Minister to discuss the election manifesto health areas (8-8 opening, Sat morning surgeries and over 50 health checks) and ways in which GPs can assist in reducing unscheduled care admissions. Talks are at a very preliminary stage but rest assured, GPC Wales maintains its stance that there is a very good Extended Hours DES that should be utilised more widely instead and that the profession is against Sat morning opening. In addition, we have pointed out that there is an increasing transfer of work into General Practice and that we have finite resources and capacity. We have some ideas on how workable solutions can be found for all these areas and will share these with you in due course.*
- *The flu season is about to be upon us again. This year, the Welsh Government has been looking to improve uptake in those parts of Wales where vaccination levels are low and are looking at using Community Pharmacies to help deliver the campaign. It will be interesting to see the outcomes of these pilots, but clearly, Practices will be keen to maintain delivery of this important service to patients so it is imperative that we maximise uptake this year.*
- *Child Protection is an area that is being discussed nationally too. Specifically, the role of the GPs in Child Protection meetings. The GP National Specialist Advisory Group is looking at how GPs can effectively contribute to these meetings without necessarily having to be present and having the Health Visitor representing the Practice's consensus view. The Group will be shortly issuing formal guidance and some proforma templates of useful information to include in reports written. What is clear is that having a close working relationship with the Health Visitor and ideally having them based in the Practice, enables effective sharing of information and thus improves child safety. On a slight downside, we are still awaiting a local meeting to resolve ongoing issues regarding referral access and outcomes – we are actively pursuing this area.*

Have a wonderful Summer!
Cheers!
Charlotte

The Violent Patient Scheme

It is a sad reflection of the times that there are a very small number of patients who are prepared to use violent behaviour in General Practice, often to try to force the GP or the Practice staff to give them what they demand. In the context of the NHS Violent Patient Scheme, such behaviour can involve threats, verbal abuse, damage to property or actual physical violence to a GP, a member of the Practice staff or a patient in the Practice.

When a violent incident occurs, a Practice should call the Police for assistance in resolving the situation and, even if the incident has passed, the Practice should obtain an incident number. The Practice is then able to request immediate removal of the patient from the Practice List and the patient will be placed in the Alternative Primary Care Facility (APCF) for provision of General Medical Services (GMS) until such time as the Health Board (operating on a Locality basis) can convene a Panel.

The Panel must confirm that there has been a violent incident and that there is an incident number before it can consider the continuation of the placement of the patient in the APCF. However, if both of these are in place, the Panel will take into account the nature and details of the incident when determining the length of placement in the APCF with each case being judged on its merits.

The APCF provides a report on each patient towards the end of their placement period and, if appropriate, the Panel can recommend that the patient be allocated to a GMS Practice, subject to the patient signing an Acceptable Behaviour Contract with the Practice. Alternatively, there may be reasons such as further violent or very demanding behaviour that make it advisable for the patient to remain in the APCF until such time as the patient's behaviour improves.

So, please report all violent incidents to ensure that you, your staff and others are protected.

Swansea Sessional GPs

Swansea Sessional GPs now have a website:

www.swanseasessionalgps.org.uk

The purpose of the website is to provide an information hub for those Sessional GPs who are out of the loop and to facilitate networking. Success depends on Sessional GPs' input so if you as a Sessional GP find something on the website which is inaccurate or out of date, if you have a document you think will help others or if you've written a blog on the future of General Practice and would like to share it anonymously, contact the SSGPs group and they will address it.

Some Sessional GPs will also receive invitations to follow @SwanSessGPs on Twitter. The idea is to share bits of information stumbled across at work by tweeting other Sessional GPs who are likely to find it useful. In Twitter you choose whose updates to 'follow' and it's about connecting with people that interest you rather than people who you know. Hopefully, if enough people get involved with the network it will improve communication and bypass the constraints of face-to-face meetings. The next SSGP meeting will be at 7pm on Tuesday 6 September 2011.

Course Reimbursement Claims

Morgannwg LMC has been contacted by a constituent GP who made a claim for reimbursement of course fees in this Financial Year, only to be told that there is no funding. Further enquiries have revealed that "the Deanery has had to review and restrict all aspects of CPD funding for at least the medium term." The LMC is disappointed that this has happened and is concerned that this information was not widely known, even amongst CPD co-ordinators. So, it would be sensible to check if there is funding available before you sign up to attend a course rather than after.

e-Referrals

The Welsh Clinical Communications Gateway (WCCG) e-referral system has been rolled out across ABMU and will be live in all Practices by the end of August 2011. Referrals arriving at hospitals via the WCCG are processed that day if they are USC or urgent cases (i.e. passed onto the Consultant) and within 48 hours if they are routine referrals. Staff in the hospital appointment centres access the WCCG every hour and so this significantly speeds up the referral management process compared to the traditional paper and postal method of sending referrals.

Incidents relating to Secondary Care Services

ABMU Health Board uses a number of tools to monitor "risk", including a review of all incident reports placed on DATIX by Health Board staff. GPs who become aware of problems with Secondary Care services that may affect patient safety should report the matter to the Health Board so that the information can be added to DATIX to ensure that a more complete picture is obtained.

And finally

The Individual Health Record (IHR) is coming to the ABMU Health Board area shortly so watch out for the publicity about this in the near future.

Next LMC meetings:
LMC Executive 7.00pm Tuesday 09 August 2011 - TBC
Full Committee 7.00pm Tuesday 13 Sept 2011 - Towers Hotel, Jersey Marine
LMC Executive 7.00pm Tuesday 11 October 2011 - TBC