

LMC Committee March 2022- Update for practices

Lincolnshire LMC representative members meet with the secretariate monthly to obtain updates on progress from the previous month, hear from invited guest speakers, discuss relevant events, issues, and hot topics, and make decisions regarding future actions.

The table below is intended to inform you about the main points provided to the LMC Committee during the last meeting.

 Speaker 1: Dr Colin Farquharson, (CF), ULHT Medical Director Dr Colin Farquharson, CF, who provided information regarding his previous experious a cardiologist who has worked for several health services around the glo giving him a unique perspective. CF spoke about the challenge to future-proof the NHS and the opportunit capitalise on the ICS structure to streamline pathways and improve outco patients. CF provided the committee with some examples of how Lincolns work together such as holding community-based specialist clinics such as cardiology or headache clinics. 		
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 The need for equity of care across the county was acknowledged, the hop 	mes for shire can	
the ICB will enable services to be focussed in the areas they are needed by population needs.		
 Committee discussed the importance of empowering relevant people with ICS to make changes needed and being appropriately resourced to make improvements happen. 	hin the	
Committee asked CF whether ULHT would support GPs to do additional tr	aining in	
their field interest. CF informed the Committee this would be decided on	•	
by-case basis depending on resources and advised GPs to ask.		
Speaker 2: Stephen SP and ND answered IT related questions and provided the Committee with a	n	
Pitwell, (SP), from update:	·	
NHS Digital and • Why practice staff no longer have privileged access to get minor IT tasks do	one, (for	
Neil Dobson, (ND), example, clearing a printer backlog):		
from Arden & GEM O Committee were informed of the need to have security safeguards in p	lace and	
a clear audit trail. Staff must comply with the 'Cyber Essentials Plus crite	eria. SP	
is currently waiting to see whether it will be possible to get selected prostaff, (who have had suitable training), co-opted to have Arden-GEM staff can already obtain 'privileged access' in advance for specifor a limited time. Practices can also raise a ticked to complete a task if	atus. fic tasks	
staff do not have necessary permissions.		
 SP now has a member of Arden & GEM staff working directly for him so practice has an urgent IT issue this staff member will be able to help. 		
 Arden & GEM ticket back-log issues have now been resolved so the service be working more quickly. 	: SHOUIU	
 Clinical systems will be due for renewal next year (2023). The future goal is 	s to	
make it as easy to switch systems as it is to switch energy providers.		
There is an offer to all practices to get a new website using Frank Design. T	he aim	
is to standardise websites for patient continuity.		
 NHS Digital will be storing patient records off site and they will be digitised demand. 	l on	



	Online consultation services: Funding has been secured for another year. It is likely that practices will have an agreement directly with the provider and the practice will be able to claim reimbursement from the CCG.
Covid-19	FAQ Regular updates on-going available at LMC website
	 Cocid Vaccine Changes to vaccine schedule regularly updated and available at https://future.nhs.uk/CovidVaccinations/view?objectId=31770448 Very low uptake in 5-11 year olds at risk (6%) 5-11 not at risk to be done by MVSs
Flu 2022	NHS England and NHS Improvement has <u>published guidance</u> about reimbursable vaccines and eligible cohorts for the 2022/23 flu vaccination programme.
STP/ CCG	ICS development Concerns raised by LMC about GP representation to ICS board. Similar concerns also raised by Pharmacy, Dentistry, and Optometry colleagues
	 Protected Learning Time CCG moving forward with reintroducing PLT to the county for all practice roles. Likely to be organised by Lincolnshire Training Hub with support of the LMC CCG keen to get GP/ practice in-put regarding how and what training should be offered. Looking at hybrid delivery to maximise access for all staff. Also looking at GP and reception cover and funding possibilities. Still very early stages so no timeline yet.
	 Planned care Virtual consultations discussed at Planned Care and Diagnostic Cell. Issues raised by multiple GPs about the impact this has on patients and practices. Processes for prescriptions and tests to be organised now being looked into. CCG and ULHT working on current contracting round- LMC suggested having EPS as a contractual requirement. Various specialties have particularly long waiting lists: colorectal, dermatology, ENT, and neurology
	 Clinical Pathways Ongoing wrangling regarding rolling out pathways for gastro, rheumatology, breast screening, dermatology because there is currently no protected learning time to educate general practice teams about them.
	 Minor trauma pathway is in development, update awaited from CCG Practice resilience Task Force GPAS GPAS slight delay due to issue with the SystmOne GPAS search, this has now been rectified. 12 practices signed up for the pilot so far. Roll out of the pilot will commence on 5th April. Recruitment HSJ article highlights that Lincolnshire is 36th lowest ICS in terms of GPs/100,000 patient (4.4)



	practices to provide
	LMC feedback re treatment room, leg ulcer, and complex wound ES provided. Financial modelling awaited.
Palliative and End	ReSPECT
of Life Care	New ReSPECT form being introduced which guides more regarding ReSPECT conversation
	Training package being developed to improve quality of ReSPECT
cqc	Access inspections now suspended.
Pharmacy	GP Community Pharmacy Consultation Scheme
	 Funding for pharma outcomes app requested from CCG to improve communication
Primary Secondary	LPFT
Care Interface	 Still working on standard referral letter and standard letter from psychiatrists Internal LPFT interface issues also being worked through especially with Crisis Resolution Service
	 Eating Disorder Service transformation work still ongoing, LMC engaging especially around physical health monitoring
	CAMHS requesting GPs to make onward referrals highlighted to LMC and will take this up with LPFT
	LCHS • Blood tests • Still working through routes for community teams to have access to their own
	requested tests, these should not be coming to practices Trainee sessions at UTCs
	 Only 55% of available training slots actually booked by trainees, so these are being under-utilised. A2A
	 Practices should not need to complete A2A forms for non-injectable items but are still being asked to do this.
	 Practices can use SystmOne template for A2A instead of paper form. Working with LCHS to get similar process for EMIS practices.
Councils	Coroner/Medical examiner
	 Changes to death certification were made in 2020 when the Coronavirus Act 2020 went through parliament. The Coronavirus Act 2020 expired at midnight on 24th March 2022 therefore some of the processes have reverted back to what they were prior to the pandemic.
	 There is a useful 10-minute slideshow available on the RCGP website which outlines the changes to do with death certification and cremation forms as well as providing a reminder about which professionals can verify deaths.
	<u>Click this link</u> to view the slideshow and access related resources.
	Health Checks
	 Health checks not paused, or payment protected. LA awaiting National steer regarding this.
Child protection	Safeguarding funding proposal.
	 CCG have not agreed funding proposal for safeguarding reports. Practices should continue to invoice CCG for time spent to complete reports. Liberty safeguards



Trainees	 DOLS being replaced by Liberty Protection Safeguards in April 2022- https://www.gov.uk/government/publications/liberty-protection-safeguards- factsheets/liberty-protection-safeguards-what-they-are LMC has asked Safeguarding team to provide some online training Visas for GPTs This is a hot topic at NHSEI so hopefully will see more support for GP trainees who require visa at CCT. Travel Expenses:
	 GP trainee's excess mileage is currently paid by HEE via the lead employer. GP Trainees believe that a review of the reimbursement rate is due as costs have been rising dramatically. GP trainees ask Lincs LMC to support them with this request.
LMC Practice Calls/ Visits	 LMC continues to make courtesy calls to practices offer support and gather feedback. Many practices have not been available to talk due to pressures in practice however the LMC continues to reach out. FAQs & weekly updates continue to be well received and feedback about the LMC is generally very positive. LMC are planning to restart practice visits soon. If a practice would like the LMC to join one of their clinical or team meetings, please contact info@lincslmc.co.uk
Wellbeing	 <u>Take-30</u> is a service available to all practice staff providing support to work through daily challenges. This is a useful resource that practice managers can signpost practice staff to. <u>Impact Lincs</u> is the LMCs Mentoring & Coaching service also available to all practice staff. <u>Wellbeing pages</u> available on LMC website.
LMC Development Centre	 The LMC training and events page will continue to be updated throughout the year. New LMC Podcasts covering a wide range of both clinical and non-clinical topics. Latest podcasts include a whole series on liver disease, an episode on 'rheumatology referral forms' and another on 'using EPACS in primary care'. Educational webinars are also available via the LMC website the latest one being an update for GPs and practice managers about contract changes and the Lincolnshire ICS.
Lincolnshire GP Society	 LMC has started Lincolnshire GP Society. The next meeting will be taking place on Thursday 5th May 2022 in Louth, Sleaford and Lincoln. This meeting will be focussing on GP Pensions, there will be a short, pre-recorded session and a live Q&A with our speaker. If you have specific questions relating to GP Pensions, please feel free to send it to us in advance so we can find the answer for you. Dinner included. To secure your place click the link above, please ensure you let us know which location you will be attending.
Rebuild General Practice Campaign	 Committee discussed the Rebuild General Practice campaign. Main points: There are six and a half thousand GPs currently using the Practitioner Health Service, most of which are due to system pressures, and additional pressures such as CQC & CCG inspections. Committee agreed that this is a positive campaign and all were in support.



	 Lincolnshire LMC secretariate will share campaign information and resources
	with practices in due course.
GPs With Extended	This would predominantly be for newly qualified GPs who want to pursue special
Roles (GPWER)	interests to develop portfolio careers and job opportunities. There is evidence
	that shows GPs with portfolio careers are more likely to work longer with less
	sickness due to burnout or stress.
	Committee discussed possible challenges, LMC plan to investigate the points
	listed below further:
	 The need for accreditation locally, (Lincoln Medical School), as GPs are
	often required to travel long distances for an accredited qualification.
	 capacity for ULHT to facilitate placements.
	 The need to identify skills gaps across the county to maximise the impact
	of specialist skills acquired.
The Cameron Fund	Lincolnshire LMC raised The Cameron Fund, a charity that supports GPs and their
	families facing financial difficulties by providing interest free loans and grants. The
	Committee agreed to make a donation as the Lincolnshire LMC has not
	contributed in recent years.
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