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**CARDIFF AND VALE NEWSLETTER**

**SEPTEMBER 2019**

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**SINGLE CANCER PATHWAY**

The health board presented on the Single Cancer Pathway. The main points from the presentation were:

* This was not a USC pathway, but for all other cancer referrals
* The aim was to improve patient experience
* Currently the non-USC target is to provide treatment within 31 days of the date of decision to treat with a focus on diagnosis and treatment. The eventual aim is to focus on prevention and screening, while also incorporating the point of suspicion.
* The pathway aims to diagnose the patient within 28 days with treatment started between day 49-62.
* The new pathway has been implemented since Jun 19 and is being shadow reported as compliance targets have not yet been set and there are still unanswered questions regarding medical suspension of treatment for various reasons.
* Although unconfirmed it is possible targets may be set by Apr 20.
* The pathway has a focus on 3 main areas:

- IT & Information – developing C&V systems to track and report

- Balancing demand & capacity – provisional numbers have been worked up, but need to develop these while looking at resources and sustainability

- Optimal pathways – these have been developed through Wales Cancer Network and Cancer Site Groups and could be useful for GPs to inform patients of what to expect on their treatment pathway

There was discussion on how to determine the ‘point of suspicion’ and it was confirmed that there is a technical document which provides definitions of this which would be sent to the LMC. There had been a substantial amount of work done on this and the ability of various departments to refer straight to the cancer pathway would save time for GPs and prevent unnecessary delays for patients.

The LMC advised caution when looking at the point of suspicion as it is easy to look back to identify this, but not so easy when referring into the system as GPs will always investigate before referring to prevent the system being flooded with all suspected/likely cases.

The Single Cancer Pathway presentation can be found in the advice and guidance section of the LMC website.

For further information please contact:

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**UNREPORTED BONE DENSITY SCANS**

The LMC had received reports from a few practices that had received a number of unreported bone density scans due to a backlog, which caused extra work for GPs as they were unable to interpret these and had to write back to ask for the reports. The health board agreed to investigate why these scans had been sent back to practices unreported and what the action plan was to address the backlog.

**GMS PRESSURES ESCALATION TOOL**

The health board presented the GMS pressures escalation tool which would be sent to practices next week. A national model would be forthcoming (timeline unknown at present) and therefore this tool would be used in the interim until the national model had been implemented. Practices would also receive a Q&A sheet with the tool and were encouraged to provide feedback to enable improvement and refinement. The tool would be required to be completed quarterly.

At present the tool would not be tracking ‘numbers’ but more the impression/feeling of pressure experienced by practices. It was agreed that this was very subjective but at least provided a starting point which could be improved upon with feedback. It was also agreed that eventually there could be scope to look at which questions were helpful and which ones needed the data to run alongside them to be meaningful.

It was also suggested by the LMC that it may be more useful in future to measure pressures on the workforce (rather than just the practice/appointments system) such as what hours staff were working and whether they were able to take appropriate breaks.

**SFE AND CONTRACT DOCUMENTATION**

Guidance has been sent to practices from the health board for some of the new contract such as the partnership premium and access to in hours GMS services. The health board are also due to hold a series of drop in sessions for practice managers in order to address any questions or concerns surrounding the contract. The sessions arranged are:

Tuesday 8 October – 1400-1700 hrs – Nant Fawr 1 Meeting Room, Ground Floor, Woodland House

Thursday 10 October – 1000-1300 hrs - Nant Fawr 1 Meeting Room, Ground Floor, Woodland House

Thursday 17 October – 1400-1700 hrs – Nant Fawr 3 Meeting Room, Ground Floor, Woodland House

Practices can also send in any queries ahead of these sessions to Cav.Primarycare@wales.nhs.uk.

**OUT OF HOURS UPDATE**

The health board reported that the Public Accounts Committee had sent their recommendations to Welsh Govt which would now need to be actioned. There would be follow up peer reviews later this year (Sep-Dec). Further work was ongoing looking at how to incorporate mental health services and palliative care into the current team following demand and capacity analysis.

**WELSH GENDER TEAM**

All practices are reminded that the new Welsh Gender Team is now up and running. Advice can be sought from the team via email: [cav.wgs@wales.nhs.uk](mailto:cav.wgs@wales.nhs.uk) or telephone: 07971529080.

**ENHANCED SERVICES**

Three DES’ were due to be reviewed: Learning Disabilities, Mental Health and Minor Surgery. LES’ were already in place within C&V for Learning Disabilities and Minor Surgery and these would continue until the DES were agreed.

The Transgender DES has been agreed and sent out to practices.

Scoping work was ongoing investigating whether Sayana Press could be introduced into the LARC specifications.

The Student enhanced service would be reviewed following the end of the current intake. The review would aim to incorporate the ‘we are primary care’ campaign.

A meeting had been convened for the Wound Care T&F group and a draft specification sent out for comment.