

MORGANNWG LOCAL MEDICAL COMMITTEE

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LMC Newsletter May 2010

Extending GP Hours of Availability

During the recent elections, the major parties all talked about extending the hours of availability of General Practitioners with many mentions of “being able to see your GP from 8 ‘til 8”. The hours of availability for GPs form part of the GMS Contract which is negotiated on a UK basis even though Health is devolved to Wales, but the First Minister had already expressed his own view that patients should be able to see their GP from “8 ‘til 8”. It is unclear whether the vision of the politicians is from “8 ‘til 8” for five, six or seven days!

All this comes on the back of a paltry award by the Doctors & Dentists Review Body that was further reduced by the Governments of the UK on the basis that GPs should be able to make efficiency savings. The result is that most Practices in Wales are now worse off in real terms because of the increase in the expenses they incur in delivering General Medical Services (GMS) to patients on their Practice Lists.

Not unexpectedly, all of the above has had an unsettling effect on GPs in Wales. Most Practices in Wales are struggling to maintain existing services from within current budgetary restraints and they are likely to find it almost impossible to deliver “8 ‘til 8” (an increase in hours of availability of 15%) both effectively and safely from within the existing human and financial resources within Practices. Further, additional resources to assist Practices in extending GP hours are unlikely to be available in the current economic climate.

Morgannwg LMC has considered the implications of the above and believes that GPC UK will not agree to extending GP availability under the GMS Contract, but there is always the possibility that changes to the Contract could be imposed with 3 months notice. The options for GPs would then be to operate the revised Contract or resign but this could be difficult for many Contract-Holder GPs as they have too much invested in their Practices and GPs in England have the added threat from alternative providers coming in to provide GMS.

GPs are aware of a small number of patients who are unable to access their own GP for GMS and monitoring of chronic conditions during existing GMS hours and they may benefit from extended hours beyond 6.30 pm which Health Boards can offer an Extended Hours Enhanced Service to Practices (although many have not done this).

Overall, availability of GP appointments seems to be a bigger issue than extending Practice hours and Practices should address this as a matter of urgency because delivery of reasonable Access in Contract hours is likely to lessen the call for extended hours for GPs.

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Sustainable Development Commission Wales ties. It also explains how climate change risks The above body has just published a document widening the health inequalities and how measures which reduce carbon emissions can achieve other health co-benefits at the same time. The ***Sustainable Development: The key to tackling health inequalities.*** This publication - available at www.sd-commission.org.uk/wales - shows how Sustainable Development Commission calls upon environmental considerations such as food, policy makers and practitioners in central and local government and beyond to start thinking how they work can reduce health inequalities through sustainable development. Interesting!

Intermediate Care

The new model for Health Care in Wales is laid down in the document "*Primary & Community Services Strategic Delivery Programme: Setting the Direction (November 2009)*" and this places emphasis on delivering services closer to the patient and in the community. However, to deliver these services, there will need to be good communications and an acceptance of shared responsibility between Secondary Care doctors / staff and the GP.

Prescribing - Acceptance of shared responsibility must extend to prescribing where the law is clear that the person signing the prescription is responsible for all aspects of patient safety and monitoring for adverse effects either in person or by agreeing with others to do this. Also, no doctor should delegate prescribing to another professional unless he/she is clear that the professional has the knowledge and experience of using the drug in clinical practice.

Clinical Responsibility - The move to Intermediate Care with its different teams of different professionals will inevitably lead to blurring of the margins between Secondary Care and Primary Care and these will need to be clarified to ensure that health professionals know who is clinically responsible what aspect of the patient's management at any one time.

None of the above are insurmountable but there may need to be some changes in attitudes among professionals to ensure that the patient identified as suitable to receive Intermediate Care receives good co-ordinated clinical care. Also, General Practice is very unlikely to have the resources to provide medical care for Intermediate Care patients if this goes beyond General Medical Services and additional resources will be needed by the Practice or in the Community for the patient's needs to be met. Without additional resources transferring from Secondary Care, Intermediate Care could well fail!

Medical Charities

A number of charities have been set up to help doctors and their families in times of need. This list is not exhaustive but includes:

- **The Cameron Fund** - this provides support to GPs and their families at times of financial need, whether through ill health, disability, death or loss of employment. The fund will help those who are already suffering financial hardship and those who are facing it.
- **Royal Medical Benevolent Fund** - this was set up by doctors to help colleagues and their dependants in need. Support available ranges from specialist information and advice to financial assistance.
- **The Dane Fund** – this meets the educational costs for doctors' children in specific circumstances.
- **The Clare Wand Fund** - this makes grants to fund the further education of medical practitioners predominantly engaged in general practice and for the provision of scholarships (including travelling scholarships) for such practitioners.
- **The Earnshaw Bequests** – this provides one-off grants for doctors/dependents for palliative/terminal care subject to certain conditions having been met.

If any doctor needs help or knows of a doctor or a doctor's family who need help, all of the above charities welcomes applications. Further details are available at www.bma.org.uk or directly from the websites of the individual charities.

Statement of Fitness for Work: Med3 04/09

The Med3 Fit Note is now in operation and some issues have arisen mainly around the failure of employers to understand the Regulations. Under the new Fit Note, there is no requirement to sign a patient as fit to return to work and employers cannot insist on this. Other issues have arisen and further guidance is likely to be issued in the near future. LMC Members have not reported any difficulties with the new Fit Note.

Acute Neurosurgical Problems

Following changes to the structure of the Neurosurgical services in ABMU Health Board, the local Care Pathway should be for GPs to refer to Secondary Care for assessment prior to transfer to Tertiary Care if appropriate. Some GPs have experienced difficulties because the new arrangements did not seem to be widely understood by hospital staff but the local Care Pathway had only just come into operation at the time of the difficulties and it is likely that this will settle down.

The Oxygen Contract in ABMU HB area

The Oxygen/Respiratory/CCM Nurses are working very hard to reduce the costs of Oxygen to those who are on inappropriate amounts or are using inappropriate supply equipment (e.g. lightweight portable sets when they do not leave the house) but there is a hard core of patients who refuse to co-operate with any reductions or even to allow the engineer into the house. WAG Guidance is being sought as to how hard these patients should be pursued to ensure that their oxygen supplies match their assessed clinical needs.

Next LMC meetings: Exec Committee 7.00pm Tuesday 08 June 2010 - The Grove Surgery, Uplands
Full Committee 7.00pm Tuesday 13 July 2010 - Towers Hotel, Jersey Marine
Exec Committee 7.00pm Tuesday 10 August 2010 (if required)