Message from the Joint Chairs RCGP Wales

It is a year since we took up our appointment. We feel it is working very well for us and the RCGP Wales staff seem to be coping with it too. Neither of us would have been in a position to take on the role alone and it has been helpful to have each other to share issues and meetings. We are aware we need to leave the post manageable for one person to succeed us.

We were disappointed to hear that the UK has lost its World Health Organisation (WHO) measles free status. We know how hard you all work to provide effective vaccination programmes. RCGP Wales is a member of the Academy of Royal Colleges in Wales and one of their themes is to improve vaccination uptake in Wales, especially MMR and flu vaccine. Remember to look after yourself and your staff by promoting the uptake of flu vaccination for healthcare workers this season. It can be hard to find time to see to your own health needs, but the flu vaccine saves lives.

The RCGP Wales new office in Cambrian Buildings, Mount Stuart Square, Cardiff Bay was officially opened by RCGP President Professor Mayur Lakhani on 17 July 2019 in a ceremony attended by many guests. More details of this can be found on page 12 of this newsletter.

We are looking forward to our road trip around North Wales Faculty. We plan to visit several practices during the day and join your Faculty Board meeting in the evening. Hopefully we’ll have some stories and pictures for the next newsletter. We hope to arrange similar trips to the South East and South West Wales Faculties in the future so that we can hear what’s important to you in your surgeries.

Brexit continues to dominate the headlines. The College has a link on its website with information for GPs https://tinyurl.com/yxneoe77. We hope the coming months do not cause too much increased workload for your surgeries but be assured we are working with other stakeholders to support you, especially regarding the increased work caused by medications not being available.

Looking to the future, it’s great that the number of Welsh GP Trainees is increasing for the first time in a decade. The College is forging good relationships with Welsh Government, HEIW, Universities and the GMC to help promote the interests of our members and our patients. We look forward to strategies such as ‘Future Vision’ and the associated road maps delivering more satisfying clinical practice for members and better services for our patients.

Dr Peter Saul, Joint Chair, RCGP Wales
Engaging with Schools

Finally, after a while in the making, we now have an online resource: “A GP’s guide to the application process for medical schools in Wales”. It can be accessed online at: https://tinyurl.com/y6e5mtmn.

The guide is one component of the work that we have engaged in over the last couple of years, in promoting the message to school children of general practice as a career choice. Other elements of work have involved collaboration with Careers Wales in the production of bilingual webinars promoting general practice and attendance at several large careers fayres where we have met children and parents alike. We have also staged focused workshops looking at the application process for medical school and providing tools for Welsh pupils to maximise their chances of being successful in their applications.

The core aim when we as GPs talk to pupils should always be the promotion of general practice but of course the pathway into any medical career will always have the same initial start. This guide has been developed to help GPs give accurate information to school pupils about the application process to UK medical schools with the two medical schools in Wales used as examples. To produce the guide, we have listened to the questions that school pupils were asking us at school fayres and these frequently asked questions have formed the basis of the information contained within. The guide also gives access to online resources and presentations which will help GPs give a consistent message when speaking to school pupils. It will be an invaluable resource for any GP speaking to school pupils about medicine. If you are not currently involved in speaking to school pupils and would like to, please email me at: robert.morgan@rcgp.org.uk and I will liaise with Careers Wales in terms of putting you in touch with local schools.

I would also like to take this opportunity to let you know of some other fantastic initiatives led by GPs across Wales. Dr Carol Amos runs workshops for sixth formers across Powys and the next session is on 20 September at the Royal Welsh Showground. The day will consist of patient case scenarios for the sixth formers to do in groups, also working as teams on health promotion mini projects, discussion of ethical scenarios, communication and consulting skills work including with a simulated patient.

In North Wales Dr Dylan Parry will be staging another of his successful schools sessions on 26 September. This is getting more popular every year and receives great feedback from participants. It promotes the highlights and benefits of a career as a GP and helps pupils identify the potential opportunities and perceived barriers when considering a career in general practice: https://tinyurl.com/y5kqzcog.

Dr Heidi Phillips leads on the pan Wales work experience project which funds practices to allow pupils to have three days of shadowing members of the primary health care team under the supervision of a lead GP. This initiative is currently looking for both pupils and practices for this year’s scheme which starts over the summer. For further information you can email h.j.phillips@swansea.ac.uk.

Finally, South West Wales Faculty is facilitating a schools session in Swansea University on Saturday 14 September “GP-the frontline of medicine”. This is well subscribed now but if you know of any year 11/12 pupils who might benefit from help with their application process please contact kirsty.dodd@rcgp.org.uk.

Dr Robert Morgan, Vice Chair, & Executive Membership Officer, RCGP Wales
Primary care is uniquely placed to be a key player in safeguarding adults at risk of harm. The practice clinical lead for safeguarding should work to embed this ethos into everyday practice by the whole team so that it becomes a normal part of our ongoing holistic care.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It requires people and organisations to work together to reduce risks and ensure the wellbeing of vulnerable adults is promoted. Their wishes should be at the heart of all decision making; it’s important to recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Our priority is to identify vulnerability in order to support and empower patients.

We should advocate for those struggling to be heard to protect the basic human rights of all in our communities.

Teamwork
Our whole practice team have an essential role to play in safeguarding patients. For example, receptionists are our early warning system, spotting vulnerability at registration, or in the waiting room. The administrative team can recognise concerns when coding or summarising notes and bring this to the attention of the safeguarding lead. The practice nurse may recognise someone in a caring role and gain consent to discuss future concerns with them or a healthcare assistant may notice bruising when carrying out an ECG. The practice manager ensures all staff are safely recruited.

The Mental Capacity Act 2005 has five principles which provide us with a mantra to stop and think when considering capacity.

1. **Presume capacity**: Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless proven otherwise.
2. **Individuals should be supported to make their own decisions** before anyone treats them as not being able to make their own decisions.
3. **People are entitled to make unwise decisions**, this does not mean they lack capacity.
4. Decisions made for people without capacity should be in their **best interests**.
5. Decisions for people without capacity should be the **least restrictive possible**.

Deprivation of Liberty Safeguards (DoLS)
These are part of the Mental Capacity Act 2005 and apply to a person who is under continuous supervision and control in a care home or hospital, who is not free to leave and who lacks capacity to consent to these arrangements. The aim is to ensure they are cared for in a way that does not inappropriately restrict their freedom.

In summary, the safeguard ensures:
- That the arrangements are in the person’s best interest.
- The person is appointed someone to represent them.
- The person is given a legal right of appeal over the arrangements.
- The arrangements are reviewed and continue for no longer than necessary.

Lasting Power of Attorney (LPA)
Many people with dementia will come to a point where they lose mental capacity. A person is judged to have lost mental capacity when they can no longer understand the information needed to make the decision, weigh the information up, retain the information for as long as is necessary to make the decision, and communicate their decision to others.

Appointing an attorney before losing mental capacity means that important decisions can still be made about their care and affairs once capacity is lost. LPA can only be set up by a person who has mental capacity.
A health and welfare LPA will only come into effect once the person has lost the mental capacity to make that particular decision. A property and financial affairs LPA will come into effect as soon as it is registered, unless alternative instructions are stated.

People in a civil partnership or marriage might assume their partner can deal with their finances and make decisions about their healthcare should they lose the ability to do so, but this is not necessarily the case. If someone has not drawn up an LPA when they are assessed to have lost capacity, their partner may have to apply to the Court of Protection to make decisions on their behalf. This can be a long, complex and expensive process.

GPs may be asked to act as a ‘Certificate Provider’ to confirm their patient is making the LPA by choice and that they understand its purpose and the scope of authority it gives to the attorney. Document your discussion with the patient to confirm that no undue pressure has been placed on them, and there are no actual or perceived financial conflicts of interest. If you do not feel confident that this is the case, ask the patient to contact their solicitor, or someone who has known them for two years or more to act as Certificate Provider.

Making an adult safeguarding referral
The first priority is to ensure the patient is safe and to deal with any immediate medical needs. Explain what is happening to the patient and determine their views on their situation. Talk to their family if they lack capacity. Communication is vital, so discuss your decision with colleagues or the Safeguarding Lead.

Responsibility and care does not end when you send the referral, so continue to provide proactive, ongoing support and consider whether there are others who may also be at risk.

If a patient with capacity declines a safeguarding referral, you should abide by this wish and offer other support, provided this decision does not affect others who may be vulnerable. If others could be at risk you will need to proceed with making an adult or child safeguarding referral, whilst explaining to the patient why you have made that decision.

Effective safeguarding requires a relentless focus on the best interests of vulnerable patients and there should be no tolerance of substandard care. Frontline staff should be empowered with the responsibility and freedom to act on concerns. Openness, transparency and candour are essential in care and treatment of all of our patients. Caring for our most vulnerable patients is one of our most important, but also most challenging tasks in primary care. Doing it effectively can have a profoundly positive impact on patients’ lives.

Dr Rowena Christmas, Bevan Exemplar, & Safeguarding Lead RCGP Wales

The Parliamentary Review of Health and Social Care in Wales called for a ‘revolution from within’ to transform services to meet emerging needs and expectations. General practice has a central role in delivering the changes needed to deliver that ambition, working through Clusters to articulate local priorities and describe effective solutions. The Royal College of General Practitioners Advocates are GPs who are passionate about the extraordinary potential of general practice and champion the College values of excellence, teamwork, leadership and care. They emphasise the value of continuity of care and a person centred approach to achieve the outcomes that matter to patients.

Royal College of General Practitioners Wales Advocate Programme
The Advocate programme was launched in 2017 to facilitate communication between the College in Wales and the seven health boards. Each Advocate is an experienced general practitioner, with an appreciation of local issues in their health board area. The Advocate network shares examples of good practice and facilitates access to the full range of expertise provided by the RCGP.

Dr Will Mackintosh has been working with Hywel Dda University Health Board in support of their service redesign programme “I am fortunate to live and work in a beautiful area of Wales and wanted to ensure that general practice remains strong and plays a key role in developing local services for our patients”.

Advocates work with colleagues to identify local issues and to ensure that the work of the RCGP is relevant to GPs’ daily experiences. Advocates are flexible in their approach and seek opportunities to share knowledge and professional support across organisational boundaries.

Dr Julie Keely sees the Advocate role as an opportunity to bring a GP perspective ‘from the coalface’, providing a voice for colleagues, patients and communities to inform the development of services. She has extensive experience in out of hours provision and is using her expertise to inform Powys Teaching Health Board service development programme. Julie is also passionate about rural healthcare and wants to encourage medical students to consider rural practice as a wonderful career opportunity.

Advocates also enable connections with the network of RCGP faculties and sit on faculty boards. Faculties are organised into administrative regions to enable the sharing of best practice and the exchange of ideas at a local level. There are three areas, North, South East and South West Wales, supported by RCGP Wales. Advocates connect with local faculties and highlight the work undertaken in each area. https://www.rcgp.org.uk/rcgp-near-you/faculties/wales-region.aspx.

Dr Suzanne Thickens working with Aneurin Bevan University Health Board, is developing a survey to identify tangible changes that could improve recruitment and retention of GPs. “I want to ensure that the College and our health boards have a clear message of the positive actions that could be taken to support GPs”.

General practice is a demanding profession and networks provide support and a shared sense of purpose. Faculties ensure that there is effective communication between local experience and the priorities at Wales and UK level.

Dr Tom Kneale works in North Wales engaging with Betsi Cadwaladr University Health Board where there have been a number of examples of innovative practice. “Colleagues have worked hard to find solutions to current challenges and I am keen that we share this learning as widely as possible”.

Practices that engage in teaching, research and innovation provide a stimulating workplace with opportunities for career development. These qualities aid recruitment and retention of staff and contribute to the sustainability of the practice team. The Advocate network can advise on the opportunities available.

Dr Claire Campbell links with Cwm Taf University Health Board and has established links with training programmes to highlight the opportunities of careers in general practice. “We have two vibrant GP societies for undergraduate students and I was keen to highlight the value of membership of the College and the opportunities available in the new models of general practice”.

Dr Shanti Karupiah based within Swansea Bay University Health Board proposed the introduction of a Cluster Innovation Award, which has been introduced this year. “I am delighted that there has been such a positive response – with 26 entries for this new award”.

The College recognises excellence through annual awards and Dr Shanti Karupiah
The sustainability of many GP services remains a concern despite the effort and commitment of many practitioners. The RCGP has developed interventions to support individual practices facing recruitment difficulties, succession planning and partnership challenges. It is no longer unusual for practices to face periods of instability but there is a growing expertise in actions to stabilise teams and develop sustainable models of care. Coaching and mentoring have also been developed to support the cultural change needed to move from practice-based to network-based delivery of care and Advocates can highlight examples of successful intervention and advise on the tools and techniques that are available. https://www.rcgp.org.uk/primary-care-development.aspx

‘Leaders for the Future’ is an established RCGP Wales programme, which develops GP leaders with clear vision and purpose, able to voice opinions and influence policy. The programme was launched in 2011 by RCGP Wales and is open to all GP members in Wales: First5s, locums, partners, salaried GPs and OOH GPs working in primary care. Participant feedback rates the programme extremely highly and an increasing number of GPs are now in leadership roles having completed this programme.

The RCGP in Wales delivers a wide range of training courses and other educational activities. The quality of patient care is improved through quality initiatives such as the RCGP Certificate in Substance Misuse and excellent practice is recognised and celebrated by awards such as patient nominated GP and Practice Team of the Year. The Advocates promote the opportunity to nominate for awards and encourage participation in self-nominated categories such as the newly introduced Cluster Innovation Award.

What next?
The College has recently released its vision for the future of the profession which details how, with the right tools, skills and investment, general practice can continue to deliver world class patient care and being a GP can be the best job in the world: https://www.rcgp.org.uk/policy/future-vision/our-vision.aspx.

The College in Wales is also currently working with partners to develop guidance to support multi-disciplinary working: Multi disciplinary team working in primary care: a practical guide to making it work in general practice. This will be launched later in the autumn.

Advocates promote these resources and will continue to identify and develop ideas to support professional colleagues and improve patient care.

Interested in participating in the work of the RCGP? Many GPs share their expertise by volunteering with the College - and they join an enthusiastic network with a wide variety of interesting opportunities. If you would like to learn more, please contact Andrew Evans, Faculty Support Manager - Wales and ROI, at: Andrew.evans@rcgp.org.uk

Meet RCGP Wales Team Member
Jennie Pilkington

Hello! I am Jennie Pilkington and I joined the events team here at RCGP Wales in June 2018 so have just had my one-year anniversary (is that a good enough excuse for a knees up I wonder…. any excuse!!).

Following completing my degree in geography, I started my career with Wilkinson Sword in account management, moving on to the European marketing team. It was an incredibly challenging but fun role and involved a huge amount of travel! However, the pitter patter of tiny feet was pulling at my heartstrings and this was the influence to move to Reading, which was far closer to friends and family. Here I joined Microsoft as an executive assistant and then business manager. I remained at Microsoft for five years in differing roles and absolutely loved my time there – I also made the most of the free in-house training that was offered and hence I am relatively advanced in most things Microsoft!!
It was whilst I was at Microsoft that I gave birth to my first child, Oscar. He was a dream baby although I was referred to as a ‘geriatric mother’ by my midwife (I was the grand old age of 36) and hence along came Ben rather quickly - in fact exactly two years later…. their birthdays are 6 and 7 July!!

Very quickly I realised that two children in nappies, a husband with a demanding job and having a full-time job myself, didn't really work, and so came the decision to move again to be closer to my parents here in Cardiff and then to look for part time work. We moved during my maternity leave with Ben and I have no intentions of moving again!

Cardiff is an amazing city and there is always something to do. It’s a fantastic place to raise two boys and I am proud they are already starting to pick up a Welsh accent and my four-year-old is becoming a very confident little Welsh speaker!

My favourite music is a good old cheese-fest and singalong songs, and favourite food has to be sausage and mash with really thick onion gravy…. mmmmmm! That or a Chinese takeaway on a Friday evening!!

I am trying to be a little more fit currently and am determined to do the couch to 5k challenge within the next year. My life has somewhat changed over recent months, so I am looking to re-establish new hobbies and activities that my boys and I can enjoy together. So that's me in a nutshell! I am a sociable, fun, slightly crazy person that loves a nice, large, cold Pinot Grigio and I look forward to meeting you (if I haven't already!) as my time with the RCGP continues!

Jennie Pilkington, Events Coordinator, RCGP Wales

Exploring pathways to cancer diagnosis

Now the greatest cause of all deaths in developed countries, cancer accounts for more premature deaths (in under 75s) than cardiovascular, respiratory and liver disease combined. Diagnosing cancer at an early stage can save lives, and GPs have a pivotal role to play in early cancer diagnosis.

With new and exciting developments in Wales, such as the introduction of the Single Cancer Pathway (https://tinyurl.com/y2q3tr9p) and the Rapid Diagnostic Centres in Cwm Taf Morgannwg University and Swansea Bay University Health Boards, there is real potential to transform pathways to cancer diagnosis for patients in Wales.

But to really understand how patients are diagnosed with cancer and to monitor the impact of new national and local initiatives, we need good quality data directly from primary care. Colleagues in secondary care routinely share data on cancer-related activities (e.g. cancer waiting times), but there is a lack of good quality national-level data on primary care’s contribution to cancer diagnosis, despite evidence that more than three quarters of patients first present in GP surgeries.

To address this issue, Cancer Research UK, together with the RCGP, Public Health Wales, the Wales Cancer Network and other partners, are undertaking the National Cancer Diagnosis Audit (NCDA). This is a unique project, already underway in England, with Wales and Scotland to open for registration shortly. It provides an opportunity for GPs to reflect on how cancers are diagnosed, to evidence good practice, identify challenges and areas for quality improvement, and to contribute to a unique dataset that could inform future national policy and guidelines.

Why get involved?
The NCDA isn’t just a data collection exercise: all participating practices have their data analysed for free and are issued tailored feedback reports. These provide insights into pathways to cancer diagnosis at your surgery, allowing you to evidence good practice, and pinpoint where things might be improved, enabling more targeted, impactful quality improvement activity.

The reports can be useful in appraisal and revalidation too. For GPs at the start of their career, taking part in NCDA offers an opportunity to gain experience in contributing to a national scale audit project, while also reflecting on cancer care at practice level.

How does it work?
The audit will begin data collection in Wales in the autumn and will be collecting data online. Data collection will be on an ongoing basis, with an average practice expected to see around three to four new cases per month – around an hour of work in terms of data entry. An interim report will be produced for each practice based on data gathered in the first
six months, followed by an annual report after 12 months of data collection.

While the NCDA does require some time and effort, the insights gathered, and potential learning opportunities are well worth it. And there is flexibility in how you approach the audit: one GP can lead on behalf of the practice, the whole team can contribute and share the workload, or Trainees and Registrars can get involved.

The Wales Cancer Network will be offering financial support for practices wishing to take part in the audit at the level of £10 per case audited. Further details about the funding scheme will be released when the audit opens for registration.

Next steps
1. Visit www.cruk.org/ncda to find out more and talk to your practice team to explore how you could take part.
2. Register for the NCDA once it launches in Wales (the registration link will be available from: www.cruk.org/ncda)
3. Spread the word and encourage others to take part.

If you have any questions about the audit, email the team at: NCDAl@cancer.org.uk

Professor Tom Crosby, National Cancer Clinical Director, Wales Cancer Network
Dr Gareth Davies, Associate Medical Director, Wales Cancer Network and Clinical Lead for Detecting Cancer Earlier Programme
Carys Jones, Programme Manager, Detecting Cancer Earlier

Volunteering with FAST in Calais

Earlier this year I volunteered with the medical charity FAST (First Aid Support Team) in Calais, France, working with displaced people to provide much-needed first aid, basic health care and advice and supporting access to further medical assistance.

Foot problems are common place

I am a Cardiff-based GP, having worked regular sessions at Cardiff Health Access Practice over the past few years. This is a unique practice providing interim primary care services to new asylum applicants, many of whom would have passed through northern France. It has heightened my awareness of the great health needs of this vulnerable population group and the many barriers which they may face in accessing good care.

FAST was established in 2015 by a group of friends providing first aid in the so-called ‘Jungle’ in Calais. Although this has now gone, the world’s conflicts and crises continue, as does the displacement of its people. Migrants who have yet to claim asylum, living in tents and make-shift shelters, still number around a thousand in northern France. Services to provide basic healthcare are lacking; FAST, made up entirely of volunteers from across Europe, aims to fill this gap.

Our days consisted of organising ourselves for our mobile service by stocking up on donated supplies at the warehouse. This is situated next to FAST’s partner organisation Care4Calais which provides non-medical support and essential supplies. Before heading out we would have a joint briefing on the current situation and be made aware of any previous or potential issues.

We travelled to several areas within Calais and Dunkirk, but the service also extends across other areas of northern France, Brussels and Paris. We tended to travel with Care4Calais, mostly for logistical reasons, so we could provide care to more people - but also for our safety, though I did not, at any time, feel threatened or in danger.

Most of what we saw were illnesses related to poor living conditions, not dissimilar to what we see in the homeless population in the UK, in addition to injuries sustained from the French riot police (the CRS, an ever-present sight around Calais), and from failed attempts at climbing security fences and falling from vehicles. ‘Stress’ was understandably another common complaint, as well as related symptoms of headache, poor sleep and anxiety. Though most of the people we came across were young men (women and children are given shelter at a sports hall in Dunkirk), we did encounter elderly men, young children and pregnant women living in tents in the woods with no sanitation or access to clean water.
I will take away much in the way of memories and knowledge from this experience. Moving ones such as the 17 year old boy, travelling alone with his violin for the past eight months and playing for us all in the sun by the lake in Dunkirk; valuable insight into the very real fears of a young Iraqi man whose two brothers had been killed by ISIS - both for his own safety here and that of his family at home and the lost and bewildered faces of boys not much older than my own.

Most marked though, was the deep gratitude shown to us for helping to provide the very basic of human rights.

If you’d like to volunteer with FAST go to: https://www.f-a-s-t.eu

Dr Heledd Jones, Cardiff GP

A personal view on the value of RCGP membership

I really don’t like writing things for the newsletter. I don’t have a creative enough mind and the topic on this occasion “The value of being a member of the RCGP” has been really taxing.

When I started to think about this I realised that what this piece mustn’t be about is what individuals get for being a member. That information can be found in any glossy information produced by the RCGP or by following the very active twitter @RCGPWales.

I soon realised though that I can’t tell you what value you get for being a member. I came to this conclusion after a lot of reading of value principles and the philosophical arguments that to be honest with you, I found hard to follow. The value we place on things as individuals is just that, individual and there won’t be one size fits all.

When thinking about what I get for being a member I realised it was a lot more personal than using CPD or accessing some offer such as saving up to 10% on Apple products (which I never have by the way as I don’t like apples!). This got me thinking, what is it, that has meant that I have paid my dues for all these years and never really thought why. I don’t think I can blame my mother, but I may have to. She was proud when I became a member of the College back in the day when you had to attend Hyde Park and have a viva. She then became even prouder when I got my fellowship and she came up to London to see me getting my scroll (which by the way is much too big to fit in a standard A4 picture frame).

“What’s he on about?” I hear you say. “Membership only offers value in making his mum proud?” Well in part yes. This value is intrinsic for me, not easily explained, but the consequence of being a member having a positive effect elsewhere is important.

There is a problem however in using it as a selling point if I wanted to, as unless I have some long-lost brothers and sisters out there who are also RCGP members, my mum’s pride won’t wash as a marketing idea. There may be some of us though who have similar experiences with family or friends. I am not sure, only you can say.

That’s another thing I have struggled with looking at this value thing, only I can say what value I get out of being a member and my value estimate will be different from everyone else’s.

A definition of value I found online is “the regard that something is held to deserve; the importance, worth, or usefulness of something”.

This may get us thinking about membership and what it means to us as individuals but it’s hard to specify what counts for us individually as we are all different. I would be interested to know what anyone thinks with regards to being a member if they don’t think they use anything but the MRCGP post nominals. Perhaps I should have posted that question on the RCGP Wales Facebook forum.

Even simply reducing the question to “value for money” gets blurred by an individual’s opinion on what represents such value. Eating an expensive meal with four friends might result in four different opinions on whether it was value for money even though the meal was the same. It’s not just the expense that contributes to this but also the attitude to the meal and the experience of the meal, that will change our “value opinion”. The same argument may apply to our valuation of membership. To take the eating out analogy further we often compare one occasion with another, as is our human nature, and that comparison itself alters the value we place on something.
There’re probably few of us who belong to different membership organisations for which we have to pay, so it might be difficult to make a comparative value judgement. Consider, however, the value of belonging to an organisation that works on your behalf, promoting quality in primary care. The ability to have discussions with government and with other organisations that impinge on primary care is a fundamental role of College Officers in promoting your interests. You may not perceive any benefit to this, but it does reflect another aspect of value we rarely consider and that is comparative value. Though you may disagree, our fallibility as humans suggest that it matters not what we have but what others have. I think in this respect the College works very hard on behalf of its members and general practice. This is often seen in the number of TV appearances and tweets given and sent out by College members and Officers promoting the importance of general practice.

My final consideration in this piece comes back to mum. Her Valleys lilted voice telling me that “you’ll only get out what you put in”. The phrase still holds true for me and I am sure for the others who work on behalf of the College, either in an unpaid or paid capacity. Faculty boards provide a forum for discussion of issues affecting grass roots GPs. They offer an opportunity for support and a sharing of ideas amongst likeminded GPs who are there for the benefit of general practice as a whole. So, if you haven’t worked out yet what value you get from your membership, think about getting involved more, whether with a faculty board or the schools initiative or the online forum. I will look forward to welcoming you. Join the forum at (https://www.facebook.com/groups/547975822040652/).

Dr Rob Morgan, RCGP Wales

Quality Improvement and being a Champion

I have been a GP for twenty-six years and continue to work as a GP and Managing Partner at West Quay Medical Centre, in the Vale of Glamorgan. I am also a GP Trainer, a role which enables me to stay curious about primary care, as I watch fresh faces, with enthusiasm and enquiry about working in a GP surgery, arrive in the practice each year.

Outside the practice, I have a sessional post at Health Education and Improvement Wales (HEIW) as a Quality Improvement Faculty Lead for primary care. When HEIW was founded in October 2018, this role was introduced to deliver Silver QI training to GPs and GP registrars across Wales.

I value the QI support available from the QI methodology experts at 1000 Lives Wales, and the collective QI experience of the Q Community; a UK group of healthcare & allied professionals interested in improvement work, hosted by the Health Foundation.

How did you get started in Quality Improvement?
We are fortunate as GPs running small businesses that we can decide on, and implement changes rapidly, often within hours of GP partners making that decision. Having that degree of control is one advantage of becoming a GP Partner. However, the time pressures in primary care can encourage teams to make change decisions that lack structure, and which are not followed up after implementation.

This is why, when I attended my first Quality Improvement workshop I had a “lightbulb moment”, as I learned some simple QI methodology, which offered me a structure upon which to plan and measure the effects of change. During that first workshop, hosted by RCGP Wales with 1000 Lives Wales, I learned how to assess my practice for QI readiness, and to construct a process map. Since then I have gained further training with a Silver QI qualification, and I am currently undertaking the Institute of Healthcare Improvement (IHI) Improvement Advisers course.

My most useful experience by far has been that of conducting small tests of change within my own practice, measuring the effects, then adapting, abandoning or adopting those changes, depending on the results. This is the essence of Quality Improvement: measuring change over time. There is no better learning in QI than that gained during a QI project.

How did you choose your Quality Improvement Projects?
My advice is to start with a process within the practice that bugs you; if you feel it could be done better, then it probably can! Ask the staff who work within that area, not only do they have the most relevant experience, they are less likely to resist change if they have been engaged in planning that change. If possible, involve patients too in co-production.
Examples of my early QI projects include:

- Process mapping of Minor Surgery Enhanced Service: Outcomes: a fourteen-step process was reduced to seven steps, with fewer DNAs, and improved efficiency.

- GP Home Visits QI project: Outcomes: Clinical triage of every request resulted in 260 fewer home visits per year, plus expansion of our Advanced Nurse Practitioner’s role.

- Engagement of GP Practice staff using Maslow’s Hierarchy of Needs. Outcomes: Improved staff retention and morale at work. (Poster presentation at RCGP 2018 Annual Conference).

- Improving Access to GP Appointments using QI Methodology. (NHS Award Winner 2018 and IHI 2019 Conference Poster Presentation)

What important factors ensure success in Quality Improvement in a GP practice?

Factors that are essential to success, in my view are:

- Protected time for Quality Improvement
- Treating QI as a team sport, which includes every member of the practice team
- Training in Quality Improvement skills
- Making QI visible within the practice
- A designated QI lead within the practice

At my own practice, I am fortunate to have a protected session as the Managing GP Partner, during which I have led on QI projects, encouraged staff to develop QI skills themselves, and mentored them through their own QI projects. If time is at a premium, I recommend a short but regular QI meeting, with key individual staff, depending on the project, plus an improvement wall in an accessible corridor, mapping progress, for all to see.

How did you avoid the pitfalls of QI projects?

Failure to fully understand the problem before implementing a solution is common, as is failure to revisit the problem at a later date, to ensure that any improvements made are sustained. QI methodology tools such as Pareto Analysis, Run Charts, and Driver Diagrams are useful in the critical early stages of a project to gain a sound understanding of what the problem really is. Remember that in QI we learn most from changes that fail: a small test of change which fails to result in improvement is as valuable as one that does, because we have learned what doesn’t work.

Dr Sue Goodfellow, MRCP, DRCOG. Diploma Dermatology. Quality Improvement Champion.

Search for GP and practice staff jobs

Search @ https://jobs.rcgp.org.uk/ and apply for the latest GP jobs, including vacancies for Salaried GPs, GP Locums, GP Partners, and other practice staff vacancies across the UK. Submit your CV or set up job alerts for the latest general practice vacancies including full time and part time positions.

Have you used the Reading Well Books on Prescription scheme?

The Reading Agency are running a national evaluation of the scheme in Wales and need your feedback. Fill in this short survey: https://tinyurl.com/y2oevldg to support programme development and be in with the chance to win a £50 voucher. You can also share the user survey with any patients who have been prescribed books from the list.
RCGP Wales New Office Opening Ceremony

Amid much pomp and splendour, the new RCGP Wales office at Cambrian Buildings in Cardiff Bay, was officially opened by RCGP President Mayur Lakhani on 17 July 2019. In his address, Professor Lakhani told guests that had gathered for the ceremony, that he hoped that with such a foothold in Cardiff Bay, the leadership and support thus far provided by RCGP Wales, would see an appropriate increase to the benefit of Wales members and the College as a whole.

Also present at the ceremony were RCGP Wales Joint Chairs Dr Mair Hopkin and Dr Peter Saul. Dr Saul thanked Professor Lakhani for opening the office, and also for his time and work over the last two and a half years working to promote both the College and its members in his role as College President.

Also attending the ceremony were the staff of RCGP Wales, who were joined by Mark Thomas, Executive Director of Policy and Engagement.

Additionally, distinguished guests from other member organisations were present to witness the ceremony.