

LMC Committee February 2019- Meeting summary for Practices

Topic	Update
STP	<ul style="list-style-type: none"> • Healthy Conversation 2019- public engagement launched
GPFV	<ul style="list-style-type: none"> • No significant news except overshadowed by 2019/20 contract changes
Shared care	<ul style="list-style-type: none"> • Multiple shared care protocols now have been reviewed and published • Discussions re commissioning of shared care still progressing at glacial pace in Lincolnshire • Good discussions held with NLG
CQC	<ul style="list-style-type: none"> • LMC arranging CQC update event - 14 March 2019 • High level of CQC inspections taking place • Carolyn Fairbrother has now been moved to look after Northamptonshire practices & Chris Jarvis will now act as Lead CQC inspector for the East, Southwest & South CCGs
Primary/secondary care interface	<ul style="list-style-type: none"> • Breach Week <ul style="list-style-type: none"> ○ KS attending “senior management” meeting at ULHT with CCG to discuss in more depth • NLG <ul style="list-style-type: none"> ○ Progress being made alongside Humberside LMC ○ NLG “breach week” being run 25.2.19 – 11.3.19 • LCHS <ul style="list-style-type: none"> ○ Progress being made with regard to MAR. Policy has been agreed by senior management, but needs to be disseminated to workforce. New policy will be that for community staff to administer meds- <ul style="list-style-type: none"> ▪ The prescription needs to be explicit ▪ The instruction to administer should be in the electronic medical record ▪ And in S1 a share should be open so community team can see the medical record ○ Test requests by community nursing staff results of which should be actioned by the requestor not the GP still under discussion. • NWAFT <ul style="list-style-type: none"> ○ Issue raised regarding dementia notifications on A&E letters, MD has forwarded to A&E consultants- response awaited. ○ Also raised issues regarding “DNA policy” • LPFT <ul style="list-style-type: none"> ○ Multiple issues to be raised at meeting on 7th Feb <ul style="list-style-type: none"> ▪ Antipsychotic ongoing monitoring and administration- should be part of a wider mental health enhanced service, which LPFT, LMC, and CCG will work up ▪ Requests for ECGs- should not be happening, the guidance which LPFT works to is that an ECG is not required unless the patient is bradycardic. More work is required in LPFT to improve compliance with this policy ▪ Dementia pathway- work being done to improve the pathway. Next meeting is 11th April- KS unable to attend- any volunteers? ▪ ADHD- there is a spot service available for adult ADHD, currently 89 patients on the waiting list. CCG “committed” to commissioning a long-term service.
County council	<ul style="list-style-type: none"> • LARC contract <ul style="list-style-type: none"> ○ Clinicians who gained historic rights to insert coils through the alternative NHS training, and not FSRH, should still submit an application to provide the service. The Council prefer FSRH accreditation but will

	<p>evaluate the alternative training and revalidation carried out by individual clinicians when considering whether or not to procure the service. The Council have also arranged for FSRH training to be provided locally if desired, and will extend by three months the time to provide relevant evidence of competence.</p> <ul style="list-style-type: none"> Public health- still negotiating “ad hoc services enhanced service”. CCG have identified an individual to work on this.
Ambulance	<ul style="list-style-type: none"> LMCs across EMAS region have raised concerns regarding delays in crews attending GP practices. LMC/EMAS liaison meeting awaited
International recruitment	<ul style="list-style-type: none"> Latest recruitment drive has slowed due to Brexit, but 15 candidates have been interviewed in Leicester
Child protection	<ul style="list-style-type: none"> 4 Northants practices taking NCC to court, discussed with Northants LMC, this is going to be a long process, no recent update Issue of OOH/A&E notifications raised- expectation that practices will monitor frequent attenders at OOH/A&E
Networks	<ul style="list-style-type: none"> New PCN DES announced as part of contract changes. Practices need to work with geographically co-located practices to form PCNs. PCNs likely to be commissioned to offer multiple services. LMC and CCGs/STP will be holding a joint Webinar about PCNs in the next 2-3 weeks to answer queries which practices and networks have.
Police	<ul style="list-style-type: none"> No update
Healthwatch	<ul style="list-style-type: none"> HWL raising concern with CCG regarding various services which are commissioned differently across Lincolnshire, particularly ear care, spirometry, shared care etc
Visas for GPTs	<ul style="list-style-type: none"> No update
Medical school	<ul style="list-style-type: none"> Further practice engagement events planned for March
ReSPECT	<ul style="list-style-type: none"> ReSPECT now live across Lincolnshire
NHS England	<ul style="list-style-type: none"> Core hours – Many practices have received emails from NHS England stating they do not comply with core hours. <ul style="list-style-type: none"> LMC has written to NHS England & the 3 CCGs involved & to dispute the requirements NHS England are trying to impose on practices. Discussions have followed, and NHSE is likely to communicate again with the LMC and practices in April/May. Practices are likely to be encouraged to discuss opening hours with their PPG, to ensure the patients are happy with proposed availability of services. No LWCCG practices have been contacted re core hours Contract compliance- some areas of the core contract are not being done by practices, NHSE and CCGs are deciding what action should be taken. <ul style="list-style-type: none"> Some examples of this are <ul style="list-style-type: none"> Alcohol screening of new patients Assigning named GP Frailty assessments LMC has advised NHSE that practices should be informed of what they are not currently doing, and agree an action plan to rectify this.
General Practice Nursing - Proof of Concept	<ul style="list-style-type: none"> Interviews completed 10 preferred candidates selected out of 26 interviewed
Contract changes 2019/20	<ul style="list-style-type: none"> Attached is a summary of the contract changes which was discussed at the Committee meeting

BMA	<ul style="list-style-type: none"> BMA Holland Division has requested that more GPs attend, as currently the Division is mainly comprised of hospital specialists. If you are a BMA member, and would like more information please contact amckay@bma.org.uk
Admission pathways- Cauda Equina	<ul style="list-style-type: none"> Admitting patients with Cauda Equina has proven difficult. The Committee discussed that if the Cauda Equina is due to a malignancy, the acute oncology service should be contacted. For non-malignant Cuada Equina the orthopaedic team should accept the patient, if they do not then the on-call duty manager can be contacted to facilitate the admission. A&E is not always appropriate as the diagnosis can easily be missed.
Practice Manager Representative	<ul style="list-style-type: none"> Nick Turner, practice manager at Billingham Surgery, has been co-opted as the practice manager representative on the Committee. Nick replaces Jo Kevan. The Committee would like to thank Jo for her input over the last year.