Newsletter July 2019 edition

Dear All,

This edition reaches you shortly after the **recent GMS contract announcement**. Whilst the details are still pending, some of the announced changes will at least mitigate the impact of the Global Sum reduction that WG applied unilaterally on introducing the GMP Indemnity scheme. As one of the negotiating team, I can honestly tell you it has been a very difficult 6 months of negotiation but that we are confident there are some sustainability gains in the package, particularly around introduction of a partnership premium and removing Last Person Standing liabilities for leaseholder practices. Though this will be welcome news for some and may well help improve recruitment, there is much more that WG can do to 'make GP great again' so rest assured locally and nationally we will keep pushing for meaningful increases in the workforce, reductions in workload and changes that make the day job generally more rewarding and manageable again.

The biggest focus of Clinical Governance concern locally at present is around Ambulance availability. For many years, the situation has been steadily deteriorating but we are getting frequent reports of GPs and members of the public facing extreme and unacceptable delays when an ambulance is called. Having raised this repeatedly with the Minister, WAST and the LHBs, we have now given notice in writing that **unless we as an LMC see a coherent LHB plan within 3 months to reduce delays and cease the practice of 'stacking' ambulances at Emergency Departments, so that Ambulances can do what they are commissioned to do, then we will have no option but to raise the profile of our concerns by directly engaging with politicians and the media**. SBUHB and CTMUHB have swiftly acknowledged our concerns and we will keep you posted of any progress. We would ask that you **diligently report any instances of unacceptable delays via DATIX to the LHB and copy us in** (redacting any Patient Identifiable Information of course!). Without examples to illustrate what we and our patients experience every day, our job in effecting change is much harder.

As always, we continue to raise matters of concern, particularly those that you raise with us. Many of these are around the hospital interface and rest assured we represent your interests with great force in order to improve quality. We appreciate your help in flagging those concerns to the LMC – please keep raising your issues so we can help address them!

Finally, a note of congratulations and thanks to our own local hero, 'Madame Chair' herself. Dr Charlotte Jones recently married and became Dr Smith-Jones! I'm sure all of you will join the LMC in wishing her and Maurice a long and happy life together. Charlotte's tenure as Chair of GPCW came to an end last week and she has been real force of nature in standing up for GPs over the last 6 years. She has had many successes during a difficult period for General Practice and will be a tough act to follow for Dr Phil White her very able successor and we wish him well. Much of her success, as so often with representative work, is in protecting GPs from 'the mad, the bad and the downright wrong'. Many of these 'bright ideas' are buried at source and so never see the light of day to adversely affect us. This

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underground action and the more public representation can be personally challenging as well as professionally difficult. She has been a rock for the profession and good friend over the years. Though she is stepping aside from her Chair role, Charlotte will thankfully be continuing as an LMC and GPCW member in a 'backbench' role. Enjoy married life Char and 'Chapeau' from all Morgannwg GPs for your amazing contribution to the profession!

Feel free to get in touch via the office or personally – we are there to represent you.

Ian

In this edition of the Newsletter:

1. Welsh GMS contract changes 2019/20

As outlined above, the recent contract announcement was a significant step in the right direction after WGs very disappointing decision on GMPI Global Sum clawback. The details are yet to be published but the headline changes can be found here: https://gov.wales/written-statement-general-medical-services-gms-contract-reform-2019-20.

The main developments are:

- Last Person standing support for leaseholders
- Introduction of Partnership Premium as optional alternative to Seniority
- Cluster level Quality Improvement initiatives
- New monies to support access improvements via a revamped QAIF (rebadged QOF)
- Expenses uplift with DDRB pay award still pending in addition.

We'll forward you the detail as it is announced directly. In the meantime if you have queries I'd be happy to help answer them.

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2. Fax/E-mail/WCCG

We continue to push for global use of WCCG between Primary and Secondary care. It's safe, auditable and embedded in all clinical systems. Despite this we continue to see random individuals and departments asking practices to set up e-mail accounts so they can send unsolicited clinical e-mails. This is gathering pace as old fax machines are not being renewed. Given that practices already have several sources of information coming in, we are resisting another input source, particularly with the scanning and printing implications and the fact that Hospitals already have the capability to send via WCCG. The agreement of the ABMU MD - still stands and unsolicited clinical e-mail is not agreed.

https://www.morgannwglmc.org.uk/js/plugins/filemanager/files/16.03.17_Clinical_Data_Letter_H_Laing.doc

Feel free to quote this letter in your replies!

3. Enhanced Services

We are meeting soon to revamp the SBUHB basket, which we are aware is now well out of date clinically and certainly financially. If we are unsuccessful then you should look critically and assess each and decide on your future engagement. The DOAC LES has been sensibly updated to allow telephone review. For Bridgend constituents, a meeting is due to try and harmonise the basket of LESs with the existing (and far better) CTMUHB list!

4. Radiology Issues

I recently met with Radiology to discuss several issues of mutual concern and interest. We discussed the intermittent delays in reporting, the occasional lapses of efficacy in the CXR to CT pathway, as well as issues such as Allied Professionals requesting radiology and scoping electronic requesting. At present IRMER regulations don't allow electronic requesting as forms require a 'wet' signature and they only allow accredited AHPs to request investigations. If a practice is interested in getting an AHP accredited then they should contact the local radiology department to scope training but until that point all requests must come signed from a GP. GPs should also note there is no need to request radiology if referring patients to 'one stop' clinics such as Haematuria or breast clinic as this can sometimes lead to the patient being investigated/appointed twice!

5. Laboratory issues

Ongoing laboratory issues are being progressed and given the successful review and reduction in Vitamin D testing we are hopeful the lab will shortly agree to retire their form (which we are continuing to advocate 'civil disobedience' with!). We're also trying to ensure rejected lab results are not lost and practices don't have to continue the laborious task of reporting them by e-mail as well as progressing a safe and sensible solution to late results from OPD departments being dumped on GPs and especially OOH. The lab were also keen to discuss a surge in tumour marker requests from GPs and we agreed

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that other than PSA and Ca-125 there is rarely a reason for GPs to request these tests as opposed to referring to secondary care – your reflections on this would be most helpful. The work continues!

6. Incident reporting and Escalation

One of the things that hampers our efforts at times is the lack of examples to back up claims and issues we raise. In order to address this we ask that you continue to report formally and informally those SEAs and incidents that annoy, create work and adversely affect GPs and patients alike.

In SBUHB for Communications Protocol breaches that don't reach the 'snotty letter to culprit' threshold, please try the 'Diet Datix' tool via the SBUHB intranet – http://7a3b7svmdatixlv/datix/live/index.php?form_id=16&module=INC

It's quick, easy, acted upon by SBUHB and a good way of parking the annoyance.

In CTMUHB we ask that all breaches are 'snotty lettered' to the culprit copying in Amie O'Sullivan at the LHB. Both methods ensure that these will be collated and acted upon at our liaison meetings.

'No reports – No action to change it' is the crux of the matter.

We would also like to advocate that practices look and use the OPEL escalation tool. http://7a3b7svmdatixlv.cymru.nhs.uk/datix/live/index.php?module=INC&form_id=19 for times of practice pressure. It's super quick and easy to use and has an advantage that it flags pinch points to secondary care – a reverse of the 'please don't admit anyone, we are very full' e-mails that we annoyingly receive!!!

We need to report more to be heard and your co-operation is vital – please help us help you!

7. Emergency Equipment

A recent joint letter was sent to all practices by the LMC and SBUHB outlining the minimum resuscitation and emergency equipment expected of all GMS practices. This really is basic kit and we don't think there's anything to be scared of in the guidance. Practices should regularly ensure they look at their emergency kit and processes to ensure they stay in line with guidance and justifiable differences evidenced and documented.

8. SARs and GDPR impact

GDPR again! The impact of the 'SARs for free' culture is having a real impact on practices. In order to make the case for resource to be added back in to GPs to cope with this distraction on clinical resources, we need you to report:

- How many requests per month you receive per practice and
- The time and financial impact of using clinical/admin/practice resource to process each redacted SAR.

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This will really help us address this area with WG in the next contract round so please help us by donating your impact information.

9. Locum List/Indemnity

WG introduced a locum list unilaterally in April on announcing GMPI. Locum GPs need to be on the list to qualify for GMPI. The motives for the list are entirely unclear given the information it contains is largely already on the Medical Performers list. However, Locum GPs and GP partners who wish to do sessions as locums occasionally should ensure they register on the list and practices need to clarify on booking locums that they are either on the list or have their own indemnity arrangements outside GMPI in place.

10. Future LMC structure

Managing to represent GP concerns effectively to 2 health boards as one relatively small LMC is proving challenging and we expect it will lead to a need to restructure the LMC. There are several options for this including:

1. Bridgend becoming a constituency of the existing Bro Taf LMC and a smaller Morgannwg LMC representing Swansea/NPT
2. Morgannwg and Bro Taf merging to form a larger LMC with LHB offices dealing with each LHB
3. A wider review of all Wales LMCs leading to a new revamped structure.

All options will have an impact on practices and the statutory levy that you pay in particular, so we would like to hear your thoughts as our constituents. Do you want a smaller local LMC even if it costs you more in levy? Would you prefer to be part of a bigger, more efficient, potentially more robust, but perhaps slightly more remote LMC? We serve you, so please feed us your thoughts. Any changes that happen are likely to need your consultation so we will be coming back to you with our recommendations no doubt

If you require further information about any of the above please contact

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