

NORTH WALES LOCAL MEDICAL COMMITTEE LTD

PWYLLGOR MEDDYGON TEULU GOGLEDD CYMRU CYF

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Coronavirus planning

Clearly, this is an extremely concerning situation for ourselves, the NHS, our patients, and the whole international community. This is a new virus and so the health community is still learning about it, but certainly reports from colleagues in Italy paint a very bleak picture about what may happen here in the near future. The LMC has petitioned Welsh Government, both directly and via GPC Wales, for the suspension of non-essential contractual work, extension of self-certification for sickness absence from work and IT solutions for cluster access to records to facilitate cross cover if needed, plus remote working solutions. We hope that this is beginning to bear some fruit as it seems that IT solutions at least are being looked at with some urgency.

Each practice needs to be thinking now about how they will cope during pandemic phase. As you are aware there is no immunity amongst the population to this virus and so it will affect us all, and significant staff/clinician sickness will compound the difficulty of coping with the ill patients.

COVID patients should ideally not be seen by us in GP – certainly in the initial phases– but we will still need to assess patients less likely to have COVID and more likely to have other illnesses, and may therefore inadvertently be exposed. Steps to minimise risk and maintain a service that we are planning to take in my practice include:

- Telephone triage of all appointments, only bringing in those who need to be seen (but directing those who may have COVID to public health wales/111). We already triage same day requests so this has not been a big step for us
- If bringing in patients, keep respiratory patients physically separate to non-respiratory patients, ideally waiting in their car until their appointment to minimise waiting room waiting – we have identified a preferred isolation location for this for full pandemic phase
- Stop online booking of appointments
- Notices on entry to the buildings. Consideration when in full pandemic phase of closed doors unless pre triaged appointments.
- Stop routine work to free up clinician time once significant COVID numbers
- Budding arrangements with local practices for cross cover if needed to cover sickness absence and workload – we are talking to NWIS about IT solutions for records access and the cluster leads in Wrexham are working on a data sharing agreement that can be rolled out quickly across other areas
- Identify higher risk staff members and plan cover to keep them away from potentially infected patients
- Increase options for remote working
- A practice Whatsapp group to enable rapid notification of fitness or otherwise for work, and identify problems/share solutions

There has been a lot of understandable worry about the provision of Personal Protective Equipment to primary care. Understandably given the fact that the treatment for patients who are too unwell to self-care is hospital based, usually ITU, the focus for provision of protective clothing has so far been on these settings. The equipment being supplied to primary care is mainly lower level, but please bear in mind that stock is limited, COVID patients will ideally be managed away from primary care, and that taking measures to remotely triage patients is likely to be a better defence. This may all change as time passes so keep an eye out for information from the LHB and PHW. Some full PPE is now beginning to be provided to primary care as I write, although still limited due to stock.

As of 12/3/20 anyone with a high temperature and new persistent cough is advised to stay at home and self-isolate for 7 days (advice about how to do this is on the PHW website below). They should not phone GPs or 111. If concerned they should check 111.nhs.uk this has a useful simple questionnaire and will guide actions dependent on severity of symptoms.

If they deteriorate to a point of not coping or symptoms persist beyond 7 days then they should call 111.

You may find it useful to read the BMJ guide to coronavirus for GPs at:

<https://www.bmj.com/content/368/bmj.m800>

The BMJ also has a coronavirus news and resource page which is free to access at:

https://www.bmj.com/coronavirus?int_source=wise pops&int_medium=wise pops&int_campaign=DAA_CoronaVirus_Jan24

Public Health Wales can be found here:

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

The next few weeks and months are likely to be challenging – but will be better if we share our experience and find what works. The LMC Facebook page may be one way to do this.

In other news:

LMC Elections

We have recently completed elections for the LMC term of office that starts for 4 years in May of this year and will append the new LMC reps list to this newsletter. I would like to take this opportunity to welcome our new reps, welcome back our existing reps who have stayed on, and to thank those who are leaving, often after a long time of contributing to the LMC

Patients in, and leaving, prison

We have had useful discussions with the team at HMP Berwyn in Wrexham, particularly focussed on how to achieve communication between them and GPs both at the point when men are taken in to the prison and again when they are released to the community and to us. The prison medical team would find it useful to use secure email, and as they have access to nhs.wales.uk email addresses this would seem reasonable. They often do a lot of good work in reducing drugs of abuse on prescription during prison sentence and they need accurate information from us at the start of a sentence in order to achieve this, and a way to communicate with us at the point of release. The team are happy to be contacted directly should you be faced with a patient and no details of medication. All prisoners are released with a one-week supply of medication.

Shared Care Agreements

A reminder that shared care agreements are 'opt in' – that is to say that our 'sharing' of the care does not happen unless we formally agree it

Firearms

A new process is being agreed across Wales for applicants for firearms licenses. There will be a simple form – it is a statement of fact rather than an opinion, and will carry a fee chargeable to the patient. The process does seem better than previously. There will be a recognition of conscientious objection as an option for GPs with this process.

Hospital Issued Medication

GPs to be aware of a DTG safety issue in that GPs must add red drugs to the prescription screen, under the Hospital Issued/Prescribed sub screen, so cannot be issued, but prescribers are aware their patients are on these specialist drugs to help reduce risks of side effects and adverse interactions.