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LMC Committee October 21- Standing Items and Primary Care Update

Topic	Update

Lincolnshire Coroner Update	Mr Paul Smith, (PS), attended the LMC Committee meeting to introduce himself as the new Coroner, provide a general update, and to discuss:
	• New GP Portal:
	  ○ Feedback has been mixed about the portal, PS informed the committee that the information requested is required and asked GPs to complete them as fully as possible to avoid being asked for further information.
	  ○ PS informed the committee that they receive high numbers of unnecessary referrals; if a GP is not sure about whether a referral is needed then they can call the service for advice.
	• The role of the community medical examiner:
	  ○ This role is likely to be similar to that of the medical examiners based in hospitals. In hospitals medical examiners have enabled areas to be identified where a death may have been prevented.
	  ○ PS emphasised the need for continuity, explaining that in hospitals the role has worked better when one staff member is doing the work regularly, it does not as work well if the role is filled by different people.
	• Coroner Service Merger:
	  ○ Committee requested update regarding a possible merger across greater Lincolnshire of the coroner services. The Committee's stance was that there should not be a merger.
	  ○ PS listed the reasons for a merger:
	  1. In December 2018 the senior coroner in North Lincolnshire and Grimsby retired and they were told that they did not receive enough referrals to warrant their own coroner service.
	  2. There is a national agenda to reduce the number of coroners services.

ICS Update	Mr John Turner, (JT), Lincolnshire CCG, attended the LMC Committee meeting to discuss the transition from CCG to ICS and how general practice will be represented in the ICS structures: • JT started by thanking the General Practice workforce in Lincolnshire for all the work being done and acknowledged that these are unprecedented times The pandemic has highlighted two main points: 1. it has shone a light on the poor outcomes and the general poor health of the British people 2. the NHS has become more integrated not just in the NHS but with other health and care providers There will be forty-two statutory Integrated Care Systems, (ICS), across England and there will be two elements to each, one focussing on health and the other focussing on the NHS

	1. an Integrated Care Partnership, this will be to enable all services, (NHS, Local authorities, and other partners), to work together to improve health outcomes for the public. 2. NHS Integrated Care Board, this will take on all the current CCG's responsibilities as well as some new; it aims to be a completely new organisation and not a re-branded CCG. The new integrated care board, (ICB) will consist of a chair, chief executive, and a minimum of three further directors: • a finance director • a nurse director • a medical director. The executive positions will be advertised and there will be a comprehensive process in line with public standards requirements. There will also be three partner directors, • one from local authority/government • one from primary care • one from the trusts. There will also be non-executive members. JT stated that the board will also be able to invite additional members. The NHS ICB will pay attention to three main constituents 1) the public/ patients, 2) partners such as local government, police, care homes, universities, etc., 3) Clinicians from all professions working in Lincolnshire. The aspiration is that the ICS will enable services to work together to provide integrated care based on the patients' needs at a very local level. Lincolnshire LMC is holding an update event for practice managers and GPs on 30th November at lunchtime (13:00-14:30hrs) which will cover the Lincolnshire ICS amongst other topics. For further information and to book go to www.lincslmc.co.uk/events/12850
Covid-19	FAQ • Regular updates on-going available at LMC website
	CoViD Vaccine • Booster doses for all health and care staff ongoing • Consultation taking place on whether it will be mandatory for healthcare workers to be vaccinated • https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector
Flu	• JCVI have agreed co-administration with Covid vaccines

2021	• Enhanced Service now pays IoS for administration of flu to practice staff • National Protocol can be used to allow non-registered individuals to administer vaccine without a PSD
STP/ CCG	Planned care • LMC working with Planned Care and Cancer Recovery Group • Waiting lists still lengthy especially for Breast 2WW which can be up to 6 weeks

	Clinical Pathways
	• Ongoing work with providers on multiple pathways
	  • LMC asked to suggest GPs who can work with ULHT on clinical pathways. Feedback is that these roles need to be offered to interested GPs and that back fill needs to be offered
	  • LMC still pushing for pathways to be only introduced when protected learning time is active so GPs and other clinicians can be educated about the pathways.

	IT/Digital • WebV for X-ray and pathology requests still awaiting technical fix, more information will go to practices when technical issues sorted.
	Finance • LMC met with PCNA and CCG to discuss future funding models. CCG suggested offering APMS contract to PCNs so that they can provide PCN-wide services such as same-day-care and enhanced services. In principle this seems a good idea, though mechanism for an APMS contract to be awarded questioned by LMC as this requires contract-holder to provide essential and additional services.

	Practice resilience
	• Task Force-
	  • LMC working with CCG and PCNA to develop a “Task Force” as discussed at last meeting to provide support to struggling practices and share best practice.
	• OPEL/GPAS
	  • GPDF have provisionally agreed to fund this and will hopefully be ready to roll out in the next few months.
	• Recruitment
	  • LMC working with CCG and PCNA to develop a recruitment plan to fill workforce shortfall

	Enhanced services/DCAs • ES/DCA group met for first time in many months and discussed progress on various ES/DCAs. • Leg ulcer, complex wound management, and treatment room services discussed. Agreed that doppler should be included in the leg ulcer specification. • Progress on other ES/DCAs is slow.

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PCNs	PCN DES and IIF • Dr Aubrey to provide verbal update
CQC	Inspection regime • From July 2021 CQC have introduced a monthly review of the information they have on GP practices. CQC inspectors have stopped using QOF data to assess GP practices for at least 12 months due to the pandemic. • The monthly review will involve CQC publishing a statement on their website for what they deem as lower risk practices. This will let providers and the public know that the CQC have not found any evidence that tells them they need to re-assess the rating or quality of care at that service. • However, CQC are currently undertaking a quality control review of this process. Two practices in Lincolnshire will be selected at random for the review, which will involve running a structured set of searches remotely on the practices clinical IT system. Practices will be contacted in advance of any searches being run. • **A list of the current searches is below**: 1. Monitoring of patients being prescribed Disease Modifying Antirheumatic Drugs (DMARDs). See Specialist Pharmacy Service (SPS) guidance on DMARD monitoring during COVID-19. See NICE Clinical Knowledge Summary (CKS) for DMARD monitoring • Methotrexate monitoring • Azathioprine monitoring • Leflunomide monitoring 2. High risk drug monitoring – NICE CKS and specific data sheet/licensing requirements • Lithium monitoring • Spironolactone and eplerenone monitoring • ACE inhibitor or ARB monitoring • Amiodarone monitoring • Warfarin monitoring • DOAC monitoring • Mirabegron monitoring 3. MHRA/CAS/drug safety update alerts – to ensure the provider has taken appropriate action in response to the alerts a) Single drug alerts: • Valproate and valproic acid – teratogenicity risk and need for Pregnancy Prevention Plan • Hydrochlorothiazide – skin cancer risks • SGLT-2 inhibitors – Fournier's gangrene risk • Epipens – provision of 2 autoinjectors, recalls of some products and extensions of expiry dates • Febuxostat – CV risk

	• Carbimazole and modafinil – teratogenicity risk • Citalopram in patients aged >65 – CV risk • Fentanyl patch and no recent opioid prescriptions b) Combination drug alerts: • Clopidogrel and omeprazole – reduced antiplatelet effect • Simvastatin and amlodipine – increased myopathy risk • ACE and ARB – increased renal risk 4. Potential missed diagnosis: a) Diabetes: Repeated raised HbA1c >48 on at least two occasions and no coded diagnosis of diabetes. See NICE CKS diagnosing diabetes. b) Chronic kidney disease stage 3-5: Repeated reduced eGFR <60 for at least three months and no coded diagnosis of chronic kidney disease. See NICE CKD diagnosis chronic kidney disease. 5. Medicines usage: • Number of asthmatic patients issued more than 12 Short Acting Beta 2 Agonists (SABA) inhalers in the last 12 months. See Why asthma still kills 2014. • The prescribing of gabapentinoid medicines where review is indicated. • The prescribing of benzodiazepine and 'Z' drugs where frequency of issue warrants investigation. 6. Identification of all patients who have had a medicines review done in the last three months to assess quality of the review process. 7. Further searches may be run depending on data held.
Dispensing	Dispensing fee cut • Due to increased dispensing volume during the pandemic there has been triggering of the lower rate of dispensing fees which has cost practices c£0.34 per item • BMA GPC have lobbied to have this reversed • DDA suggest practices write to their MP using a template letter
Pharmacy	GP Community Pharmacy Consultation Scheme • Now been being used county-wide though slow uptake from practices • IIF of PCN DES has use of GPCPCS as a target
Primary/secondary care interface	Contract Compliance Week • Ongoing work with CCG and providers in regard to CCW • Three main areas which we are working on 1. Consultant to consultant referrals **Paper D1**

	2. Arranging tests following outpatient or admission 3. Provision of medication required urgently/immediately
	ULH • Further discussions with ULHT re Contract Compliance Week very positively received by Dr Farquharson (Medical Director) • Further work ongoing regarding developing proper mechanisms for remote consultations • Concern raised by GPs regarding the risk to east locality population as Urology unit moves to Lincoln. LMC writing to local MPs to voice these concerns.
	NLAG • Continued work with NWAFT and Humberside LMCs
	NWAFT • Met with NWAFT consultant committee to discuss CCW • Ongoing work and Dr Pamela Nehikare from Deeping practice assisting
	LCHS • Still awaiting LCHS response to queries regarding ○ Long Covid clinics ○ VTE pathway and requests for GPs to do blood tests ○ Trainee sessions at UTCs ○ A2A ○ Nurses actioning their own test requests ○ Podiatry
	LPFT • No progress despite regular meetings with LPFT
	EMAS • System pressures and ambulance delays still an issue but not as acute as last month
	Private providers • Further issues regarding onward referral from private to NHS. • Private providers are being cooperative but NHS trusts putting up barriers. LMC working with CCG to iron this out.
Axe the fax	• Still no list of emails for ULHT

	Health checks • Health checks effected by blood bottle issue but payments protected until end of Q2 • LMC have raised that the blood bottle issue persists and awaiting response from council.
Child protection	Safeguarding funding • Medical services which are principally to protect (including maintain or restore) the health of an individual are VAT exempt. Thus, preparing reports for safeguarding purposes are VAT exempt. However, if the report is about an individual who is a carer, relating to their fitness to be a carer, this is not VAT exempt, as it is not relating to the individual's health.

Healthwatch	Patient messaging
	• LMC infographics now available on LMC website
	• Working with Healthwatch and CCG to focus on
	  ○ Total triage is here to stay
	  ○ Trust our care navigators to get you to where you need to be
	  ○ Self-care first before contacting a health professional

People board	General practice representation at Peoples Board • 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
PACEF	Meeting report • Verbal as meeting on 13th October
GP Fellowships	• GP fellows now starting and have some who are working on projects with Lincolnshire LMC
Trainees	Training shifts in UTC/OOH • Ongoing issues with getting trainee shifts at UTC raised by LMC and VTS

Medical school	BMedSci projects
	• Two sets of students doing research with the LMC for their BmedSci projects
	  ○ The impact of Total Triage
	  ○ The impact of PCNs
	• Students will be seeking views from clinicians and non-clinicians

LMC Practice Calls	LMC has been making calls to practices to check in, offer support and gather feedback. • Several themes: ○ Workload pressures

	○ Practice teams struggling to maintain work/ life balance and avoid burn-out ○ FAQs & weekly updates continue to be well received and feedback about the LMC is generally very positive.
Impact Lincs Service	• Take-30 is a service available to all practice staff providing support to work through daily challenges. • Impact Lincs is the LMCs Mentoring & Coaching service also available to all practice staff. • Wellbeing pages available on LMC website.
LMC Development Centre	• Training and events for are available via the LMC website. • New LMC Podcasts covering topics such as: 'Admiral Nurse Service Update', 'Palliative Emergencies End of Life Bleed' and 'How To Become A GP Trainer'. • NEW LMC Educational Webinars are available via the LMC website
LMC Elections	LMC Elections 2021 • LMC elections are due to be held over November and December 2021. GPs wishing to join the LMC, including GPs who are currently members, will need to submit a self-nomination form in line with the instructions.
GPC Report	Dr Kieran Sharrock provided the committee with a verbal update: Recent developments have been discussed regarding the Access and Support package published by NHSEI. Committee agreed that this package is not supportive and that some action should be taken. Committee felt that any action should not have potential for patient harm as public support is essential for success. Suggested actions included: demonstrating alongside public relations campaign, withdrawal from enhanced services, withdrawal from PCN DES, and capping of appointments to "safe" numbers.