

MORGANNWG LOCAL MEDICAL COMMITTEE LIMITED

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LMC Newsletter November 2011

Chairman's Blog

'Dear All,

As I write this my daughter reminds me that there are 33 "sleeps" left until Christmas but only 3 "sleeps" to her birthday – oh to be excited that yet another year has been added to your age! Anyway back to the reason for the blog – what has been happening?

UK update

You should all have received a letter from Dr Laurence Buckman outlining the completion of 2012/13 negotiations and the summary of QOF changes. I won't reiterate the detail here but if you are unclear on anything then please contact me directly or utilise the useful documents on both the LMC and BMA websites.

Unsurprisingly the Health and Social Care Bill and implications for GPs continues to be a major focus of what is happening at a UK level and we are mindful of implications for Wales – cross border issues, training/education/potential loss of Deanery functions, commissioning, CQC and practice registration and the proposals for a quality premium.

Welsh update

Nationally we remain firm in our stance on over 50 health checks, access 8am-8pm and Saturday mornings as previously reported.

It looks like flu vaccination uptake is better this year than last at present – we need to keep pushing this to ensure that GPs remain the preferred option for administering this campaign. The future of the Primary Care Support Service (PCSS) remains uncertain as funding is only guaranteed until next February. We continue to push for clarity on whether the services they offer for doctors who need support will be continued – rest assured, we believe that a truly holistic Occupational Health Service for primary care is paramount to the health of healthcare workers in these increasingly stressful times.

- **IT:** *Wales has started the procurement for GP Systems and Services including Scanning & Document Management and the contract will be available for draw down from 2012. Ian is working on this on behalf of GPC Wales. We have highlighted the valuable and vital role that Scanning & Document Management plays in maintaining a full and complete electronic record at present and are pushing for national funding for Docman® in the interim.*
- **Returners:** *We are pushing to have a Returner scheme that will enable all GPs who are able to return to the GP workforce to be supported and enabled to do so quickly as this makes sense both economically and for delivering the increasing work in primary/community care.*

Local update

Ashok and I have had a meeting with the Health Board regarding next year's Enhanced Service commissioning – we are pleased that the Health Board want to engage in this at such an early stage as this will enable practices to get the new contract year off to a flying start and the first meeting was promising. More detail to follow in due course.

Other issues discussed locally are the:

- **PRISMATIC study** - now open to practices to sign up for
- **CCM reconfiguration** - see previous blogs on issues of concern
- **Proposals for implementing the Mental Health Measure locally** - this is a really interesting, and I feel potentially enormous improvement, on current referral pathways. In a nutshell, patients / carers / healthcare professionals can refer a patient to the service and they will ensure an attitude of "your problem is now our problem", taking on and managing

the problem and ensuring we are kept up to date at all times. There will be no more bouncing of referrals. In addition, as a separate piece of work, there will be a directory developed highlighting the voluntary sector / third sector / secondary and primary care services available to patients which will be updated regularly. Again, this will be a valuable resource for us in primary care.

- **Appointment systems, capacity within outpatient clinics, DNA/cancellation systems etc** - The appointment manager has listened to our concerns and outlined how systems have been improved and changed. For the first time ever, consultants will now be able to see the lists of patients awaiting appointments and this is leading to changes such as increased capacity within clinics. These changes are being implemented now so will take a few weeks/months to show a tangible difference but it is certainly moving in the right direction. One thing that is still happening is that a doctor's name appears on letters when they weren't the referring doctor - this doesn't just happen when locums/registrars refer from a practice. One would think that as the referrer's name is on the original letter, that should be inputted to the hospital system. I shall take this up although I have been told that there may be a hospital IT system issue that makes this difficult.

Finally, I would like to say a huge congratulations to both Ashok and Dr Ed Hill following their recent nominations for RCGP Wales Doctor of the Year. Those who attended had a fantastic evening with some very uplifting citations from patients.'

Charlotte

Practice Nurse Indemnity

The Royal College of Nursing (RCN) has written to all members advising them of "a small change to the RCN indemnity scheme which will take effect on 1 January 2012 and which is relevant to you as an RCN member employed in general practice." The letter can be viewed at

http://www.rcn.org.uk/_data/assets/pdf_file/0019/404416/Indemnity_letter.pdf

Further, the General Practitioners Committee (GPC) has included the following paragraph in GPC News 4 - November 2011: "Following the Royal College of Nursing (RCN) announcement that indemnity cover for work undertaken by practice nurses as part of their employment will no longer be provided by the RCN indemnity scheme, we again remind practices to check their indemnity arrangements to ensure that the work carried out by their practice nurses and all practice staff is appropriately covered."

The liability arises under employment law rather than the GMS Contract so it is non-negotiable.

Safeguarding Children and the provision of information

When GPs are approached under the Safeguarding Children procedures, they should provide any relevant information they have on the child in the form of a short report (similar to a referral letter) as part of their GMS Contract. Should the Corporate Safeguarding Team require a more detailed report or a copy of the child's notes, the GP should provide these but, as such provision is out-

side the GMS Contract, a fee may be charged. However, in all circumstances, information and/or copies of records should be provided as a matter of some urgency as it may be relevant to case meetings considering the safety of the child.

Communicating with Sessional GPs

The use of the demographic information held on the Medical Performers List to distribute essential information to GPs is being considered as this could be a patient safety issue, particularly where Sessional GPs may not receive this information from other sources. This initiative has the support of Morgannwg LMC Ltd.

Medical Charities at Christmas

Christmas is a time for giving and the two main Medical Charities have started their annual Christmas appeals:

- **The Cameron Fund** (a charity for GPs & their Families) – Morgannwg LMC gives annually to the Cameron Fund and has made a donation of £500 to the Christmas Appeal 2011.
- **The Royal Medical Benevolent Fund** (a charity for Doctors & their Families) – Morgannwg LMC does not contribute to the RMBF as many GPs already contribute via their local GP collector. Dr Paul Mellor has worked tirelessly for many years in this role but has now passed it over to Dr Ashok Rayani who will be pleased to receive your donations (payable to "The RMBF" and preferably gift-aided) via: Dr A Rayani, RMBF, c/o The Grove Surgery, 6 Uplands Terrace, Uplands, Swansea, SA2 0GU.

Next LMC meetings: LMC Executive 7.00pm Tuesday 13 December 2011 - Venue TBC
Full Committee 7.00pm Tuesday 31 January 2012 - Blanco's Hotel, Port Talbot
LMC Executive 7.00pm Tuesday 14 February 2012 - Venue TBC