

## LMC Committee Mar 21- Update for Practices

Topic	Update
Pharmacy Lincolnshire	Pharmacy Lincolnshire attended the meeting to discuss the General Practice Community Pharmacy Consultation Scheme (GPCPCS). This is a service whereby patients can be referred to pharmacies by receptionists/care navigators in GP practices for management of minor ailments. Patients referred will have a consultation on the same day and the majority are managed with advice and support. In trials in other areas, less than 5% require referral back to the general practice. This scheme is being adopted locally in two areas and then will be rolled out county-wide in the next few months.
COVID-19	Bank Holidays <ul style="list-style-type: none"> <li>Practices are <b>NOT</b> expected to be open over Easter this year</li> </ul>
	FAQ <ul style="list-style-type: none"> <li>Regular updates on-going available at <a href="#">LMC website</a></li> </ul>
	CoViD Vaccine <ul style="list-style-type: none"> <li>Ongoing vaccination effort by practices and PCNs</li> <li>Lincolnshire performing well nationally and regionally</li> <li>Cohorts 10&amp;11 not covered by National Protocol or PGD so will need new protocol, PSD, or to be administered by prescriber.</li> </ul>
	Palliative Care- <ul style="list-style-type: none"> <li>Ongoing work regarding improving ReSPECT process in hospitals. Have proposed to have copy of ReSPECT attached to eDD</li> <li>Responsibility for completing “drug administration charts” when admitted to hospices discussed with St Barnabas</li> </ul>
	COVID Workload
Flu 2020 and 2021	<ul style="list-style-type: none"> <li>No update</li> </ul>
STP/CCG	Clinical Pathways Group <ul style="list-style-type: none"> <li>Gastro <ul style="list-style-type: none"> <li>Good progress on Liver pathways</li> <li>900 patients still on waiting lists</li> <li>New “diarrhoea pathway” being developed</li> <li>Extra nurse-led IBD clinics started</li> </ul> </li> <li>Rheumatology pathways for discussion on main agenda</li> <li>Optometry and ophthalmology service in development so patients can present direct to optometry with any eye condition</li> <li>Brain pathway similar to FReD in development</li> </ul>
	Estates <ul style="list-style-type: none"> <li>Cavell Centres in Gainsborough and Sleaford under discussion and planning</li> </ul>
	IT/Digital <ul style="list-style-type: none"> <li>COPI legislation extended to September 2021, practices have to comply with this</li> <li>The importance of all care providers being able to access patient information highlighted by cases where care has been adversely effected by records not being visible. LMC working with CCG to improve this across practices</li> <li>ULHT emails- LMC have raised issue of ULHT not using nhs.net emails, this is being investigated by CCG</li> <li>AccuRX reduced features starts from 1<sup>st</sup> April unless funded- need to get CCG support to continue</li> </ul>
	111 First <ul style="list-style-type: none"> <li>111 DHU have amended their protocols so they do not tell patients “you need to be seen within 1-2 hours”. If this starts happening please let KS know.</li> </ul>

	<p>Finance</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>Practice resilience</p> <ul style="list-style-type: none"> <li>OPEL still under development- testing “action cards” with CCG</li> </ul>
	<p>ICS development</p> <ul style="list-style-type: none"> <li>White Paper Published- on main agenda</li> <li>KS and KP meeting with CCG to discuss further</li> </ul>
Shared care	<ul style="list-style-type: none"> <li>February and March meetings cancelled</li> </ul>
Antimicrobial surveillance	No update
CQC	<ul style="list-style-type: none"> <li>CQC Inspections to restart in April 2021 with practices rated as Requires Improvement &amp; new providers.</li> <li>Transitional Monitoring Approach (TMA) to continue for very high, high &amp; medium risk practices. Telephone/Teams interviews will try to be avoided if the information can be obtained elsewhere</li> <li>New style ratings to be introduced in 2021 which do not include population groups</li> </ul>
Dispensing	<p>DSQS</p> <ul style="list-style-type: none"> <li>7.5% of dispensing patients need DRUMS (not 10%)</li> <li>Still need to do audits</li> </ul>
Pharmacy	<p>Pharmacy Lincolnshire</p> <ul style="list-style-type: none"> <li>New Chief Exec- Dr Tracey Latham-Green</li> <li>LMC working with LPC on GP Community Pharmacy Consultation Scheme (GPCPCS) which enables care navigators to refer certain conditions to community pharmacies. Two early adopter practices identified.</li> </ul>
Primary/secondary care interface	<p>Pain management service</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>Mortality Collaborative</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>ULH</p> <ul style="list-style-type: none"> <li>On-going work with A&amp;E, not been able to meet yet</li> <li>Tone of communication addressed with Dr Hepburn</li> <li>Emergency referral pathway highlighted by an NHSEI audit as failing, causing unnecessary A&amp;E attendances and admissions, which backs up the evidence we have repeatedly presented.</li> </ul>
	<p>NLAG</p> <ul style="list-style-type: none"> <li>Good engagement with NLAG and CCGs, no current issues</li> </ul>
	<p>NWAFT</p> <ul style="list-style-type: none"> <li>Expedite letter raised again and both Lincs LMC and Cambs LMCs have reiterated that it is the hospital’s responsibility to manage their waiting lists</li> </ul>
	<p>LCHS</p> <ul style="list-style-type: none"> <li>Podiatry- no longer perform nail surgery, but podiatry should be able to refer on to Primary Care Surgical Scheme</li> <li>KS working with UTCs to enable them to write Med3 and do 2WW referrals. IT issues unresolved</li> <li>S1 records still being clogged by irrelevant hospital fluid charts etc, Yvonne Owen and Tracy Pilcher looking into alternative ways of storing this information</li> </ul>
	<p>LPFT</p> <ul style="list-style-type: none"> <li>Developing educational webinars with LPFT consultants so hopefully improve relationships</li> </ul>

	<ul style="list-style-type: none"> <li>Letter from Eating Disorders service to practices no longer requesting monitoring of physical health, but highlights need for this to be properly commissioned</li> </ul>
	<p>ADHD360</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>MSK</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>EMAS</p> <ul style="list-style-type: none"> <li>Individual cases raised with local EMAS and being investigated</li> </ul>
	<p>Private providers</p> <ul style="list-style-type: none"> <li>On-going work to improve private to NHS referral pathway</li> </ul>
Axe the fax	<ul style="list-style-type: none"> <li>Still no list of emails for ULHT</li> </ul>
Councils	<p>Coroner</p> <ul style="list-style-type: none"> <li>Recurrence of request for GP to “verify death” raised with coroner</li> <li>Hospital doctors refusing to complete MCCD after patient discharged also raised with the coroner</li> </ul>
	<p>Transitional Care</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>Health checks</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>Suicide Prevention</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
	<p>Taxi medicals</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
Police	<p>Firearms</p> <ul style="list-style-type: none"> <li>Still awaiting GP Portal</li> </ul>
	<p>Older drivers</p> <ul style="list-style-type: none"> <li>No update</li> </ul>
Child protection	<ul style="list-style-type: none"> <li>No update</li> </ul>
Healthwatch	<ul style="list-style-type: none"> <li>No update</li> </ul>
Visas for GPTs	<ul style="list-style-type: none"> <li>No update</li> </ul>
NHS England	<ul style="list-style-type: none"> <li>No update</li> </ul>
General Practice Nursing	<ul style="list-style-type: none"> <li>No update</li> </ul>
People board	<ul style="list-style-type: none"> <li>No update</li> </ul>
PACEF	<ul style="list-style-type: none"> <li>Meeting cancelled in Feb</li> <li>Working with MMO regarding Vit D supplements for care homes. Homes should NOT contact practices about this, should contact community pharmacy or MMO.</li> </ul>
First 5	<ul style="list-style-type: none"> <li>Update awaited</li> </ul>
GP Fellowships	<ul style="list-style-type: none"> <li>LMC working with Training Hub to support new fellowship scheme</li> <li>Fellows require experienced GP mentor</li> </ul>
Trainees	<ul style="list-style-type: none"> <li>Issues re medicine raised with DME- he is looking into it- update awaited</li> <li>Study leave issues to be raised with VTS by LMC</li> </ul>
Medical school	<ul style="list-style-type: none"> <li>Constructive discussions with Student’s Union and GPSoc</li> </ul>
Impact Lincs Service	<ul style="list-style-type: none"> <li><a href="#">Take-30</a> is a service available to all practice staff providing support to work through daily challenges.</li> <li><a href="#">Impact Lincs</a> is our Mentoring &amp; Coaching service also available to all practice</li> </ul>

	<p>staff.</p> <ul style="list-style-type: none"> <li>• <a href="#">Wellbeing pages</a> developed for LMC website</li> </ul>
LMC Development Centre	<ul style="list-style-type: none"> <li>• New Courses for 2021 are available via the <a href="#">LMC website</a>.</li> <li>• We have been receiving expressions of interest for a six week Blood Results Interpretation training programme we hope to start two cohorts by the end of March.</li> <li>• Hoping to receive some funding to go towards introductory training for skills such as Immunisations, Phlebotomy, Cervical Screening</li> <li>• LDB has been holding a regular Podcast covering topics such as: Burn-out, Self-harm, and Time Management</li> <li>• A wide range of LMC Educational Webinars are available via the <a href="#">LMC website</a> covering Cancer Care, Cardiology, Dementia, Dermatology, Mental Health, Safeguarding, Covid-19, Prescribing Less &amp; Becoming a Partner</li> </ul>
Training Hub	<ul style="list-style-type: none"> <li>• No update</li> </ul>