

Newsletter

General Practitioners Committee
(GPC) Wales

11.11.2016

BMA

Cymru Wales



Age	Title, Forename, Surname & Address
D.o.B	YOUR PATIENTS
24/04/1981	ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3 ADDRESS LINE 4
	OB1 10B
	NHS Number: 1234567890

Please don't stamp over age box

Number of days' treatment
N.B Ensure dose is stated

Endorsements

HP

Urgent treatment to ensure GP survival:

- capacity to see & spend time with patients
- increased practice funding
- more staff to support GPs
- less box ticking

YOUR DOCTOR

Oed	Teitl, Enw cyntaf, Cyfenw a Chyfeiriad
Dyddiad Geni	EICH CLEIFION
24/04/1981	CYFEIRIAD LLINELL 1 CYFEIRIAD LLINELL 2 CYFEIRIAD LLINELL 3 CYFEIRIAD LLINELL 4
	OB1 10B
	Rhif GIG: 1234567890

Please don't stamp over age box

Nifer y dyddiau o driniaeth
O.N. gofalwch fod y dos yn cael ei nodi

Ardystladau

HP

Triniaeth frys i sicrhau Goroesiad Meddygon Teulu:

- y gallu i weld & threulio amser gyda chleifion
- mwy o arian i feddygfeydd
- mwy o staff i gefnogi meddygon teulu
- llai o dicio blychau

EICH MEDDYG

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British Medical Association
bma.org.uk



Dr Charlotte Jones
Chair, GPC Wales

82.1% of GPs in Wales are worried about the sustainability of their practice, a recent survey by BMA Cymru Wales has revealed. A statistic that captures the real concern of the impact of challenges and pressures facing general practice.

Introduction

Dear Colleague

Whilst the full remit of the work GPC Wales undertakes is far too wide to include in this newsletter, I feel there is an emerging recognition across Wales of the problems faced and a true commitment to address these. GPC Wales will be entering contract negotiations shortly with Welsh Government, where we are looking for significant change this year to sustain general practice in Wales, with resource coming directly to practices.

Please be assured that in seeking workable solutions for general practice in Wales, we have as usual taken soundings from practices, we have also looked at what is happening across the UK and abroad and utilised the outcomes of these examples in our correspondence with Welsh Government.

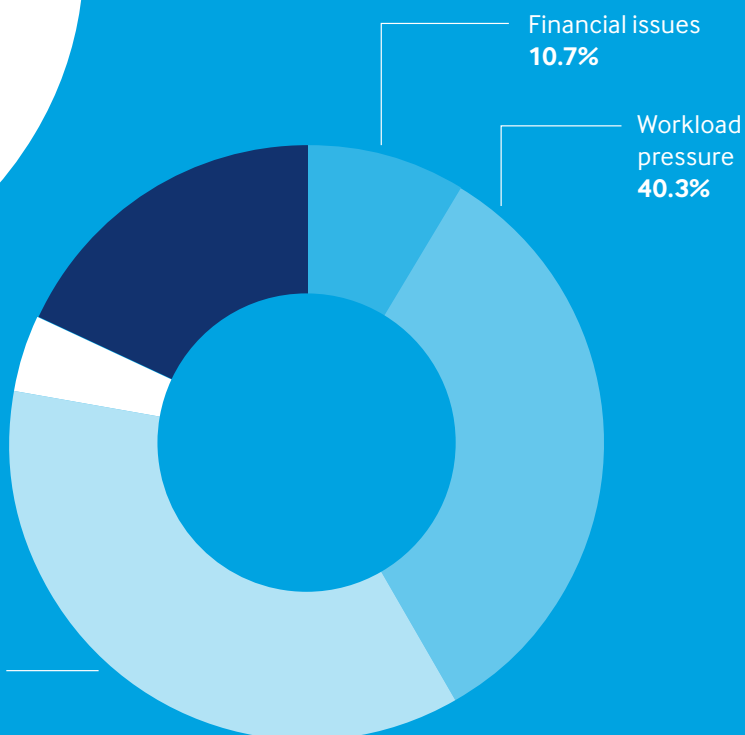
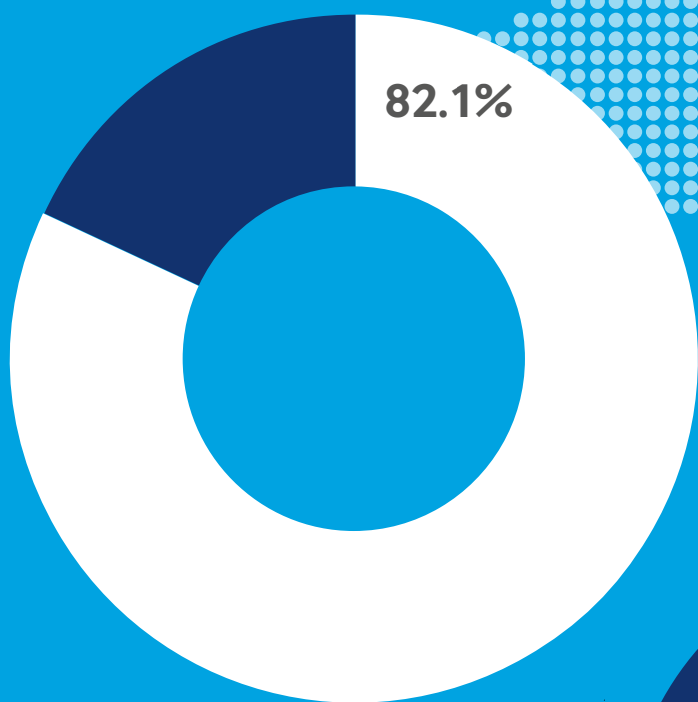
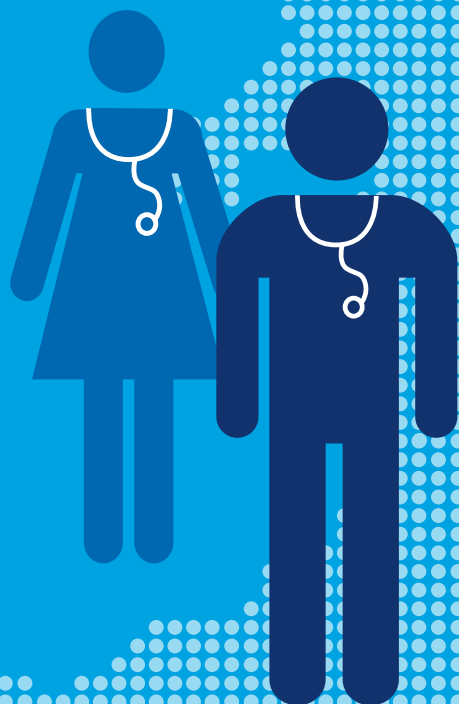
This year we have split our priorities in to four key areas. These include:

- **Workload**
- **Resources**
- **Workforce**
- **Sustainability**

GPC Wales will be sending regular updates to the profession to ensure you are kept abreast of the progress of our meetings. We would also like to hear from practices and individual GPs with regards to your experience of delivering care to patients and working as a GP in Wales – or simply for general feedback. Please contact us via gpcwales@bma.org.uk. *Don't forget the role of your LMC which can support you from a pastoral, professional and contractual perspective. GPC Wales works very closely with the five LMCs across Wales and there is a wealth of expertise available to you..*

Warm regards,
Charlotte

82.1% of GPs in Wales are worried about the sustainability of their practice



Premises – Last Man Standing liabilities

You will be aware that this situation arises when one or more partners leaves a practice, and the business related liabilities (such as lease responsibilities, mortgage loans and employers TUPE responsibilities) transfer to the remaining partner/s. In some instances a single partner can be left holding full business liability. As a result of this, a practice that was once stable can destabilise within a matter of months. For a small or rural practice, this can happen in a matter of weeks.

We are aware that this is a significant concern to practices and individual GPs either currently in partnership or considering entering partnership.

What work has been done?

We have circulated a briefing to LMCs which provides an overview of the issues as we see them, including details of a favorable response we have received from Welsh Government which confirms the scope of what Health Boards can currently do to support practices. This includes:

- Health Boards can seek consent to obtain a lease under the NHS Wales Act (2006) and this has already been used in Briton Ferry and in Brynmawr;
- The approach from Health Boards to premises lease issues, whether new or historic, can also include:
 - Working with practices and providing a letter of comfort detailing the approach to sustainability in the event of 'last man standing';
 - Taking the head lease in the case of a managed practice
 - Taking the head lease for a period whilst practice sustainability solutions are put in place and then the lease assigned over to the practice
 - Taking the head lease and subletting this to the practice for an agreed term of 5/10 years or such agreed between both parties.

However we acknowledge that more is needed and we will be pursuing this both within the contract negotiations (e.g. additional investment directly into practices, reducing workload pressures to help mitigate recruitment challenges around partnership and GP practice employed salaried GPs) as well as taking measures to address issues that fall outside of the parameter for contractual negotiations. These actions should help ensure that general practice in Wales has a good chance of being sustainable for the future.

The full paper can be found [here](#)

Vaccs & Imms uplift to IOS fee

After much work by the negotiating team, in particular Dr Phil White, GPC Wales is delighted to announce it has secured negotiation of the arguments for properly resourcing the complex programmes for vaccinations and immunisations which are outlined in the Statement of Financial Entitlements (SFE).

The IOS fee has been increased to £9.80 per vaccine and this payment will be backdated to 1st April 2016.

In addition, GPC Wales has now agreed the specification for an adolescent NES for 'mop up' or 'catch up' vaccinations with each vaccine's IOS being £9.80. This is again being backdated to 1st April 2016. The revised SFE will be sent out in due course.

Important information – some good news





We have launched an 'Urgent Prescription for General Practice' campaign. Here's more detail on the campaign:

A breakfast meeting was held at the National Assembly for Wales on 12 October 2016, with key decision-makers – including members of Welsh Government, AMs, researchers, policy advisors and other key stakeholders to launch two key publications:

- a report on our survey of GPs regarding their experiences and the challenges they face, and
- a solutions paper which outlines the urgent changes that need to be made.

Both documents are available [here](#)



Action taken so far.

- Briefings to AMs who sit on the Health, Social Care and Sport Committee aimed at encouraging and supporting them to work proactively to influence Welsh Government to achieve meaningful and timely change.
- Utilising links with other professional groups in Wales (e.g. nursing colleagues, community health councils etc) to discuss issues and see where joint work can help.
- Production of a downloadable leaflet which can be used by practices to secure views for patients in support of the campaign's key demands.
- Regular updates to a map of practices which have closed or are at risk; showing how much strain the profession is under. This pictorial view makes the need for the Campaign clear at a glance.

This is a solution-focused program of activities set to raise awareness of the challenges facing general practice, and of the need for action to be taken now to secure its future. Members are urged to help us illustrate these challenges to decision-makers by sharing their own experiences via email to Stacey.hughes@bma.org.uk and engaging in the program of activities.

Campaign

12 October 2016

Recognition of general practice as a speciality in its own right

We have pursued joint activities supporting the recognition of general practitioners as a speciality, including issuing a joint statement from BMA GPC UK and RCGP. This has been supported by the governments of both the UK and devolved nations, and has since been sent to UEMS (European Union of Medical Specialists), which has supported this initiative and presented it to its members during UEMS Council meetings in October 2016.

We believe that increased communication on this topic could be of great help in order to make general practice a speciality listed in Annex V of the EU Directive on professional qualifications – 2013/36/EC (which is the final step!).

So with a bit of luck, we will have our speciality recognised – long overdue, but a success nonetheless!

Other important areas of work

Workload

Just a reminder that there are many useful resources for practices to utilise, either on their own or as a collective voice across clusters, to address some of the unnecessary work pressures coming our way. These were sent in hard copy to all practices some time ago but have been 'brought to life' on the BMA website. Feedback has been that they are very useful.

We appreciate that many of you will be utilising these already, or have your own solutions, but please keep an eye on the site as it is regularly updated.

Resources are available [here](#)

In addition, there are useful practice manager resources available on the GPC webpages.

Workforce

This remains a huge priority both in encouraging people to study medicine, choose general practice as a career, remain in it, and also to strengthen and widen the role of allied health care professionals within practices and across rural communities.

So, what have we done?

We have undertaken a significant amount of work in this area. Activities have included participating in a ministerial taskforce which will work alongside other project groups to develop a 'Wales Offer' to promote working in Wales.

As Chair, I have met with Dai Lloyd AM, chair of the Health, Social Care and Sport Committee (HSCSC) to brief him on current issues facing the profession. We are proactively briefing AMs, shaping questions for AMs to ask in plenary, maintaining an active presence on social media and participating in regular exchanges with the press to keep general practice issues in focus.



Remote appraisal

It has been agreed in principle with Welsh Government that enabling remote appraisal (for instance, using Skype) would be beneficial to Wales. This would enable GPs working outside of Wales but in a GP role, for a defined period of time to have access to appraisal to ensure that they meet this requirement for remaining on the Medical Performers List. This is being taken forward and we will keep you aware of developments.

Maternity payments

We have been investigating reports of varied payments across Health Boards for maternity pay. All Health Boards have agreed to pay the full amount as outlined in the SFE and is not discretionary.

In addition, as the payments are not keeping pace with locum fees, we are seeking a revision to the amounts paid in the current contractual round.

Occupational health

This is now available to all GPs across Wales and we now need to focus on getting access for the wider primary health care team in line with the commitment in the Welsh Government Primary Care Plan.

Support for GPs

We recognise the enormous pressures placed on GPs across Wales and the impact on their health and wellbeing.

GPC Wales has put together a slideshow which it presented at the national appraisal training day. It covers avenues of support for GPs, their families and wider teams as there are a variety of resources available. It is available on the GPC Wales website.

Additionally, the GPC Wales team delivered a Resilience Workshop for GPs in South Wales over the summer in collaboration with RCGP. It was well received. A GP study day is now being planned for North Wales early in the new year – further details will to follow.

Phlebotomy

These discussions are ongoing with Welsh Government – mainly because we have been obtaining an updated legal view to confirm our position that our responsibility is to ensure a patient can access the test and that we do not necessarily have to provide it.

We have gone back to Welsh Government to advise that we are confident our legal advice is robust but that ideally we want a negotiated and pragmatic solution.

The GPC Wales negotiating team has provided some proposed costings to Welsh Government and to the Heads of Primary Care and are assured it will be taken forward shortly.

Cluster monies & wider primary care monies

In April 2016, the Welsh Government announced an extra £43m recurrent for 4 years. While £26m of the money was made available to local health boards to help implement their local plans for moving care closer to people's homes – £10m had been handed to Wales's 64 clusters of primary care. This was in addition to the monies announced in 2015/16 for primary care.

The challenge now is to ensure that clusters are encouraged to use these monies wisely to transform general practice and service delivery to patients. Health Boards should also be supporting cluster development so that individual GPs, the wider primary health care team and patients can see the value and impact of these resources. That will be the priority for the next year and one we will be working closely with practices on.

GPC Wales shared its recommendations in a letter to cluster leads of how to make the most of this spend to maximise the impact on general practice.

This is available online [here](#)

IT

- The current contract for GP systems has expired and an eProcurement exercise is ongoing. NWIS sent out a survey to all practices to have a say in what the tender will contain. This included seeking views on electronic prescribing software, Ask my GP, other doctor first triage tools, specific programmes and systems. It also asked if respondents are happy with EMIS and InPS.
- GP2GP will go live in November at long last!
- The Audit + workload tool will go live shortly following resolution of issues with the system suppliers.

ARTP Spirometry training

As some of you will be aware, the Respiratory Health Implementation Group recently rolled out a well-intended piece of work which came out of the All Wales Respiratory Plan. This involved the offering of ARTP level training for practice nurses undertaking and reading Spirometry. Having now met with the group twice, I can provide reassurance that it is up to the individual practice whether to engage in this training, having fully considered the criteria for completion and ongoing recertification, and it is not mandatory.

I am pleased to confirm the group has invited GPC Wales' Dr Jerome Donagh to participate in this group to represent GP interests going forward.

Transgender prescribing

We have formally written to the Welsh Health Specialised Services Committee (WHSSC), the body tasked with looking at transgender issues for Wales. In this letter we outlined our particular concerns are around the prescribing elements as well as the desire to ensure that these patients have access to the holistic care they need.

We have met with representatives of the transgender community tasked with identifying and delivering a pathway for this and discussed possible solutions that take responsibility for prescribing away from every individual GP, but also enable patients to access holistic care.

GPC Wales representatives attended a public consultation event on 18 Oct 2016 organised by WHSSC which presented a range of pathway options. To our disappointment, these options were not reflective of the previous input from GPC Wales. However, I am pleased to confirm WHSSC have expressed interest in revisiting the options appraisal paper with a small group of GPC Wales representatives before taking forward the agreed service design.

For your information, there is BMA guidance on transgender issues available on the BMA website [here](#).

The new team Charles Allanby has stepped down from GPC Wales and the negotiating team after finding himself in the lucky position of being able to retire from practice. Charles will be very much missed from the team. He contributed to many areas of the team's success, which had a direct impact on GPs. These included ensuring that HIW processes were proportionate for inspection of GP practices, ensuring awareness of GP practice issues were included in developing new or updated screening processes, and working hard on representing GP views on many planned care boards. His wife Sue has already retired so we wish them a long and happy retirement – lucky devils....

Charles' retirement led to an election for the vacant post and after a competitive election process I am delighted to welcome Dr Nimish Shah to the negotiating team. Many of you know Nimish given his various roles with teaching at Cardiff University, GP Appraisal, organising CPD events and working as a sessional GP across a few Health Board areas. We have utilised Nimish's expertise over the years with regards to sessional issues and he has also been elected to the GPC UK sessional subcommittee which is great news for Wales.

It goes without saying, that I am grateful to the ongoing support of David Bailey (my excellent deputy chair), Dr Pete Horvarth-Howard and Dr Phil White.

GPC Wales – team update for new session 2016/17



Dr Sara Bodey

Meet a new member of GPC Wales – Dr Sara Bodey

Born and bred in

Manchester, I did my undergraduate and immediate postgraduate training in Scotland. My initial inclination was to pursue a career in general practice but I was distracted by an enjoyment of hospital medicine along the way (yes I even sometimes enjoyed being a med reg..), and spent time training in Nottingham and Leeds in general medicine and nephrology.

I have been a GP partner in Bradley's practice in Flintshire for the last 12 years. During this time the practice has grown from a list size of 6,000 to over 14,000. I have overseen the practice becoming a training practice for specialty trainees and foundation doctors, and I continue to find the process of training hugely rewarding, despite the onerous administration that it attracts.

I have been actively involved in promoting general practice as a career choice to foundation doctors locally, and my contacts with young doctors in training keeps me hopeful for the future of the profession (I just wish there were more of them).

My involvement in medical politics happened rather by accident – I went along to a LMC meeting to try and find out who these people were who were meant to be representing me. As so often happens by the end of the meeting I had been asked to fill a vacancy on the LMC for my area. I have now been vice chair of North Wales LMC for over 4 years, and I hope I have been instrumental in some of the positive changes that have taken place – we certainly have a young and enthusiastic group of doctors involved following our recent elections.

Joining GPCW has been a logical next step for me – made more practical by the fact that my children are now older – the problems of getting to meetings from North Wales are not compatible with having to do the school run. I'm yet to attend my first

meeting but hope to be able to make a useful contribution with a focus on ensuring that the different needs of general practice in north Wales are recognised. It is a difficult time for the profession and the future for many practices is uncertain, but I have a strong belief in the value of good quality general practice, and that it is most cost effective when delivered using the independent contractor model.

Outside of work, be that clinical or medical politics, I destress by playing my violin, both in a folk band (the 93rd minute – a reference to my other passion, football) and with Wrexham Symphony Orchestra. My husband (a district nurse) and two teenage kids do their best to ensure I stay reasonably grounded.

If you have anything to say on the issues and topics raised in this newsletter, then please contact GPC Wales by emailing info.gpcwales@bma.org.uk