

MORGANNWG LOCAL MEDICAL COMMITTEE LIMITED

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LMC Newsletter October 2011

Chairman's Blog

'Dear All - another busy month, I don't know about everyone else but there never seems to be a spare minute in the day to draw breath. It was disconcerting to hear on the radio today that there are less than 60 days to Xmas and now I am worrying there is not enough time to get everything sorted.....any top tips always warmly received....

UK contract negotiations continue – is the end in sight? I hope so as cannot think of another year where they have gone on so long.

Regarding the Health and Social Care Bill it is with some relief that we in Wales are presently only keeping a careful watching brief – these changes will have potentially significant implications for those working near the borders and we definitely need to keep abreast of the proposals – there are some good ideas but many threats not least to the role of education and training and the future role of Deaneries.

Also, in England it appears that appraisal enthusiasts within PCTs are trying to make doctors jump over enormous hurdles – whilst we don't yet know the true model for revalidation, in Wales at least we have one appraisal system that works well and all doctors are signed up too. Long may that last.

In Wales, access 8 – 8 and Saturday mornings remains very much on the political agenda. We continue to point out that we have a UK national contract, that there is a perfectly good DES available for delivery of extended hours where it is needed and that Saturday mornings (if evidence exists for it being available) would be more cost effectively delivered via networks/OOH organisations rather than through individual surgeries. We have to use resources effectively – that means our staff, ourselves as well as the financial costs. I gave my first ever evidence to one of the Welsh Assembly's Health Select Committees – in this instance it was reviewing the Welsh Stroke Strategy. It was an interesting experience – quite daunting, particularly as they initially believed that GPs were not doing enough for patients in preventing strokes, managing AF and warfarinising patients. I gave what I believe was a firm rebuttal and highlighted the huge amount of work being done in General Practice and that we needed a truly multi-disciplinary approach across public health, primary / secondary and social care to make the changes necessary. I believe this was taken on board.

Locally, we have had some very productive meetings with Alex Howells and Jan Worthing. Thank you to all those who got in touch with us regarding concerns about various aspects of the Local Enhanced Services. I can confirm that the Health Board have taken on board our comments fully, and they themselves were frustrated with various delays that affected these coming out to practices earlier. A number of what I believe are helpful concessions for this year's Diabetic LES have now been made available to practices by the Health Board. You will shortly be receiving the Wound Management LES details which has two parts – one for the practice and a second part for network delivery of additional wound care services. This will hopefully ensure our wound care work is recognised and enable us to deliver a consistent wide range of services to patients. Reviewing current Enhanced Service commissioning and preparing for next year is on the work programme for the Primary Care Development Group – this should mean that practices know in advance of the contract year start what Enhanced Services will be on offer.

On the agenda remains the proposals for reconfiguration of the chronic conditions nurse service – I will be attending a meeting next week on this – your views have been heard and conveyed.

In addition, you should have received a letter regarding a research trial involving a risk predictive tool – PRISM. The LMC is satisfied that there are no data governance concerns so it is over to practices to decide if they wish to participate or not.

We are always readily available to support GPs, practices and networks across the ABMU area – please contact the office if you wish to discuss any issues.

Finally, it is with sadness that I report the death of Dr David Roberts who was a GP in West Wales and Chairman of the Dyfed Powys LMC for many years. David was a true gentleman and an excellent GP and will be hugely missed by his friends and colleagues across Wales.'

Charlotte

Sessional GP Issues

Morgannwg LMC represents all GPs in its area and has a Sessional GP Constituency with the following elected Members: Drs O Aung-Kyi, S Bassett, N Shah, S Le Maitre and I Millington.

A number of Sessional GP issues have been discussed recently by the LMC / LMC Executive including:

Guidance on Locum Agreements for GPs

The BMA has published locum agreements guidance for both locum GPs and the practices who engage them. It is aimed at locum GPs to help them put together written agreements with the practices for which they work, and should also be of interest to practices who engage locums. It assumes that the arrangements made will reflect the locum's status as a self employed GP, and that the agreement will be a contract for services, rather than a contract of service, which would apply to an employee. The Guidance can be viewed at: http://www.bma.org.uk/wa/employmentandcontracts/employmentcontracts/sessional_gps/locumagreements.jsp (BMA Members only) or at: <http://bitly.com/ncvKy7>. Also, the National Association of Sessional GPs booking form can be found at: <http://bit.ly/qm7O9f>

Identification of Locum GPs on Practice Computer Systems

It has come to the notice of the LMC that many Practices use a 'Locum' log-in on the Practice computer systems which can cause problems if the Locum needs to be identified in respect of notes or referrals. To avoid issues for the Locum and the Practice, the Locum should have their own identity on the system. Identifying Prescribers is a UK issue and it requires a UK solution (which is a long time coming).

Practice Locum Induction Pack

It has been suggested by a Sessional GP member of Morgannwg LMC that Practices should provide all Locums with a Locum Induction Pack that contains information/links to information about log-on, internal/external telephone numbers (e.g. local Hospitals/Clinics), services available within the Practice (e.g. IUCD fitting/Minor Surgery), Referral pathways/forms and Practice prescribing policies/formulary. The Prac-Pack project was set up to do this but it is not available universally.

Attendance at LMC meetings by Sessional GPs

Any GP in the LMC area is welcome to attend any meeting of Morgannwg LMC but to ensure that you receive the papers ahead of the meeting, please contact L Rudd at the LMC Office.

Reporting of Incidents and Significant Events

It is a fairly frequent occurrence for Morgannwg LMC to be approached by constituent GPs/Practices for advice about reporting incidents or significant events that have occurred either in Secondary Care or at the Secondary Care/Primary Care interface and the LMC usually advises that these be passed to the Medical Director, the Assistant Medical Director or to the Clinical Director of the relevant specialty for information/action.

ABMU Health Board has now devised a new form in two parts for reporting Incidents and Significant Events from Primary Care Practitioners that makes it more compatible with the processes for reporting incidents involving Secondary Care and the form should be used to report incidents that have occurred where the problems appear to be related to Secondary Care (e.g. poor discharge summaries/delays with Urgent Suspected Cancers). In such circumstances, the Health Board will require the patient's NHS number and initials as identifiers to input the incident onto the DATIX system and this will then enable the relevant department in Secondary Care to investigate

the incident. NB: ABMU HB is confident that there is no contravention of the Data Protection Act when Personal Identifiable Information (PII) is used in this way but incidents in Primary Care will not be entered onto DATIX system without the expressed written consent of the patient.

Incidents and SEAs in Practice should be investigated as part of the Practice's internal mechanisms as it is part of the professional responsibility of Independent Contractors to do this and could be the subject of Significant Event auditing by the Practice. SEAs can also be used QOF purposes and in such circumstances, PII is not required and can be omitted from the form. Further, National Patient Safety Agency (NPSA) reporting does not require PII.

Morgannwg LMC is keen to see GPs/Practices reporting Secondary Care/ Primary Care incidents and SEAs as these can give valuable information as to where systems and services can be improved for the benefit of patients in the future so please use the new form.

And finally

The darker nights have arrived so it may worth reviewing your Surgery security arrangements.

Next LMC meetings: Full Committee 7.00pm Tuesday 08 Nov 2011 - Towers Hotel, Jersey Marine
LMC Executive 7.00pm Tuesday 13 December 2011 - Venue TBC
Full Committee 7.00pm Tuesday 10 Jan 2012 - Towers Hotel, Jersey Marine