

North Wales Local Medical Committee

Chair's Newsletter November 2018

For those who don't know me I'm Sara Bodey, and I was elected as Chair of North Wales Local Medical Committee in May of this year. This is my first newsletter – for which I apologise - and I will be trying to ensure that we get one out on a quarterly basis moving forward.

By way of introduction I'm a GP partner in Bradley's practice which is based on two sites in Mold and Buckley in Flintshire. I've been a partner there for over 15 years, in which time things have changed in so many ways, both in the practice (we now have 14500 patients rather than the 6000 we had when I arrived as just one example!) and in the wider environment in which we operate as GPs. I'm a trainer and F2 educational supervisor and am well aware of the concerns of young doctors who will hopefully be the future of our profession. I'm one of the 3 elected North Wales representatives to GPC Wales and have been peripherally involved in some of the work around GMS contract negotiations. I also work occasional out of hours shifts. I hope this background puts me in a good position to lead the LMC for the next 3 and a half years, but I'm also aware that I need the expertise and support of the team around me to ensure that we can represent all of the North Wales GPs effectively. Joining me as officers of the LMC are Phil White who continues in his role as Chief Executive Officer/Secretary, Tim Davies who is Assistant Secretary, Alwyn Parry and Paul Emmett as deputy Chairs and Eamonn Jessup as Treasurer assisted by Gruff Jones. Two of our number are sessional doctors working largely in the managed practices which adds to our ability to understand and represent all GPs regardless of whether they are partner, salaried, locum or out of hours.

The LMC now has a full complement of representatives after we held interim elections over the summer to fill the vacancies that had come up for various reasons. The list of representatives is at the end of this newsletter. Your local representatives (there are two per cluster area) are your immediate link with the LMC, although you are welcome to contact the office directly too.

Office contact details are:

Email: northwaleslmc@yahoo.co.uk

Telephone: 01745 825780

Address: North Wales LMC, Yr Allt, Ffordd Tan Y Gopa, Abergele, LL22 8DS

The LMC is here as your statutory elected representatives. If you have questions about your day to day work or need support or representation please get in touch.

GDPR and the NWIS DPO Offer

GDPR has been a significant headache for GP practices and the legislation is still untested in many areas and so the advice being given is sometimes changing as experience is gained and the legal framework tested. The LMC wrote to the LHB prior to GDPR going live in May suggesting that it would make everyone's lives easier if secondary care routinely wrote to patients and copied in the GP, and if they could ensure that third party details were only included if essential, and if present this was highlighted in the letter to aid any future redaction. We have recently reminded the LHB of this request and are hopeful that it may bear fruit. In addition, we asked the LHB to liaise with other agencies that send us correspondence - in particular those in social services. Again, we hope this will eventually bring benefit. We would suggest that practices start highlighting to other agencies when referral letters contain third party information too. It may be that this could be incorporated into WCCG as a tick box, but for now it will have to be within the text of a letter.

There are a couple of useful resources that you may well be aware of, but if not then I strongly recommend the blogs written by Paul Cundy of GPC UK that can be found at the following link (it opens in dropbox which doesn't work on hosted computers so unfortunately will need to be opened on a personal computer or device):

https://www.dropbox.com/sh/h22kak6pxlt8ily/AAB4gAuHKib_MZ44Xi3AbAf4a?dl=0

There is also a recent document from the ICO regarding how to redact information safely which is attached to the end of this newsletter.

We know that the cost to practices of dealing with Subject Access Requests is significant and we will shortly be circulating a suggestion about writing to your MP/AM regarding the implications of this which we hope you will consider seriously.

One of the requirements of practices under GDPR is that they must have a Data Protection Officer. This is a new role with various different elements to it. Larger practices with the time and expertise may feel they can provide this in house, but need to be aware of how quickly some of the interpretation of the GDPR legislation is changing as it is tested and thus the need to keep well up to date. Most practices don't have the resource to provide this role effectively in house, and GPC Wales has worked with NWIS to enable NWIS to offer an alternative. The details of the NWIS DPO offer have been circulated to practices in the last couple of weeks and I would encourage you all to seriously consider this option. NWIS has already got expertise in data protection and they have very close links to the Information Commissioner's Office, with representatives of the latter being present weekly in NWIS meetings. In addition the NWIS DPO set up is planned to be not for profit, and any surplus will be returned to practices. This is guaranteed going forward. The advice that will be given will be consistent on an all Wales basis and this will provide practices with a robust level of protection should there be an issue that comes to the attention of the ICO. The cost involved in purchasing this service is tax deductible. One of the individuals who has been instrumental in setting up the NWIS DPO system worked very closely on Information Governance for the South Wrexham cluster previously, and she is held in high regard by those who know her.

The LMC is aware that there are commercial companies also bidding to provide a DPO service. We would simply advise practices to be cautious about apparently tempting first year fees that are not guaranteed beyond 12 months, and to compare the comprehensive service that the NWIS offer involves with anything else that is offered. We would also advise being very cautious about any service that suggests sending patient identifiable documents to an outside agency that is not involved in direct patient care as this is likely to fall foul of GDPR in itself.

IT procurement

The IT procurement debacle is an unfortunate additional stress on practices. The current situation is not in truth a fault of either WG or NWIS, although it's safe to say that learning has taken place for future procurement rounds. There will be financial assistance available for practices switching to microtest although the details of this package are not yet available. It is looking less likely that there will be any financial support for practices that already use vision and are staying with vision, although there will be training available when the upgraded version of vision is finally a reality. It isn't particularly clear when this will be.

GP training places

Earlier this year the LMC made a Freedom of Information Request to the Wales Deanery (before it became HEIW). The catalyst for the request was the fact that we were always being told that there was no point in increasing GP training places in North Wales as we couldn't fill the ones we have, and yet I was meeting foundation doctors who had applied to Wrexham to GP train and not been offered a place despite passing the selection process. The FOI asked about how many doctors who wanted to train as GPs in the three North Wales scheme (and had put one of those schemes as their first choice) had been turned away despite being eligible for appointment. The response took a while as the deanery had to ask the NRO (the London based National Recruitment Office) for the figures and it appears that they only keep them for 2 years. Nevertheless those figures confirmed the impression on the ground, and in fact showed that over those two years both the Wrexham and Bangor training schemes were oversubscribed by 50% more doctors than they had places. Dyffryn Clwyd has some specific issues affecting recruitment there that likely need a different discussion. We are pleased to say that on the back of these figures we have been told that both the Bangor and Wrexham training schemes will see an increase in places being offered from this next recruitment round. This doesn't represent a huge increase in trainee numbers but it is an encouraging step in the right direction.

Sustainability

The ongoing serious concerns about the future survival of General Practice was clear at the recent conference of Welsh LMCs, where the number of motions debated around this issue

was so large they had to be divided into two sections. We are undoubtedly ahead of the curve in North Wales and now some of the areas in South Wales are catching us up leading to those in Cardiff taking a bit more notice. Realistic effective solutions remain rather elusive however and we continue to need to find some of our own solutions if at all possible. Locally there is some positive news in that 3 of the managed practices in the Wrexham area are likely to be moving back into a GMS contract after recent interviews. This doesn't take away from the very difficult situation that many GPs are working in, and we would like to remind you that the LMC is available to offer support and advice if you are struggling.

Enhanced Services

The LHB continues to only commission the gateway module of the diabetes NES meaning that any work being done in practices regarding GLP-1 initiation or monitoring or insulin initiation is not commissioned. Diabetes has been devolved to areas teams so that it is possible we may get a different approach in the 3 areas. Currently however any practices choosing to do this non-core work need to be aware that they are doing so unfunded.

We have recently agreed to a rewritten and better resourced enhanced service for initiation and monitoring of patients on DOACs/NOACs to be circulated. This more fairly compensates practices for taking on this work than did the initial version.

Be aware that the LHB are looking to assess the appropriateness of procedures claimed under the minor surgery enhanced service. There is concern that lesions are being taken off inappropriately, either because they were purely cosmetic and shouldn't be removed at all, or because they were clearly malignant and should have been referred as a USC referral (excluding some BCC excision if the practitioner is appropriately skilled). There is also concern that resection margins are inappropriate (either too little or too much depending on the indication), and that incision leaving a scar is being used when a less invasive procedure would be more appropriate. Much of the concern stems from the way the audit sheet is being completed, and the LMC would advise that this is done in a way that shares as much information as possible to avoid questions. We have suggested that the medical notes of practitioners being questioned because of this review should be compared to the audit sheet as a first step as we suspect that a lot of the concern will be around incomplete data on the audit sheet. We have also suggested that the LHB works with the new IT providers to devise an audit sheet that wouldn't require double entry of information.

Advanced Care Planning and Treatment Escalation Plans

Please see the attached 'LMC position statement' regarding this area of care. The LMC would like to hear from you should you find yourselves being asked to complete such paperwork by other clinical staff.

