

LMC Committee Jan 2021- update for practices

Topic	Update
A&E	<p>Dr Raj Ranganathan attended the Committee to discuss interface issues between A&E and general practice.</p> <p>Issues discussed included:</p> <ul style="list-style-type: none"> • difficulty referring to specialists in ULHT so having to send patients to A&E • A&E doctors requesting GPs follow up tests • A&E doctors giving realistic time expectations to patients for communication to reach GPs • electronic transfer of letters
ICS consultation	LMC response submitted, concerns raised nationally and locally.
CYPN Continence Pathway	Committee reviewed the new Child and Young Persons Continence and Constipation pathway. The pathway will include three tiers of management. LMC going to include an article in the next newsletter about this pathway.
COVID-19	<p>COVID Funding</p> <ul style="list-style-type: none"> • GP Covid Capacity Expansion Fund template agreed and circulated to practices • £2 per head of patient to support non-covid-related activity • To receive this funding practices must sign up
	<p>CoVID Vaccine</p> <ul style="list-style-type: none"> • Healthcare Workers now prioritised for first dose • AZO may be delivered to practices to support practice-based delivery • FAQs continue to be updated
Flu 2020	<ul style="list-style-type: none"> • Lincolnshire has surpassed national and regional delivery for flu, well done to all.
STP/CCG	<p>Clinical Pathways Group</p> <ul style="list-style-type: none"> • Rheumatology pathways in development, significant progress made • Dermatology, gastroenterology also in development but unsure of progress
	<p>IT/Digital- Dr Reid Baker</p> <ul style="list-style-type: none"> • CCG digital group currently trying to arrange Arden's training across Lincolnshire.
	<p>111 First</p> <ul style="list-style-type: none"> • Some practices have not enabled 111 to book appointments, so CCG supporting them to rectify this
	<p>Practice resilience</p> <ul style="list-style-type: none"> • OPEL being developed as previously discussed • Action cards being developed for OPEL levels with PCN support for practices in higher escalation levels
Shared care	<ul style="list-style-type: none"> • Raised repeatedly by LMC as a risk
CQC	<ul style="list-style-type: none"> • All CQC inspections are currently suspended except those deemed as extremely high risk • Transitional Monitoring Approach (TMA) to continue for very high, high & medium risk practices. Telephone interviews will try to be avoided if the information can be obtained elsewhere
Primary secondary care interface	<p>Mortality Collaborative</p> <ul style="list-style-type: none"> • Cause of Death on notification to GP practices raised with ULHT
	<p>ULH</p> <ul style="list-style-type: none"> • Advice and Guidance can be automatically switched to referral by hospital clinicians. Education about this occurring
	<p>LCHS</p> <ul style="list-style-type: none"> • Working with LCHS on <ul style="list-style-type: none"> ○ Med3 and 2WW referrals in UTCs ○ Reducing document uploaded by comm nurses and comm hospitals ○ Authorisation to Administer issues

	<ul style="list-style-type: none"> ○ Improving practice/ community nurse liaison
	<p>LPFT</p> <ul style="list-style-type: none"> ● CCG now more engaged with sorting interface issues, so hopefully will get some traction
	<p>ADHD360</p> <ul style="list-style-type: none"> ● Information about private specialists requesting prescriptions in next LMC newsletter
	<p>EMAS</p> <ul style="list-style-type: none"> ● EMAS conveying only 51% of calls as able to treat at home or use other non-admission pathways, letter of thanks to practices from Leon Roberts circulated by LMC ● Issues regarding EMAS not conveying patients with low sats because patient refused to be conveyed being raised with EMAS
	<p>Private providers</p> <ul style="list-style-type: none"> ● On-going work to improve private to NHS referral pathway
Axe the fax	<ul style="list-style-type: none"> ● Still no list of emails for ULHT
Councils	<p>Coroner</p> <ul style="list-style-type: none"> ● Recent coroner case in Cambridgeshire highlights that eating disorders are a specialist subject and that mental and physical checks should not be delegated to GPs <p>Health checks</p> <ul style="list-style-type: none"> ● Payments not received by practices. LMC working on this.
Police	<p>Firearms</p> <ul style="list-style-type: none"> ● GP firearms portal almost complete, being beta-tested and looking for PM volunteers to help with testing <p>Older drivers</p> <ul style="list-style-type: none"> ● LMC working with police on education for patients, families, and GPs about risks of driving with frailty
First 5	<ul style="list-style-type: none"> ● “Becoming a GP partner” training with First5 <ul style="list-style-type: none"> ○ This training will also be available to other practice team members who may be considering being a partner to the contract, e.g. PMs, Nurses etc. ○ Dates January 21st & 28th February 4th & 18th 2021
GP Fellowships	<ul style="list-style-type: none"> ● New fellowship scheme starting in Dec 2020- available to newly qualified GPs and practice nurses to increase their knowledge and skills, with one session per week funded educational activity
Trainees	<p>Report from Dr Omogbai</p> <ul style="list-style-type: none"> ● Issues raised regarding support for GPTs doing medicine and lack of senior support, to be discussed with VTS and DME at ULHT
Medical school	<ul style="list-style-type: none"> ● Prize discussed with SU ● More support from practices for recruiting to medical school requested
Impact Lincs Service	<ul style="list-style-type: none"> ● Take-30 is a service available to all practice staff providing support to work through daily challenges. ● Impact Lincs is our Mentoring & Coaching service also available to all practice staff. ● Wellbeing pages developed for LMC website
LMC Development Centre	<ul style="list-style-type: none"> ● New Courses for 2021 will be available to book via the LMC website very soon.