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**CARDIFF AND VALE NEWSLETTER**

**SEPTEMBER 2020**

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**SYMPTOMATIC FIT PILOT**

A presentation was delivered on the Symptomatic FIT Pilot due to be run in C&V in the near future. The main points from the presentation were:

* Colorectal cancer is the second most leading cause of cancer mortality
* 40% of symptomatic patients currently undergoing colonoscopy do not have pathology
* Introducing FIT to help optimise appropriate referrals
* Has potential to improve patient outcomes through early diagnosis whilst providing a more effective and detection pathway
* Aim of the pilot is to aid primary care triage pathways in a DG30 eligible cohort as well as observing the effect of FIT on the USC cohort
* Collaborate intervention between primary and secondary care including the provision of an education and training package
* Process will involve GPs assessing the patient and referring eligible patient for FIT via a web based online request. A test kit will then be sent to the patient by PHW and results given within 48 hours of PHW receiving the test kit back.

The LMC raised concerns regarding the requirement to go through the Ethics Committee for conducting this study and also regarding the IG implications of completing a web based online form. The health board assured that NWIS had been involved in compiling the web-based form and that assurances would be given (via DPOs) regarding the IG requirements.

The LMC also offered the opinion that there was no role for GPs to complete FIT requests as this was part of a research study rather than relating to direct patient care. The LMC asked for their concerns to be resolved and for further discussion to be held prior to implementation.

**GYNAE CLINIC**

The LMC had received a complaint from a practice regarding a lack of communications from the Gynae Clinic following a patient’s termination of pregnancy. Whilst the LMC were aware that it is the patient’s choice whether their practice are made aware that a ToP had been performed, the reply to the complaint acknowledged that there had been a recent service change which had not been communicated effectively.

The LMC would therefore write to Gynae Clinic to request clarity on the recent service change and request that this is fully communicated to practices.

**REFERRALS TO EPAU**

The LMC reported that the referral criteria to EPAU had been changed without consultation which meant that only patients with severe bleeding in early pregnancy were being seen, which was leaving a gap in service provision. The LMC would therefore write to EPAU to request clarity on the service changes and highlight the gap in provision.

**IG REQUIREMENTS SUPPORTING THE PREHAB 2 REHAB PROGRAMME OF WORK**

The health board reported that the NWIS DPO service would review and sign off the data impact assessment for this programme of work which would give assurances to practices when using this service. Once signed off practices would be informed.

**CAV 247 FIRST MONTH**

The health board advised that CAV247 had now been live for 4 weeks and was deemed to be going well with positive feedback from the emergency department and no significant incidents or complaints being reported. Feedback received from the emergency department was that the patients they had been receiving had been appropriately triaged. A patient feedback survey had been sent to service users for completion and the first report from this feedback was due to be released next week. The health board were also due to meet with the CHC regarding their patient surveys. Work was also ongoing regarding the number of walk-in patients still attending. The health board agreed to share the core elements of the report with the LMC

The LMC also raised concerns that he had received complaints from GP trainees that rather than gaining experience in OOH they were facilitating CAV247. The health board agreed to investigate this.

**CONTINUED SECONDARY CARE WORKLOAD TRANSFER**

The issue of continued transfer of workload from secondary care was discussed. The LMC highlighted a particular issue with the wound care clinic whereby they had recently changed their service for patients to be seen in GP practices and with assistance from practice nurses. This change had not been agreed with practices who often do not have the space or staffing resources to enable this change. The health board agreed to investigate. The LMC also informed the health board of the recently conducted survey amongst practices regarding the effects of the increased workload transfer and would be happy to share this with the health board. The survey would be shared at a future Outpatients Group meeting and the LMC could be invited to the meeting to discuss.

**LOCAL COVID IMMUNISATION PLAN**

The LMC enquired whether C&V UHB’s plan involved primary care delivery of the vaccine. The health board advised that a desktop exercise had recently been held and a plan was being drafted for WAG. This would be discussed at the next CD Forum to which the LMC would be invited.

**JOB VACANCIES**

The current job vacancies within the Bro Taf area are:

* Salaried GP, Four Elms Medical Centre, Cardiff (closing date: 3 Sept 2020)
* Salaried GP with view to Partnership, Town Gate Practice, Chepstow (closing date: 4 Sept 2020)
* Practice Nurse (fixed term), Woodlands Medical Centre, Cardiff (closing date: 7 Sept 2020)
* Receptionist, Taffs Well Medical Centre, Taffs Well & Caerphilly branch (closing date: 7 Sept 2020)
* Primary Care Paramedic, Butetown Medical Practice, Butetown, Cardiff (closing date: 11 Sept 2020)
* Salaried GP, Butetown Medical Practice, Butetown, Cardiff (closing date: 11 Sept 2020)
* Practice Phlebotomist, Butetown Medical Practice, Butetown, Cardiff (closing date: 11 Sept 2020)
* Part Time Practice Nurse, Cathays Surgery, Cardiff (closing date: 11 Sept 2020)
* Medical Receptionist, Eglwysbach Medical Practice, Pontypridd (closing date: 17 Sept 2020)
* Salaried GP, Talbot Green Group Practice, Talbot Green Pontypridd (closing date: 30 Sept 2020)
* Salaried GP with view to partnership, Practice 1, Merthyr Tydfil (closing date: 30 Sept 2020)