NHS
Oxfordshire
Clinical Commissioning Group

Berkshire, Buckinghamshire & Oxfordshire LMCs

Chief Executives Dr Matt Mayer & Dr Richard Wood
Chair Dr Simon Ruffle

FAO: All Oxfordshire GP Practices

16th April 2019

Dear GP Colleagues,

Monitoring of PSA, MGUS & CLL

You will be aware that the LMC recently surveyed practices in response to your on-going patient safety concerns and a lack of resourcing around the transfer of the monitoring of PSA, MGUS, and CLL into primary care. Some practices have voiced that they do not have the capacity to set up a safe call/recall system for this disease monitoring, and current practice IT infrastructure is unsuitable for the significantly increased demand from secondary care. Whilst some practices to date have arranged to take on disease monitoring for the occasional patient as a gesture of good will, practices have recently experienced a large increase in such requests. They do not have the resources to manage this, and this threatens the safe delivery of monitoring.

The LMC formally raised GP concerns in a letter to the OCCG and OUHFT on 21st February 2019, giving notice of the LMC's intention to support practices who declined to undertake this monitoring, which falls outside of their contractual work. The LMC & OCCG subsequently met with OUHFT representatives on 11th March to seek both a short-term arrangement and a lasting resolution to the issue.

The Lasting Solution

The LMC suggested that a lasting solution needs to resource a central database of monitored patients, with an automated recall system run by secondary care, results interpreted by specialists or their delegates, but with bloods taken in primary care through the Point of Care LCS, which is easier for patients to access and does not unduly burden secondary care services. IT solutions in secondary care are already being explored for this purpose and OCCG are working with secondary care to review this.

The Short-Term Arrangements

The short-term arrangements have had to consider competing challenges – namely, the safety concerns of LMC GPs, and the real risk of crashing an already fragile secondary care system by sending back all monitored patients from the outset. This is especially so for Urology.

As such, our three organisations have agreed to the following *six-month interim arrangement*:

- GP practices will be given **extra funding** for undertaking an audit to inform a call and recall process undertaken in the following 6 months.
- The CCG will provide practices with monthly searches of monitored patients so as to address safety concerns practices may have and to ensure practices can justify their safety procedures to the CQC.
- Nonetheless, we recognise that, in the absence of any formal monitoring and recall process, the risk of non-delivery must be shared between primary and secondary care – the arrangement must not be open-ended. Therefore, it has been agreed that:

- In the **first 3 months** of this interim arrangement, practices will be asked to **continue monitoring the patients they have under their care and accept new requests** from secondary care.
- **Between month three and month six**, practices will be asked to continue monitoring the patients, but **all new requests** will remain in secondary care. GPs will be supported in rejecting any new requests coming through.
- After 6 months, practices will **return all monitored patients to secondary care**, regardless of readiness.

- The clock has started and the timeline will be as follows:

10 April 2019	Practices anticipate imminent funding for monitoring, continue monitoring of current patients under their care, and accept new requests from secondary care
11th July	Practices continue monitoring of patients under their care, but not new requests. These may then become OUHFT's responsibility.
11th October.	GPs will return all monitored patients back to the responsibility of secondary care until a lasting solution has been created and agreed, if it has not by this stage. Interim funding stops.

We recognise that none of our organisations can tell practices what to do, as they maintain responsibility for their own services. However, the *LMC encourages practices to accept these interim arrangements for the benefit of our patients and the wider healthcare system*. We are aware that the wider monitoring of other diseases is also a pressing issue for GPs. We are working together towards a more definitive resolution. We hope that practices feel this arrangement is agreeable and thank them for their flexibility and continued commitment to the care of our patients in these extremely challenging times.

Yours sincerely

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