

LMC Committee April 21- Practice Update

Topic	Update
Admiral Nursing	Lincolnshire Admiral Nurses attended the Committee to explain their role is supporting patients with dementia. Information available on LMC website .
NHS Standard Hospital Contract	<p>Committee discussed the hospital contract and that this mandates that hospitals carry out actions which specialists often try to pass on to practices. In 2018 LMC took a survey of practices and found that the hospital was not complying with the contract in many areas.</p> <ol style="list-style-type: none"> 1. Managing patient care <ul style="list-style-type: none"> • Asking the GP to arrange further follow up or investigation • Asking GP to manage a condition which the specialist should continue to follow up, such as post-operative wound management 2. Medication <ul style="list-style-type: none"> • Not providing urgent medication and requesting that the GP do this • Patients being given insufficient or wrong medication on discharge • Not communicating with the patient regarding new medication and asking the GP to do this 3. Onward referral <ul style="list-style-type: none"> • Asking the GP to carry out an onward referral for the condition which the specialist is seeing the patient 4. DNA policy <ul style="list-style-type: none"> • Removing the patient from a clinic list due to non-attendance without assessing the need for on-going management or checking patient demographics 5. Communicating with patients <ul style="list-style-type: none"> • Asking GP to communicate to the patient regarding their condition 6. Fit note/Med3 <ul style="list-style-type: none"> • Not providing a fit note at outpatient appointment or on discharge • Providing a fit note but for too short a period <p>LMC agreed to run a further data collection to identify whether the situation has improved or deteriorated. LMC will communicate with practices in the near future about this.</p>
Organisation Pressures Escalation Level (OPEL)	For some time LMC has been trying to develop a reporting system whereby practices can highlight the level of workload pressure they are facing, in a similar way to the hospital. The work by the LMC on an OPEL system for general practice has been taken by the CCG and developed. This work was discussed by the Committee, and it was felt that the CCG proposal will not help practices. LMC will continue to work on this with the CCG to identify how it can be developed to reduce excessive demand on practices.

<p>COVID-19</p>	<p>GP Covid Capacity Expansion Fund (GPCCEF)</p> <ul style="list-style-type: none"> • £120m for April-Sept 2021 • LMC will be discussing with CCG how to distribute • LMC has suggested light touch again • Same 7 priorities plus proactive care planning and following up patients who attend A&E/UTC with self-harm discussed • LMC feel that workload in general practice needs to be recognised and GPCCEF should be used to support reducing this <p>FAQ</p> <ul style="list-style-type: none"> • Regular updates on-going available at LMC website <p>CoVID Vaccine</p> <ul style="list-style-type: none"> • Majority of PCNs/practices have signed up • Ongoing issues with MVS booking patients and not coordinating • Supply issues ongoing • No National Protocol so vaccines having to be administered under PGD/PSD to cohorts 10-12 <p>Palliative Care/End of Life</p> <ul style="list-style-type: none"> • Ongoing work to update RESPECT form & improve comms • Community nursing teams reporting increase in referrals and work ongoing around increasing capacity • Work ongoing around Epaccs and care portal integration • Review of informal carers subcutaneous administration policy undertaken with primary care input
<p>Flu 2020 and 2021</p>	<ul style="list-style-type: none"> • Practices advised to plan for delivery to 50-64 year olds
<p>STP/CCG</p>	<p>Clinical Pathways Group</p> <ul style="list-style-type: none"> • Ongoing work on rheumatology, gastro, dermatology, and brain pathways. • Feedback provided to rheumatology from last Committee meeting • Pathways require work to embed in clinical systems and develop educational packages <p>Estates</p> <ul style="list-style-type: none"> • Cavell Centres mooted for Gainsborough and Sleaford under discussion and planning <p>IT/Digital</p> <ul style="list-style-type: none"> • AccuRX has been funded until September 2021 <p>111 First</p> <ul style="list-style-type: none"> • Ongoing issues with 111 giving inappropriate advice to patients. LMC raising with 111 First delivery group • LCHS CAS now also being given access to practice appointment systems. LMC agreeing protocol and wording to ensure appropriate advice is given to the patients <p>ICS development</p> <ul style="list-style-type: none"> • Positive discussions with CCG and feedback to ICS development group
<p>CQC</p>	<p>Awaiting first post-pandemic inspections.</p>
<p>Pharmacy</p>	<p>GP Community Pharmacy Consultation Scheme</p> <ul style="list-style-type: none"> • Still in pilot phase
<p>Primary/secondary care interface</p>	<p>ULH</p> <ul style="list-style-type: none"> • On-going work with A&E, to improve communication and have letters sent electronically

	<p>LCHS</p> <ul style="list-style-type: none"> • Dressings <ul style="list-style-type: none"> ○ Community nurses should use only items which are on the formulary and which are from their own stock cupboards. ○ Practices should not be being asked to issue non-formulary items • Community nursing referral criteria <ul style="list-style-type: none"> ○ There has been no change in referral criteria to community teams. ○ If teams are telling practices differently then please inform LMC secretariat • Authorisation to Administer (A2A) <ul style="list-style-type: none"> ○ Some teams not complying with agreed A2A process, LCCHS management to remind teams about this ○ LCCHS agreed to look at the whole A2A process again with a view to not needing them at all • Med3 in UTCs <ul style="list-style-type: none"> ○ Will be done if doctor in UTC, but not always a doctor present • 2WW in UTCs <ul style="list-style-type: none"> ○ Need to review in light of sharing of medical records. ○ Difficult to guarantee safety netting if no “share open” • Podiatry <ul style="list-style-type: none"> ○ Hopefully moving to RFS handling all podiatry referrals so they do not get bounced between providers • Hospital documents in SystmOne <ul style="list-style-type: none"> ○ Trialling putting observations into S1 so that they do not need to be scanned in later • Training sessions on UTC <ul style="list-style-type: none"> ○ Doctors employed in UTCs do have the capacity to support GPTs, but the e-roster system is not configured properly to allow booking, so this is being rectified • GP referrals to ops centre <ul style="list-style-type: none"> ○ LCCHS will be trialling an e-referral platform ○ LMC involved in developing the interface • Post-Covid service <ul style="list-style-type: none"> ○ This is purely rehab for physical and psychological conditions, is not a diagnostic service ○ Comms being developed to support practices <p>EMAS</p> <ul style="list-style-type: none"> • Individual cases raised with local EMAS and being investigated <p>Private providers</p> <ul style="list-style-type: none"> • On-going work to improve private to NHS referral pathway • When patients seen in private clinics and transferred to NHS this should not require GP onward referral
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"> • Recurrence of request for GP to “verify death” raised with coroner. Agreed that this should not be happening, and is working with EMAS and police to ensure there are protocols in place to stop from happening • Hospital doctors refusing to complete MCCD after patient discharged also raised with the coroner. Coroner is going to raise with bereavement office, medical examiner, and medical director.

	<ul style="list-style-type: none"> • Coroner service will be introducing a new referral portal, should improve communication and allow practices to monitor progress of referrals and post mortems.
	<p>Transitional Care</p> <ul style="list-style-type: none"> • Ongoing problems with complex patients discharged for “Transitional Care”, LMC trying to engage with CCG about how this extra work is funded, but getting little traction
	<p>Health checks</p> <ul style="list-style-type: none"> • NHS Healthchecks payment protected for Q1 and Q2 of 21/22 • LCC looking to trial new IT system for administering health checks, let’s hope it is better than the last one.
	<p>Suicide Prevention</p> <ul style="list-style-type: none"> • Significant rise in self- harm seen at hospitals, thus high up the CCG agenda
Police	<p>Firearms</p> <ul style="list-style-type: none"> • Still awaiting GP Portal
GP Fellowships	<ul style="list-style-type: none"> • LMC working with Training Hub to support new fellowship scheme • Fellows require experienced GP mentor
Trainees	<ul style="list-style-type: none"> • Issues regarding poor supervision of trainees in medical specialties raised again, and Director of Medical Education will look into it
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. We have helped 22 people since March 2020. • Impact Lincs is our Mentoring & Coaching service also available to all practice staff. We have helped 47 people since the service commenced. • Wellbeing pages developed for LMC website. We have had 4007 visits to our wellbeing resources on the LMC Website between the 17th March 2020 and 1st April 2021.
LMC Development Centre	<ul style="list-style-type: none"> • Courses for 2021 are available via the LMC website. • New LMC Podcasts covering topics such as: Burn-out, Self-harm, and Time Management • NEW LMC Educational Webinars are available via the LMC website covering Adult Safeguarding , new Dementia Pathway and Becoming a Partner