I recently attended a seminar on the future of General Practice Nursing in Wales, where I was asked to talk about the context around general practice and health care. I spoke of a primary care service that was delivering great care for the people of Wales despite significant pressures (which we have referred to in this bulletin before). We face an increasing demand on our services with diminishing clinical capacity, a situation in danger of becoming imminently worse as we continue to have difficulty recruiting to our discipline. We are not alone. All sectors of the NHS are struggling to deliver, and many talk of crisis.

At the seminar I suggested that good primary care will save the NHS. There is good evidence internationally to support that. General practice is at the core of primary care, but general practice is heading for crisis. Practice nurses will save general practice; we have a fantastically committed, skilled and patient centred nursing workforce in primary care, largely unrecognised. I have recently been involved in a rapid review of international models of primary care. There are lots of papers about primary and community care systems and primary care doctors, but very little about primary care nurses. There are lots of newspaper stories about good and bad general practice and good and bad general practitioners, but very little about practice nurses. The practice nurses at this seminar were an enthusiastic bunch, albeit a bit disgruntled in parts (so there’s a similarity). They took a while to get going and speak up, and there lies part of the problem. I got the impression many did not get the opportunity to put themselves and their ideas forward (are they actively contributing to cluster work?) or to be listened to. I was saddened to hear several felt held back by their GP colleagues / employers.

Let’s be pragmatic– we need more clinicians in general practice. We need GPs to do what only GPs...
South East Wales Faculty Board
Members to support Medical Student General Practice Group

South East Wales Faculty Board have approved a project to set up a General Practice Group with medical students based in Cardiff. A group of RCGP SE Wales members are currently liaising with enthusiastic students to organise initial meetings and events for the group. Attraction and retention of quality doctors in general practice is acknowledged as a worldwide problem, and Wales is no exception. The aim of the society is to engage students early offering education, information and an opportunity to see what an exciting and diverse specialty we work in. We hope to raise the profile of general practice amongst students, and promote it as a career choice in medicine. The group will be mainly run by the students themselves, but we are looking for enthusiastic GPs to offer support and contribute to educational events. Also, if you encounter any general practice orientated students, please pass on contact details.

For further information contact Hannah Willoughby on hannahwilloughby2002@yahoo.co.uk

CHAIR’S MESSAGE CONTINUED….

can do, i.e. skilled diagnostic assessment and holistic management of multifactorial complex and undifferentiated problems. I heard nurses keen to be first contact clinicians for simpler conditions, to do more prescribing and monitoring, and to take more responsibility for supporting patients to manage long term conditions. Nurses do not take so long to train as doctors, and it is easier (though challenging) for them to move from secondary to primary care. That is less true for medics. Patients mostly rate their interactions with practice nurses highly. However, we do need to ensure that practice nurses are fit for purpose. There is no standard national training programme, though the RCGP has produced a Competency Framework for general practice nurses (http://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/information-for-practice-teams.aspx). There have been courses provided in Wales, but they have not always been received as accessible, or have not been well supported. Practice nurses should not need to rely on the goodwill of their GP employers to obtain or enhance their skills. This is a national or LHB responsibility. Five principal actions were agreed at this conference:

1. Improve access to training and development with an accredited educational programme based on the RCGP competency framework.
2. Standardise terms and conditions.
3. Get GPs to engage more with practice nurse development.
4. Support more research into the effectiveness of practice nurse interventions.
5. Obtain accurate workforce data in general practice in order to plan workforce issues more effectively for the future.

Please encourage the nurses in your practice to be assertive in expressing their developmental needs, and to be bolder in their aspirations for the future. Be prepared to hand over some of the work you do at present to nurses. I know we all value the BP checks and children with (blanching) rashes as helpful catch-ups in busy surgeries. Let us concentrate on what we do uniquely well. Let us work with colleagues collaboratively rather than competitively. Let’s recognise our strengths and weaknesses. Together we will deliver accessible, relevant and effective primary care, and enjoy it.

Oh, and yes, with that small shift in resource we have asked for, we will save the NHS.

PS: A big thank you to all of you who got patients to sign our recent petition. Their support is vital for them and for us. The campaign is already having some impact and hey, it is almost flu jab season again. Enjoy.
20th November 2014
Copthorne Hotel Cardiff

**Key Note Speakers**

**Ruth Hussey**
Chief Medical Officer for Wales

**Professor Jonathan Cooke**
Member of DH Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections

Please register your interest on http://www.wcppe.org.uk/antimicrobial

1. Antimicrobial resistance is everyone’s problem.
   What is the problem?
   What can be done?

2. What are the issues in day to day practice?

3. Current strategy and intervention from the experts.

4. Overcoming the issues in practice.

5. Achieving a multi-disciplinary approach to effective solutions.

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**Harvard Davis Lecture 2014**

**The 21st century GP partnership – patients as equal partners?**

South West Wales Faculty are pleased to be hosting the Harvard Davis Lecture on Thursday 06 November 2014 at the Marriott Hotel, Swansea.

The evening will commence at 7pm followed by a hot buffet supper. Dr Ruth Hussey OBE is our guest speaker and will be delivering a talk entitled:

‘The 21st century GP partnership – patients as equal partners?’

Dr Hussey was appointed Chief Medical Officer/Medical Director for NHS Wales in September 2012. Dr Hussey was born and brought up in Conwy Valley, living there until she went to University. Dr Hussey has worked as Regional Director of Public Health and Senior Medical Director at NHS North West.

If you would like to attend the above event (all are welcome) please contact Kirsty Dodd on 0203 188 7764 or email swwales@rcgp.org.uk

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Prof. Harvard Davies

Dr Ruth Hussey
ALL-WALES VISION STRATEGY

There are currently nearly 100,000 people in Wales living with sight loss and it has been predicted that, across the UK, by 2050 the number of people with sight loss will double. This makes it critical that all GPs are able to respond to the needs of this growing cohort of patients, and that all primary healthcare services are accessible to people with sight loss.

Last year, Welsh Government published new All Wales Standards for Accessible Communication and Information for People with Sensory Loss. This document sets out the standards of service delivery that people with sensory loss should expect when they access healthcare, and includes a specific section on primary care. In relation to people with sight loss, this includes:

- Training all staff in how to communicate with people with sensory loss.
- Asking patients about their communication needs when they register with a GP and ensuring these are flagged on their records (and that this information is passed on to secondary care when referrals are made).
- Ensuring all written communication with the patient is sent in their preferred format (e.g. audio, large print, Braille).
- Ensuring the healthcare environment is accessible, including good signage and consideration of lighting and colour contrast.

The Equality Act 2010 created a legal duty to make reasonable adjustments to ensure equality of access to healthcare services for disabled people. As well as the legal argument, and as well as it being quite simply the ‘right thing to do’, there are also some very practical reasons why every GP surgery should be ensuring they’re meeting these standards. Failing to provide information in a format that the patient can read wastes time and money in missed appointments, risks patients’ safety when people cannot read information about their medications and can result in poorer health outcomes as people don’t have the information they need to manage their conditions.


VISUAL HEALTH CLINICAL PRIORITY

RCGP has set visual health as a clinical priority, and appointed Dr Waqaar Shah, as the RCGP Clinical Champion for eye health. Dr Shah recently attended a meeting in Cardiff with RCGP Wales, Sian Biddyr of RNIB Cymru, Rebecca John, the Clinical Lead for Low Vision Wales at The Wales Optometry Postgraduate Centre (WOPEC), and Barbara Ryan, Welsh Government Optometric Advisor. Welsh Government is keen to ensure that all GPs and their staff are aware that patients with acute eye problems (e.g red eye) can be seen free by optometrists through the Welsh Eye Care Service (WECS). There are free enhanced eye examinations (EHEW) available for at risk groups, for example people with sight in one eye, hearing impairment, or macular degenerations, as well as those from a particular ethnic group, or those that are at risk of eye disease because of family history. In addition, WG fund optometrists to provide a low vision service providing aids free of charge to people with low vision. The housebound may have domiciliary service.

Further information is available at: [www.eyecare.wales.nhs.uk](http://www.eyecare.wales.nhs.uk). If you would like some CPD in your locality on visual health you can contact Rebecca John at WOPEC, at [JohnR8@Cardiff.ac.uk](mailto:JohnR8@Cardiff.ac.uk).
DOMESTIC VIOLENCE AND FGM
Dr Jane Fenton-May

At the invitation of the UK Government, the UN Rapporteur on Violence Against Women, Rashida Manjoo (part time lecturer in public law at the University of Cape Town) visited the UK to study the country’s position prior to reporting back to the UN Human Rights Council. She was reported to say that the UK suffered from a "boys' club sexist culture" with more “in your face” sexism than other inspected countries, with a poor portrayal of women and girls by the UK media. She raised concerns that bullying and harassment in schools was routine, and that the austerity measures were affecting women disproportionately.

Female Genital Mutilation (FGM) is an extreme form of abuse, and July 2014 saw the Girl Summit, with David Cameron's support, seeking to end FGM and child marriage. There are reported to be 137,000 women and girls in the UK who have been mutilated - apparently there are active cutters in the UK, and sadly it is often UK born children who suffer, as young women/mothers feel they need to embrace traditional practices to prove that they are part of the community. Eight is the traditional age for FGM, but no age is exempt. Support and counselling is available through the organisation BAWSO, and their website contains a lot of helpful information (www.bawso.org.uk).

Slavery, including trafficking, is another extreme form of abuse which is on the increase, with 50 cases of suspected slavery having been reported in 2013 in Wales. BAWSO have a WG funded 'Diogel' Project providing support for victims of trafficking. They now have 13 units of secure accommodation and 20 outreach units across Wales in a contract with the Salvation Army.

The Welsh Government recently launched a consultation on the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill. This will enable the WG to appoint a special advisor to oversee that each LA and LHB develop a policy on the subject.

As GPs we often see the results of Domestic Abuse presenting as physical (particularly abdominal or genital problems and recurrent UTIs) and psychological problems, often many years following the abuse in the victim, or the silent watcher child. Abuse is often not acknowledged due to fear of reprisals even long after the events.

We, as GPs, need to be vigilant and ask ourselves: could this person be a victim, or even a perpetrator asking for help, especially in difficult consultations. We should have a practice policy of how to manage the problems both for our patients and our staff.

Health and Work Services
The DHSS announced recently that Health Management has been granted the contract to deliver the Health in Work Services in England and Wales. The idea is that this will help get people back to work faster and reduce time lost due to sickness. Those who are off sick for four weeks have a low chance of returning to work. GPs will need to refer patients who are, or are expected, to be off for over four weeks.

There are two elements to the service and these result in a plan with recommendations for quicker return to work:
- assessment, generally by phone, by an occupational health professional.
- advice – employers, employees and GPs will be able to access advice through a phone line and website. Employers may be referred by an employee when they have been off work for more than four weeks.

There will be the introduction of a tax exemption of up to £500 a year for each employee on recommended medical treatments such as physiotherapy, counselling, etc.

A further ‘In-Work Project’ in Wales has been announced. Welsh Government is looking at developing a project to tackle the European Social Fund priority of ‘Tackling Poverty and Social Exclusion through Sustainable Employment’ with a bid ‘Together for healthy Working’, as part of the DHSS In-Work Support Project. This project focuses on helping employees with work limiting health conditions and disabilities to stay and progress in work, and will be eligible for EU funding for West Wales and the Valleys. The aim is to reduce the flow of people out of work onto benefits, reduce duration of sick leave by developing work based interventions, engage employers to support employees, raise awareness of health and substance misuse problems, and develop a healthier work place.

-Dr Jane Fenton-May
GMC Welcome to UK Practice event
4th October 2014

Would you know what information you could share if you were treating a patient with a gunshot wound?

If you’re unsure, the General Medical Council has designed a free half-day learning session to help doctors new to practice, returning to practice, or new to working in Wales or the UK, to understand how to deal with the ethical issues that arise on a day-to-day basis.

We will be hosting a Welcome to UK Practice event in Cardiff on Saturday 4 October 2014 from approximately 9:30am – 2pm, at Future Inns, Hemmingway Road, Cardiff Bay CF10 4AU.

The session includes an introduction to the GMC’s role, an overview of the healthcare structure in Wales, and group discussions on key ethical scenarios such as consent, confidentiality and prescribing. You will have the opportunity to capture tips and reflections in a learning log, helping to you to give evidence of reflective practice.

To register your interest, please e-mail gmcwales@gmc-uk.org or call 02920 494948. Please note – places are limited, and available on a first come first served basis.

Widen Your Horizons – Experience Primary Care in Lesotho

An amazing opportunity has arisen for two members/fellows of RCGP Wales to join Paul Myres, Chair of RCGP Wales, on a visit to Lesotho, to participate in a project to support primary care nurses by sitting in and observing their consultations. Paul has made two recent visits already with colleagues and has undertaken a needs assessment. You will spend up to a week observing and providing feedback and guidance as the nurses consult and manage people presenting in peripheral clinics. You will not be providing direct care to individuals. There will be an opportunity to learn about the health system in this beautiful mountain kingdom which has a long association with Wales and to visit local communities. No knowledge of tropical diseases is required but you will need to update yourself on HIV and TB. A willingness to dance and sing helps, but is optional!

The visit would be for a period of almost two weeks, travelling out on Sunday 23 or Mon 24 November 2014 and returning to the UK on Saturday 6 December 2014. The journey takes up to 18 - 24 hours to travel depending on route taken.

The visit would have to be self funded and the costs for this would be between £1500 to £2000. Paul and Dolen Cymru (http://www.letsema.org/organisation/lesotho-wales-link-dolen-cymru/) will provide orientation before your visit, and whilst you are there.

We are at this stage looking for expressions of interest. If you are interested in this fantastic opportunity, please contact Nicola Edmunds on 0203 188 7757 or nedmunds@rcgp.org.uk.
Caring for Carers in Wales

Marie Curie’s new project, *Caring for Carers*, is developing and delivering a series of FREE awareness sessions to help Carers across Wales.

The project aims to empower Carers to care for themselves, supporting and building confidence and resilience, and to contribute to the mental wellbeing of both the Carer and the person they are caring for.

There are a number of ways that a General Practice can engage with the Caring for Carers project, from practical information sessions to bespoke workshops focussing on issues that are important to Carers.

Currently, the project is working in Ceredigion with Carer Leads, exploring the ways that involvement can help Practices in considering ‘Investors in Carers Silver level’ accreditation to demonstrate pro-active engagement with Carers.

In the Aneurin Bevan Health Board area, the project is developing a pilot workshop for Carers. ‘Dealing with Uncertainties’ will explore the complex issues of managing emotions around grief.

If you would like to:
- find out more about the project
- support us in raising awareness of the project in your local community
- share your experience and views with us
- find out how you can book a workshop to benefit Carers at your practice

Contact Susan Court at Marie Curie
Email: susan.court@mariecurie.org.uk
Telephone 02920 426000

*Caring for Carers within Revitalised Communities in Wales* is funded by the Big Lottery Fund Wales.
RCGP WALES MEMBERS LIAISON GROUP (MLG)

The RCGP Wales Members Liaison Group (MLG) brings together representatives from Welsh Council and from each of the three Faculties in Wales. The MLG is a sub-group of the Executive Committee of Welsh Council. Its purpose is to improve services to members in Wales, and obtain greater engagement by members in College activities in Wales, by:

- bringing members’ voices into the College’s decision making processes.
- facilitating the sharing of good practice.
- responding to different needs of members.
- improving benefits for members in Wales.
- facilitating awareness and input into developing initiatives Wales and UK wide.
- generating and developing new ideas.
- identifying and developing future leaders within RCGP Wales.
- providing education and CPD.
- encouraging sharing, collaboration and communication between the Faculties and RCGP Wales.

VACANCY — Executive Officer (Membership & Education)

A vacancy has arisen for a Membership Officer. The remit of the role is to lead the work of the College in Wales in respect of its relationship with and services offered to members, as well as to chair MLG meetings— if you are interested please ring 0203 1887758 or email welshC@rcgp.org.uk.