


**LMC Committee meeting September 21- Update for practices**

Topic	Update
CAMHS	<p>Eve Baird, (EB), Aadaeze Bradshaw, (AB) and Amy Butler, (ABu), from CAMHS attended the committee meeting to discuss:</p> <ul style="list-style-type: none"> <li>• The relationship between GPs and the children's and young peoples' services,</li> <li>• Referral criteria and referrals rejected due to "does not meet our threshold"</li> <li>• Managing ADHD and Autism and the difficulties GPs have getting patients to be seen by CAMHS services.</li> </ul> <p>The CAMHS team said they understand that there are challenges and issues around accessing the services and CAMHS are seeing that in their own benchmarking data. CAMHS are currently working to understand what those issues are and how to make improvements. The focus is aimed at provision on a population level to ensure services are in place for all children and young people at all levels. They would also like to learn from the transformation work that has been done for adults' mental health so that the right level of service is in place at a neighbourhood and PCN level before patients have to approach secondary care. Discussions with the committee also covered frustrations</p>
LMC Committee GP representative election.	<p>LMC GP member election is due in October 2021, (see attached timeline below) notice will be circulated on 6<sup>th</sup> October along with election information, timeline and nomination forms. The new Committee will sit in January 2022.</p> <div style="text-align: center;">  </div> <p>2021 LMC Committee            GP Member Election 1</p>
Lincolnshire System Improvement Plan	<p>Committee reviewed the Lincolnshire System Review document which covers key themes and outlines a high-level system improvement plan. This plan aims to focus on three areas:</p> <ol style="list-style-type: none"> <li>1. Prescribing/ deprescribing</li> <li>2. Elective care</li> <li>3. Out of hospital capacity and capability</li> </ol> <p>The main themes from discussions were that it is a positive piece of work however there is key information missing around how the plan will be implemented and there was a general feeling that this has been similar strategies tried before.</p>
Contract Compliance Week	<ul style="list-style-type: none"> <li>• The Contract Compliance Week report has been largely well received by the secondary care trusts. Discussions are positive and Trusts are receptive. Dr Pamela Nehikare GP Fellow from South Lincs is working with the LMC to improve relationships with NWAFT, Dr Nehikare is going to work with hospital colleagues to educate them around contract compliance issues.</li> <li>• The Committee raised concern about the reduction in engagement from practices during compliance week.             <ul style="list-style-type: none"> <li>○ There is a general sense of hopelessness, practices have fed back that they do not think anything will improve.</li> <li>○ Feedback from practices has also highlighted the need to get the message to the people on the ground in hospitals who are doing the work as information does not currently seem to filter through.</li> </ul> </li> <li>• KS clarified that the hospital contract now mandates secondary care providers and the CCG to meet with the LMC to discuss issues.</li> </ul>
Recruitment and Task Force	<p>The committee were informed that there is a high number of GP vacancies being advertised on the LMC website and the number could probably be doubled to include the practices who have a vacancy but have given up advertising.</p>

Topic	Update
	<p>Lincolnshire is forecast to have a gap of two hundred and fifty GPs within five years. International recruitment was paused due to the covid-19 pandemic but it has not re-started. The LMC are going to propose piloting international recruitment again to non-European GPs over a five-year programme with the Lincolnshire Training Hub and PCN Alliance.</p> <p>The LMC is also going to investigate the possibility of advertising vacancies with the retiring MoD doctors.</p>
GPC Update	<ul style="list-style-type: none"> <li>• GPC have voted to re-engage in negotiations with NHS England. NHS England continue to behave in the same way as before however the GPC have decided it is more important to have a seat at the table in negotiations. The LMC Committee discussed industrial action; if practices do not fulfil their contracts a breach notice can be imposed which could impact bids for future contracts.</li> <li>• There has been no movement around getting an uplift to the global sum to cover the 0.9% gap between the current 2.1% uplift and the 3% DDRB recommended pay increase for GPs.</li> </ul>
COVID-19	<p>GP Covid Capacity Expansion Fund (GPCCEF)</p> <ul style="list-style-type: none"> <li>• Practices should have received these funds if they signed up.</li> </ul>
	<p>FAQ</p> <ul style="list-style-type: none"> <li>• Regular updates on-going available at <a href="#">LMC website</a></li> </ul>
	<p>CoViD Vaccine</p> <ul style="list-style-type: none"> <li>• COVID-19 Vaccination Autumn / Winter (Phase 3) Planning Guidelines</li> <li>• Still unsure when JCVI will give green light for co-administration with flu vaccine, though all guidance says that should be given together to avoid delay in administration.</li> </ul>
	<p>Palliative Care/End of Life</p> <ul style="list-style-type: none"> <li>• Emergency care plans on terminal bleeding, diabetes management, and spinal cord compression in production.</li> <li>• Educational podcasts planned with palliative care focus.</li> <li>• Temporary shortage of oxycodone has been escalated to MMO but should not affect general practice. Plans to look at improving communication around future drug shortages.</li> </ul>
Flu 2021/22	<ul style="list-style-type: none"> <li>• As above- not sure when JCVI will give green light to co-administer with Covid vaccine.</li> </ul>
STP/CCG	<p>ICS development</p> <ul style="list-style-type: none"> <li>• ICS is appointing new Chair. New Chair candidates have contacted LMC and our views have been well received.</li> <li>• Proposed Clinical Directorate is part of structure of ICS discussed by the Committee. Clinical Directorate aims to put clinicians at the centre of decision making for the new ICS.</li> </ul>
	<p>Planned care</p> <ul style="list-style-type: none"> <li>• LMC working with Planned Care and Cancer Recovery Group</li> <li>• <b>Expedite letters</b> should NOT be requested by hospital clinicians or administrators see our latest guidance- <a href="https://www.linclmc.co.uk/expeditepathways">https://www.linclmc.co.uk/expeditepathways</a></li> <li>• Consultants can switch <b>Advice and Guidance</b> to “see in clinic” without coming back to GP. If this does not happen then please push back and let LMC secretariat know.</li> <li>• CCG has confirmed that there is no moratorium on <b>consultant to consultant</b></li> </ul>

Topic	Update
	<p><b>(C2C) referral</b> when clinically appropriate. This is where the reason for onward referral is related to the reason for the original referral.</p> <ul style="list-style-type: none"> <li>○ Specifically, ULHT specialists can refer to One Health spinal service if they feel that this is required</li> <li>● CCG have also confirmed that C2C referral should be made between providers to support smooth passage for the patient and reduce bureaucracy</li> <li>● Lincolnshire <b>Elective Activity Coordination Hub (EACH)</b> now working, so referrals should be made via ERS to EACH rather than to specific providers. The EACH will discuss with the patient their choice of provider based on patient preference and waiting times for each provider. EACH should also field any patient queries regarding their referral thus avoiding these queries coming to practices.</li> <li>● Significant waiting lists for all specialties to follow up patients are coming down. ULHT in a better position than NWAFT and NLAG for many specialties. EACH will work with patients to identify provider with lowest waits.</li> </ul>
	<p>Clinical Pathways</p> <ul style="list-style-type: none"> <li>● Ongoing work with providers on multiple pathways           <ul style="list-style-type: none"> <li>○ Dermatology</li> <li>○ Gastroenterology- functional diarrhoea, liver</li> <li>○ Cancer- Non-specific symptoms (NSS), Cancer of Unknown Primary (CUP), Brain</li> <li>○ Rheumatology</li> <li>○ Breast- mastalgia</li> </ul> </li> </ul>
	<p>Estates</p> <ul style="list-style-type: none"> <li>● Premises Cost Directions still not published</li> <li>● Practices being asked to complete premises return for ICS premises plan- most practices have already done this.</li> </ul>
	<p>IT/Digital</p> <ul style="list-style-type: none"> <li>● WebV for X-ray and pathology requests being rolled out but unsure of dates. Practices need to sign up all staff who may want to access WebV. One-click buttons should be available in S1 and EMIS.</li> </ul>
	<p>111 First</p> <ul style="list-style-type: none"> <li>● LMC attending national “show and tell” by 111 regarding how dispositions are generated. National directive to say “your practice will call you sometime today” does not seem to have got through to call handlers as patients are still being told, “your practice will call you in 1-2 hours”</li> </ul>
	<p>Finance</p> <ul style="list-style-type: none"> <li>● LLMC discussions with CCG very positive regarding finance for general practices. Acknowledgement that new funding structure needed to support Same Day Urgent Care, proactive care, and long-term conditions.</li> </ul>
	<p>Practice Resilience</p> <ul style="list-style-type: none"> <li>● LLMC scoping development of a <b>GP Task Force</b>, a team of people who can support struggling practices</li> <li>● Multiple LMCs now working together to develop an OPEL reporting system. Bid has gone in to GPDF to fund roll out of Devon LMC GPAS</li> </ul>
	<p>Enhanced Services/ DCAs</p> <ul style="list-style-type: none"> <li>● LLMC have fed back Committees views re ES/DCA and continue to push for alignment of current services and development of new services</li> </ul>

Topic	Update
	<ul style="list-style-type: none"> <li>• Transitional care               <ul style="list-style-type: none"> <li>○ LMC have fed back Committees views re TC proposal, but CCG have now amended the proposal to fund TC beds at £125 per bed per month</li> <li>○ LMC have advised CCG this is not acceptable and will advise practices not to sign up to this</li> <li>○ LMC also have raised that many discharged patients go to non-TC beds and this creates significant extra unfunded work for practices</li> </ul> </li> </ul>
PCNs	PCN DES and IIF <ul style="list-style-type: none"> <li>• PCN DES specifications have been published, a summary of this is available at <a href="https://www.lincslmc.co.uk/primarycarenetworkspcnwhatisexpectedfromoctober2021">https://www.lincslmc.co.uk/primarycarenetworkspcnwhatisexpectedfromoctober2021</a></li> <li>• LMC will be rana session for practices to discuss this on 16<sup>th</sup> September- book- recording of this will soon be available on the LMC website</li> </ul>
CQC	<ul style="list-style-type: none"> <li>• Move from to Direct Monitoring Approach from Transitional Monitoring Approach. This will review information on a monthly basis &amp; update the CQC provider page accordingly.</li> <li>• LMC/CQC event took place on 6 July 2021for practices; a recording will be made available on the LMC website.</li> </ul>
Dispensing	Pharmacy Needs Assessment (PNA) <ul style="list-style-type: none"> <li>• Postponed until October 2022 due to changes in Government policy.</li> </ul>
Pharmacy	GP Community Pharmacy Consultation Scheme <ul style="list-style-type: none"> <li>• Now been being used county-wide though slow uptake from practices</li> <li>• IIF of PCN DES has use of GPCPCS as a target</li> </ul>
Primary/Secondary care interface	Pain management service <ul style="list-style-type: none"> <li>• Multiple events happening across Lincolnshire to promote Flippin' Pain- <a href="https://www.flippinpain.co.uk/">https://www.flippinpain.co.uk/</a></li> </ul>
	ULH <ul style="list-style-type: none"> <li>• New Medical Director, Dr Colin Farquharson, understanding of interface issues and interested in improving patient pathways.</li> </ul>
	NWAFT <ul style="list-style-type: none"> <li>• Drs Rege and Nethercliffe MDs at NWAFT have been more engaged with discussions due to active GPs in South Lincs pushing back inappropriate work.</li> <li>• LMC working with them to understand issues from both sides e.g. GPs referring without examination or arranging appropriate tests</li> <li>• Agreed pathways for NWAFT specialists to prescribe for patients</li> <li>• Dr Pamela Nehikare GP Fellow from South Lincs is working with the LMC to improve relationships with NWAFT</li> </ul>
	NLAG <ul style="list-style-type: none"> <li>• Good engagement with NEL and NL CCGs, Humberside LMCs, LLMC, and NLAG</li> <li>• Waiting times reduced by service commissioned to get GPs to review referrals. GPs funded £100 ph to clinically assess whether referral still required. 30% of referred patients on waiting lists no longer required follow up by a specialist when reviewed.</li> </ul>

Topic	Update
	<p>LCHS</p> <ul style="list-style-type: none"> <li>• LCHS workforce significantly effected by Covid and self-isolation so reduced ability to respond urgently</li> <li>• Dr Owen MD unable to attend last meeting so many outstanding issues not addressed               <ul style="list-style-type: none"> <li>○ Long Covid clinics</li> <li>○ VTE pathway and requests for GPs to do blood tests</li> <li>○ Trainee sessions at UTCs</li> <li>○ A2A</li> <li>○ Nurses actioning their own test requests</li> <li>○ Podiatry</li> </ul> </li> </ul> <p>LPFT</p> <ul style="list-style-type: none"> <li>• Still working to get improved communications and standard letters</li> <li>• Eating disorders service working group being set up to create a properly structured service- LMC involved</li> </ul> <p>Private providers</p> <ul style="list-style-type: none"> <li>• Still issues regarding onward referral from private to NHS. LMC working with CCG to iron this out.</li> </ul> <p>ADHD 360</p> <ul style="list-style-type: none"> <li>• ADHD 360 confirm that they will initiate and stabilise patients on ADHD drugs and will only ask GPs to prescribe under an appropriate SCA when the patient is stable</li> </ul> <p>MSK</p> <ul style="list-style-type: none"> <li>• ORRS               <ul style="list-style-type: none"> <li>○ ORRS have been asking practices to only refer once an FCP has seen the patient. LMC have discussed with CCG and ORRS and this is not the correct policy.</li> <li>○ ORRS state that they do not get the correct information from GPs to triage patients, hence the FCP suggestion</li> <li>○ LMC working with CCG and ORRS to improve referral quality</li> </ul> </li> <li>• MRI               <ul style="list-style-type: none"> <li>○ ORRS have been asking GPs to arrange MRI before referral</li> <li>○ LMC have advised that MRI should be arranged by the appropriate specialist as GPs do not have the specialist skills to properly interpret the result of MRIs</li> </ul> </li> </ul> <p>EMAS:</p> <ul style="list-style-type: none"> <li>• Experiencing delayed pick-up times, LMC advises GPs to have discussions with patients about the risk and benefits of getting a relative or friend to take them to hospital rather than calling an ambulance. GPs should not be making recommendations.</li> </ul>
Axe the fax	<ul style="list-style-type: none"> <li>• Still no list of emails for ULHT</li> </ul>
Councils	<p>Coroner/Medical examiner</p> <ul style="list-style-type: none"> <li>• The role of medical examiner will be launched by April 2022 to review community deaths. In Lincolnshire all deaths will need to be reviewed by a medical examiner prior to death certificate being issued. The LMC Committee have been asked for volunteer practices to take part in a pilot scheme before it is rolled out county-wide.</li> <li>• Recent discussions have highlighted barriers in relation to GDPR, IT issues and a general lack of clarity on how to implement a practical management system</li> </ul>

Topic	Update
	<p>for ME referrals. The necessity for any local or national management system to be straightforward and with integration of clinical IT systems has been raised. The issues are being escalated and further updates will be provided as they are made available</p> <ul style="list-style-type: none"> <li>Lincolnshire Coroner service may merge with North and North East Coroner services. The Committee discussed this and are against a merger.</li> </ul>
	<p>Health checks</p> <ul style="list-style-type: none"> <li>Health checks effected by blood bottle issue but payments protected until end of Q2, so as long as supplies return should not have high impact on income.</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>Leaflet for older drivers now complete and will be circulated to practices.</li> </ul>
Child Protection	<p>Safeguarding funding proposal:</p> <ul style="list-style-type: none"> <li>Feedback received from some Committee members</li> <li>Issue with VAT raised with CCG</li> </ul>
Healthwatch	<ul style="list-style-type: none"> <li>LMC infographics now available on <a href="#">LMC website</a>.</li> </ul>
People Board	<p>General practice representation at peoples board</p> <ul style="list-style-type: none"> <li>LMC and LTH concerned regarding people board engagement with general practice, this is being raised by PCNA representative who attends people board on behalf of general practice</li> </ul>
PACEF	<p>Titration of medication</p> <ul style="list-style-type: none"> <li>LMC has raised concern with PACEF regarding titration of medication. This will be discussed at next PACEF meeting</li> </ul> <p>Shared care</p> <ul style="list-style-type: none"> <li>After many years of agitating PACEF have convened an extraordinary meeting to discuss shared care</li> </ul>
GP Fellowships	<ul style="list-style-type: none"> <li>GP fellows now starting and have some who are working on projects with LLMC</li> </ul>
Trainees	<p>Ongoing issues with getting trainee shifts at UTC raised by LMC</p>
Medical School	<p>GP prize</p> <ul style="list-style-type: none"> <li>GP prize initiated with GP Society- Committee suggest the prize should be to the value of £500.</li> </ul> <p>GP Society</p> <ul style="list-style-type: none"> <li>GP Society president has asked for volunteers to speak to them, any GPs with a special interest who would like to give a talk.</li> </ul>
LMC Practice Calls	<ul style="list-style-type: none"> <li>LMC has been making calls to practices to check in, offer support and gather feedback.</li> <li>Several themes:             <ul style="list-style-type: none"> <li>Abusive patients</li> <li>Workload pressures</li> <li>Practice teams struggling to avoid burn-out</li> <li>FAQs &amp; weekly updates continue to be well received and feedback about the LMC is generally very positive.</li> </ul> </li> </ul>

Topic	Update
Impact Lincs Service	<ul style="list-style-type: none"> <li>• <a href="#">Take-30</a> is a service available to all practice staff. The service provides telephone support to work through daily challenges practice staff may be facing. This is a free, confidential service provided by trained mentors.</li> <li>• <a href="#">Impact Lincs</a> is the LMCs Mentoring &amp; Coaching service also available for free to all practice staff. This service provides a series of mentoring or coaching sessions working to make positive changes in your life.</li> <li>• Lincolnshire LMC <a href="#">Wellbeing pages</a> contain lots of information and resources including a directory of external supportive organisations for both GPs and the wider practice team.</li> </ul>
LMC Development Centre	<p>Information about LMC training &amp; events is available via the <a href="#">LMC website</a>.</p> <ul style="list-style-type: none"> <li>• <a href="#">New LMC Podcasts can be accessed here</a></li> <li>• NEW LMC Educational Webinars are available via the <a href="#">LMC website</a></li> </ul>
<b>Next LMC committee meeting</b>	<p><b>Thursday 14<sup>th</sup> October</b></p> <p>If you would like further information about LMC committee meetings, or you would like to attend as an observer, please contact <a href="mailto:rosa.wyldeman@nhs.net">rosa.wyldeman@nhs.net</a></p>