

LMC Committee April 2019- Update for practices

Topic	Update
STP/CCGs	<ul style="list-style-type: none"> Primary Care Networks now being integrated into Integrated Community Care (ICC) work stream. Sarah-Jane Mills coming to meet future Committee meeting to discuss this. Single CCG AO announced- John Turner <ul style="list-style-type: none"> LMC will meet with JT to discuss ongoing issues in near future
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"> No developments on commissioning of shared care- will be raised with AO John Turner
CQC	<ul style="list-style-type: none"> CQC event successful and well attended by practices LMC CQC guide published following work by KP and Practice Managers https://www.lincslmc.co.uk/websitefiles/download/7968 CQC asking practices to show appraisal documents for salaried GPs. A good resource for this can be found at https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/sessional%20gps/gpsalariedinhouseperformancereviews.pdf
Primary/secondary care interface	<ul style="list-style-type: none"> Breach Week <ul style="list-style-type: none"> KS attended ULH Senior Clinical Management Board and presented Breach Week data, now working with clinical and management leads and CCG to improve processes. NLG <ul style="list-style-type: none"> NLG “breach week” being run 25.2.19 – 11.3.19- data awaited LCHS <ul style="list-style-type: none"> New “authorisation to administer” process in place, with some hiccoughs 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"> A&E letters and DNA policy still being discussed MGUS follow up also now on the agenda LPFT <ul style="list-style-type: none"> Multiple issues still under discussion <ul style="list-style-type: none"> Antipsychotic ongoing monitoring and administration- Requests for ECGs and other tests Dementia pathway- Next meeting is 11th April- Dr Mahalingham attending ADHD- Sally Savage and Liz Ball attending Committee in the near future ULHT <ul style="list-style-type: none"> Issue regarding issuing of wigs to patients being raised with ULHT and CCGs
County council	<ul style="list-style-type: none"> LARC contract <ul style="list-style-type: none"> Seems to be sorted Public health- still negotiating “ad hoc services enhanced service”. CCG have identified an individual to work on this. No update. Coroners guidance regarding completing MCCD and crem forms circulated to practices available at https://www.lincslmc.co.uk/deathcertificatesandcremationforms

Ambulance	<ul style="list-style-type: none"> • LMC/EMAS liaison meeting awaited on 23/4/19 items for discussion <ul style="list-style-type: none"> ○ Delays in collecting patients from surgeries ○ Requests to use practice defibs ○ DNA-CPR/ReSPECT roll out ○ Reporting of diagnosis of death ○ Electronic Patient Records an Siren4 forms
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. Raised at LMC conference with GPC exec team by us.
Networks	<ul style="list-style-type: none"> • Networks developing, BMA guidance helpful • Debate occurred at the BMA GP Committee as to whether a ballot of GPs should occur to agree the contract changes. GPC decided that this should not happen as timescales were too short and the basic GMS contract has not changed.
Police	<ul style="list-style-type: none"> • Police asking practices to confirm the fee they usually charge so they can rebuff claims from shooting lobby that the fees are too large
Healthwatch	<ul style="list-style-type: none"> • HWL have raised concerns regarding 8-day removals, we are working with them to understand this process, and a document is being produced to help practices. This will be shared when complete. • Also concern raised regarding practices requesting ID before registering patients which is not a requirement
Visas for GPTs	<ul style="list-style-type: none"> • No update
Medical school	<ul style="list-style-type: none"> • Offers are being made to sixth form students and this is on track • Continued discussions happening around premises suitability for undergrads
ReSPECT	<ul style="list-style-type: none"> • ReSPECT now live across Lincolnshire
NHS England	<ul style="list-style-type: none"> • Core hours – agreed with NHSE that as long as hours and services available are discussed annually with PPGs then this should satisfy the requirements of the regulations, LMC to communicate this to practices.
General Practice Nursing - Proof of Concept	<ul style="list-style-type: none"> • Interviews completed • 10 preferred candidates selected out of 26 interviewed
LMC UK conference	<ul style="list-style-type: none"> • Drs Elder, Baker, and Sharrock, and Kate Pilton attended the LMC UK Conference in Belfast on 19th and 20th March 2019. • The Conference was low-key as events around Brexit and GP Contract changes overshadowed the agenda. • Dr Vautrey, Chair of GPC UK, gave a report which highlighted the main changes to the contract. • Lincolnshire had no motions chosen for debate. Motions for debate were not controversial and most past without significant debate or incident. • Soap box session- Lincolnshire LMC raised difficulties with poor broadband, and the impact this has on patient safety. • Ask the Executive session- Lincolnshire LMC asked for an update on Collaborative payments, and Dr Vautrey assured us that GPC is working on a solution. • Breakout sessions were convened to share best practice when setting up PCNs.
Gender dysphoria	<ul style="list-style-type: none"> • Guidance from BMA, GMC, and Chief Medical Officer is clear that doctors should not act outside their sphere of competence, and thus if they do not have appropriate knowledge and skills in gender dysphoria they should NOT prescribe.

	<ul style="list-style-type: none">• Recent letter from CMO reiterates that if a gender clinic requests that a GP prescribe to a patient, the GP should only do so if they are assured of the quality of the advice and follow up that the patient is receiving. If the clinic is not local or is private, it is difficult for a GP to have this assurance.• LMC is currently producing further guidance
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