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**CARDIFF AND VALE NEWSLETTER**

**MARCH 2020**

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**CHANGE TO LABORATORY PROCEDURE FOR COELIAC TESTING**

With effect from 1 April 20 an IgA test will automatically be added to every TTG request for coeliac disease testing. NICE guidelines state that IgA should be tested alongside TTG when screening for coeliac disease. Previously the laboratory has placed the onus on the clinician to request IgA and therefore this change is being implemented to ensure comply with NICE guidelines.

**CHANGES TO PERSONAL INFORMATION**

All GPs are reminded of the requirement to inform NHSWSSP of any changes to their personal addresses.

**INFORMING RESPONSIBLE OFFICERS**

All GPs are reminded of the requirement to personally inform their responsible officer at the earliest opportunity if they find themselves being investigated by any regulatory body.

**CONTACT DETAILS FOR TRAUMA AND ORTHOPAEDICS**

The last newsletter informed of impending changes to the on-call trauma and orthopaedics service. The following contact details now apply:

Fracture Clinic: 02920 748030

CAVOC Ward: 02920 716184

**NEW EMERGENCY SURGICAL AMBULATORY CLINIC**

With effect from 10 February 20 the new Emergency Surgical Ambulatory Clinic will run every weekday from 10am-12pm at UHW. All emergency surgery referrals between the hours of 8.30am to 7pm should be made by telephoning 02921 841672. Further information can be viewed at <https://cardiffandvale.communityhealthpathways.org/102901.htm>.

Any queries regarding this service should be directed to Chris.morris3@wales.nhs.uk. Please add the LMC as a copy to address to enable us to collate feedback on this service.

**COVID-19 (WUHAN CORONAVIRUS) – LABORATORY PROCESSING**

A message from Cardiff & Vale Labs:

As Covid-19 (Wuhan Coronavirus) is spreading, we are reviewing how we process potentially positive samples in the laboratory.

If a request is sent where there is a possibility of the patient being 2019 nCoV positive, we will only process closed sample testing (i.e. FBC, Coagulation or routine Biochemistry). We know that we could have silent or unknown infected patients and we have reminded all staff of Good Laboratory Practice (GLP).

As patients presenting with possible malaria infection show similar symptoms to the novel Coronavirus, we are reminding all requestors of the importance in stating the location of travel for all malaria test requests. Whilst this should be standard practise anyway (as different species are location specific), it will help us to stream the requests correctly. We do realise, though, that as time goes on, the virus will become more globalised very quickly.

We appreciate your cooperation with this matter.

**PRIMARY CARE ESCALATION TOOL**

The LMC would like to encourage practices to use the primary care escalation tool. Whilst it is acknowledged that the tool is still a work in progress, the information it could provide could be used to support requests for additional resources to primary care, which is supported by the LMC. It is expected that the electronic version of the tool will be available by the end of March 20.

**LMC REPRESENTATION AT CLUSTER MEETINGS**

The LMC has requested that they be invited to attend the Clinical Director Forum/Cluster Lead meetings in order to provide input and advice on any contractual issues or items of service change and enable a smoother pathway for cluster initiatives, thus preventing delays.

**ENHANCED SERVICE UPDATES**

It has been agreed to include Sayana Press into the long acting reversible contraceptives LES and has now been sent to the medicines management group to be included on the formulary, although issues remain regarding supply of the drug.

The Gonadarelins LES had also been reviewed. The LMC will be providing advice regarding a reasonable pricing structure for reimbursement.

The health board were also pushing for additional funding to alter the NOACs LES, however until this funding was agreed and received the NOAC would remain unchanged.

**OUT OF HOURS UPDATE**

Staffing levels within C&V OOH have dropped recently, and escalation levels have been higher than predicted which has led to challenges. Good work was still ongoing regarding work with mental health and palliative care nurses, which was having a positive impact.

Work had also started on the move to the 111 service. Planning had been started to come online earlier than originally planned, however the national system for 111 has just been agreed and some questions have been raised which could negatively impact the proposed timeline for implementation within Cardiff & Vale. Updates would be provided as available.

**CORONAVIRUS**

Coronavirus was discussed at some length. The LMC raised concerns regarding the current testing policy, protection for GPs in the event of clinical errors (due to increased volumes and complications surrounding isolation) and also the issue of PPE. The LMC has asked Cardiff & Vale health board to raise a formal concern with Public Health Wales on behalf of the LMC regarding the level of PPE allocated to community health care professionals (against those allocated to A&E departments).

**ACCESS STANDARDS DURING CORONAVIRUS HEALTH CRISIS**

The LMC has asked for Cardiff & Vale health board to raise concerns with Welsh Government regarding the meeting of access standards during the Coronavirus health crisis. Some practices are already experiencing increased call volumes and there is concern that the volumes could increase again should a pandemic be declared. The health board agreed to raise with Welsh Government this week and it was also suggested that practices may wish to take sequential screenshots across the month rather than provide a screenshot as at 31 March as evidence of meeting the standards in order to partially mitigate the distortion that Coronavirus is causing. These may also help to provide evidence of the increase in call volumes etc being experienced.