

LMC Committee Feb 2020- Update for practices

Topic	Update
STP/CCGs	<ul style="list-style-type: none"> • Finance <ul style="list-style-type: none"> ○ LMC concerns regarding impact on practices of financial saving schemes raised at SET and taken on board by CCG and provider AOs • Practice resilience <ul style="list-style-type: none"> ○ LMC met with CCG executives and clinical leads to raise the issue of system responsiveness to fragile practices ○ CCG clinical leads very supportive of the need for a system response ○ Identified that PCNs may be a long term solution, but currently not mature enough to take on this role ○ Agreed to start system-wide conversations about building resilient organisations ○ CCG acknowledged the need for investment in both time and support for these conversation ○ Move to larger merged practices is forseen by CCGs. If practices start these conversations LMC can facilitate getting legal, financial, and contractual advice
GPFV	<ul style="list-style-type: none"> • Mental health workers in primary care <ul style="list-style-type: none"> ○ LMC has spoken with national lead and there has been change in focus, that mental health trusts should be working more closely with PCNs to get mental health workers into practices. Fine details under negotiation.
Shared care	<ul style="list-style-type: none"> • Prioritised for overhaul by new CCG Clinical Pathways Group
Antimicrobial surveillance	<ul style="list-style-type: none"> • Dr Phipps attended on behalf of Committee, work ongoing to improve antimicrobial stewardship
CQC	<ul style="list-style-type: none"> • PIC Telephone calls to practices are continuing. • Fewer onsite inspections due to the PIC Telephone calls. • Newsletter article regarding recording QOF Data comprehensively published in January Newsletter.
Primary/secondary care interface	<ul style="list-style-type: none"> • Pain management service <ul style="list-style-type: none"> ○ Multiple letters sent to LMC from practices where pain service has not done onward referrals. This has been taken forward by LMC with Connect Health and CCG. • ULH <ul style="list-style-type: none"> ○ LMC received email from ULH MD asking “why am I getting so many letters from practices about contract breaches?” LMC reply “because your consultants have continued to breach the contract and dump work on practices” was not well received ○ LMC subsequently met with ULH MD and agreed to various actions to try to improve relationships <ul style="list-style-type: none"> ▪ Put patients at the centre of what we do ▪ Try to get consultants to do clinics in GP practices ▪ Improve clinical pathways especially 2WW ▪ Work with ED to ensure that follow up can be arranged by ED clinicians ○ Suggestion that GPs to do what has been requested and then write to say “I have done, but really you should have” rejected by Committee as so far this has not worked. ○ Practices to continue providing examples where ULHT have not

	<p>fulfilled their contractual responsibilities- especially around urgent and 2WW onward referral</p> <ul style="list-style-type: none"> ○ Significant issues with referral pathways into hospital raised with MD, COO, and director of urgent care. Assurances received that they are “working on it” ● NLAG <ul style="list-style-type: none"> ○ Ongoing constructive meetings with NLAG alongside Humberside LMCs and CCGs ○ GP and consultant meeting to improve relationships planned for 21st April 2020- GPs who refer to NLAG will be invited ● NWAFT <ul style="list-style-type: none"> ○ NWAFT meeting with Cambs LMC on 22nd Jan 2020 was constructive ○ NWAFT MD particularly concerned that many referrals do not require patient to be physically seen and should be Advice and Guidance, so working with CCG to increase use of A&G ○ NWAFT requests that referrals are peer reviewed to improve quality ● LPFT <ul style="list-style-type: none"> ○ Ongoing work to reduce inappropriate work for practice <ul style="list-style-type: none"> ▪ Requests for blood tests and ECG by Early Intervention in Psychosis (EIP) team ▪ Poor communication from Crisis Teams ○ LMC preparing educational videos/podcasts with perinatal mental health consultant Dr Dickenson ● ADHD360 <ul style="list-style-type: none"> ○ Clarified with CCG that ADHD360 do not require a GP referral if the patient needs transfer from private to NHS ● EMAS <ul style="list-style-type: none"> ○ EMAS Information Sharing Agreement given green light by GPC and communicated to practices ○ Figures regarding pick up times for HCP and IFT calls positive- these show that HCP and Interfacility Transfers have similar response times to community calls. ● Private providers <ul style="list-style-type: none"> ○ Multiple letters received from practices regarding private providers breeches, issues raised with CCG and providers with this evidence, thanks to practices
Axe the fax	<ul style="list-style-type: none"> ● Nursing homes many now have nhs.net emails so we should be able to communicate with them this way ● ULH- list of generic emails still awaited ● NLAG- list of generic emails still awaited ● NWAFT- list of generic emails circulated to practices ● Pharmacy and optometry- discussions underway with LPC and LOC
County council	<ul style="list-style-type: none"> ● Coroner <ul style="list-style-type: none"> ○ Worked with crematoria medical referees to create new flow charts re Crem 4 and 5 circulated to practices ○ MoJ guidance incorporated ● Transitional Care <ul style="list-style-type: none"> ○ Ongoing issues with non-commissioning of transitional care, practices being asked to provide this service without funding ○ LMC working with Healthwatch to lobby CCG ● Health checks- see below

Police	<ul style="list-style-type: none"> • Significant event regarding patient with firearm who developed depression not informed to police. <ul style="list-style-type: none"> ○ LMC reiterated importance of enduring marker to practices ○ Changes made to some firearms letters to clarify consent
Child protection	<ul style="list-style-type: none"> • CCG amended “contact variation” sent to practices and LMC advice remains the same, “do not sign this” • LCC still telling their staff that GPs should convene and lead TAC, LMC pushing back against this stance
Networks	<ul style="list-style-type: none"> • GPC meeting 6th Feb and PCN conference 8th Feb • Still significant concern amongst LMCs that PCN DES is not fit for purpose • LMC Contract Roadshow 4th March will allow Lincolnshire practices to question Dr Richard Vautrey chair of GPC • LMC Special Conference on 11th March will debate the contract proposals and PCN changes, and further recommendations will come from this.
NHS Health Checks	<ul style="list-style-type: none"> • Concerns regarding IG and data quality raised with LCC and Health Intelligence <ul style="list-style-type: none"> ○ LCC and CCG DPO working together to ensure IG concerns are addressed ○ LCC confirm that they will continue to pay for work done, not based on HI data
PACEF	<ul style="list-style-type: none"> • Items which should not routinely be prescribed in GP guidance published <ul style="list-style-type: none"> ○ Most items non-controversial ○ Dosulepin and trimipramine- Optum and LPFT offered to support practices with deprescribing and advice on alternatives
Trainees	<ul style="list-style-type: none"> • Trainee concerns re supervision raised with ULH Director of Med Ed twice- response awaited. • Issues with practices placing restrictions on annual and study leave continue even in instances where six weeks’ notice has been given. This is contrary to our supernumerary status • Issues continue relating to hospital Rotas, a meeting is going ahead soon which the LMC GP Trainee Reps will be attending • GP fellowships now being administered by Lincolnshire Training Hub
Impact Lincs Service	<ul style="list-style-type: none"> • In the past 12 months the LMC’s Impact Lincs Service has supported a total of 18 people: <ul style="list-style-type: none"> ○ 14 GPs ○ 3 Managers ○ 1 Nurse <p>The LMC has also recruited and trained 7 new mentors so the team now consists of 12 mentors across Lincolnshire.</p>
LMC Development Centre	<ul style="list-style-type: none"> • The LMC Developments Centre provides training for practice staff throughout the year: <ul style="list-style-type: none"> ○ 5 courses running in February totalling 60 places ○ 59 courses scheduled to run in 2020 with more sessions in the pipeline. <p>Reminder to all attendees to check whether lunch is or is not provided. LMC DC cannot continue to provide free training and provide lunches.</p>
Training Hub	<ul style="list-style-type: none"> • Multiple projects running <ul style="list-style-type: none"> ○ Aspiring medics ○ Aspiring nurses ○ Clinical pharmacy academy ○ Medical educators academy

	<ul style="list-style-type: none">○ Practice management academy○ GPN conference
Estates	<ul style="list-style-type: none">● NHS Property services test cases ongoing, practices advised not to sign any new lease with property services until outcome is delivered.