

LMC Committee meeting May 2020- Update for practices

Topic	Update
STP/CCG	<ul style="list-style-type: none"> • Practice resilience <ul style="list-style-type: none"> ○ Covid-19 has led to practices working more together, and working differently, this will hopefully lead to more resilience • Clinical Pathways <ul style="list-style-type: none"> ○ Ongoing work continues to streamline Clinical Pathways. ○ Covid-19 work has facilitated this in some areas as more frequent, action-focused, meetings have helped ○ Clinical Learning Network in development to facilitate • Post-Covid-19 <ul style="list-style-type: none"> ○ LMC working with CCG and other providers to ensure that post-Covid-19 the lessons learnt and new ways of working are embedded and properly resourced
CQC	<ul style="list-style-type: none"> • CQC taken pragmatic approach during Covid-19 • “Supportive” calls to practices will be taking place over next few weeks
Primary/secondary care interface	<ul style="list-style-type: none"> • ULH <ul style="list-style-type: none"> ○ Much better clinical engagement with ULHT consultants, so hopefully will see improved clinical pathways and better contract compliance • NLAG <ul style="list-style-type: none"> ○ Constructive joint meeting with CCGs, Humberside LMC, Lincs LMC, and NLAG to develop joint pathways. • NWAFT <ul style="list-style-type: none"> ○ Less good engagement from NWAFT, work ongoing with Cambridgeshire LMC • LPFT <ul style="list-style-type: none"> ○ Ongoing work delayed by Covid-19 ○ Arrangements for patients who work for LPFT who require mental health support being clarified with LPFT and CCG • ADHD360 <ul style="list-style-type: none"> ○ Diagnosis and support service commissioned by CCG ○ ADHD drugs still listed as “Amber 1” on Lincolnshire Joint Formulary though now actually classed as “Amber 2” so can be prescribed without shared care agreement • EMAS <ul style="list-style-type: none"> ○ Good engagement with EMAS and all East Midlands LMCs during Covid-19 • Private providers <ul style="list-style-type: none"> ○ Private to NHS referral process agreed with ULH, and ongoing work with CCG and other providers
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"> ○ Tim Brennand has gained promotion to Senior Coroner for Manchester • Transitional Care

	<ul style="list-style-type: none"> ○ Under discussion with LCC and CCG as required on top of PCN DES Enhanced Care in Care Homes ● Health checks- Awaiting CCG DPO response to IG concerns ● Suicide Prevention- working on county-wide pathway with LCC and LPFT Awaiting CCG DPO response
International recruitment	<ul style="list-style-type: none"> ● International GPs arrival in UK postponed due to Covid-19
Police	<ul style="list-style-type: none"> ● Due to Covid-19 new licences not being issued ● Renewals still being processed, and practices should continue to complete Yes/No template letter and provide information about conditions ● If more detailed information is required after Yes/No letter, this will be funded by the police
Child protection	<ul style="list-style-type: none"> ● LMC working with Safeguarding team to create some local web-based training ● LCC and LCSB agree GPs are not best placed to lead TAC
Networks	<ul style="list-style-type: none"> ● LMC view regarding postponed PCN DES sent to GPs and PMs ● CCG has confirmed to the LMC that underspent PCN ARRS monies should be retained and used to help develop PCN infrastructure ● Care homes requirement of PCN DES does not start until 1st October 2020 and thus practices and PCNs do not have to provide any Care Home services until then. PCN do need to nominate a clinical lead by 1st August 2020
Healthwatch	<ul style="list-style-type: none"> ● LMC working with HWL regarding changes to GP services during and post-Covid-19
NHS England	<ul style="list-style-type: none"> ● Reconfiguration of NHSEI has led to most of their work passing to CCGs, LMC will thus liaise more with CCGs regarding this. ● Rates Reimbursement- practices effected by this should contact the LMC if they need support
General Practice Nursing	<ul style="list-style-type: none"> ● Ongoing work with Lincolnshire Training Hub and CCG nursing leads to develop support and training for GP nurses
Trainees	<ul style="list-style-type: none"> ● Still not able to meet with ULHT Director of Medical Education to discuss concerns re low levels of supervision for trainees
Medical school	<ul style="list-style-type: none"> ● Recruitment for 2020 intake going well ● Students having on-going distance lectures
Impact Lincs Service	<ul style="list-style-type: none"> ● Take-30 is temporary solution during Covid-19 to provide all staff with mentoring and support for all wellbeing concerns ● Wellbeing pages developed for LMC website
LMC Development Centre	<ul style="list-style-type: none"> ● Face to face training is currently on hold ● LMC is working with providers to provide training via alternative methods of delivery.
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 ○ 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.
Covid-19	<ul style="list-style-type: none"> ● LMC FAQs continually being updated and available on LMC website ● LMC working with CCG and providers to support Covid-19 delivery ● LMC debated whether Covid-19 services are core or non-core services for

	<p>practices. The Committee concluded</p> <ul style="list-style-type: none"> ○ that GMS/PMS contracts have been amended by Covid legislation to allow practices to provide Covid services, and that any additional costs of doing this are being covered by the CCG so practices should provide Covid services ○ home visiting to patients with or suspected to have Covid does not fall under core services, and this has been commissioned from LCHS
EPS4	<ul style="list-style-type: none"> • Dr Baker from DDA attended the meeting to discuss EPS4 • Dr Baker advised that whilst the GMS contract makes EPS4 compulsory, this is only if the IT infrastructure allows. • DDA view is that for SystemOne the IT is not fit for purpose so practices can opt out • Practices choosing to opt out of EPS4 can use Snomed code 'Dispensing GP Practice Not yet EPS Compliant' code: 1034941000000103. • Practically though few practices have lost out by switching to EPS • Dr Baker confirmed if a dispensing patient nominates a pharmacy as their preferred dispensary, the practice should NOT remove the dispensing flag, so that the patient can get acute medications from the practice dispensary if required