

LMC Committee Jun 2020- update for practices

Topic	Update
EMAS	<p>EMAS Medical Director Dr Leon Roberts, and County Coordinator Sue Cousland attended the LMC meeting, they provided the Committee with an update and answered questions</p> <ul style="list-style-type: none"> • EMAS now have a doctor in the control room 10am-10pm each day to answer call handlers clinical questions, which has helped flow • EMAS have since April met all of their response time targets, but workload is increasing since lockdown easing • EMAS want to upskill paramedics and to have these Band 7 clinicians working with PCNs to provide services
STP/CCG	<ul style="list-style-type: none"> • Single CCG Governance <ul style="list-style-type: none"> ○ Since inception of single CCG, there have been changes to governance structures ○ System Executive Team (SET) has been disbanded ○ PCN CDs now more engaged with CCG executive ○ LMC invited as observer to single PCCC ○ LMC requested invitation to CCG members forum • STP estates <ul style="list-style-type: none"> ○ LMC have asked CCG estates team to review the estates plan in light of changes and requirements following Covid-19, to ensure that future estates development of both secondary and primary care will allow social distancing and isolation • IT <ul style="list-style-type: none"> ○ LMC have thanked IT team for the support and quick action during Covid-19 which has helped practices develop remote consultations ○ LMC have also asked that infrastructure is upgraded with urgency to ensure that practices can maintain online and video consulting • Finance <ul style="list-style-type: none"> ○ LMC working with CCG finance to ensure no practice loses out due to Covid-19, including; QOF, enhanced services, direct contract awards • Practice resilience <ul style="list-style-type: none"> ○ LMC working with individual practices to support them where resilience issues arise, and supporting CCG and PCNs with PCN development • Clinical Pathways Group <ul style="list-style-type: none"> ○ This is being evolved into a Clinical Learning Network ○ LMC involved in discussion about structure and processes of CLN ○ LMC pushing for Clinical Leads to be recruited in the CCG covering main areas, so that there is an accountable person for each clinical area; vascular, diabetes and endocrine, musculoskeletal, women's and children's, respiratory, etc
Shared care	<ul style="list-style-type: none"> • Still needs re-commissioning to prevent gaps in service
CQC	<ul style="list-style-type: none"> • From w/c 18/05/20 local CQC Inspectors will start calling practices. This is designed to be a supportive call & is not part of the PIC or Annual Return process • GPC have asked CQC why this is happening • KP spoken to local inspectorate to encourage soft touch process • Questions to be covered by inspectors when calling practices are available here
Primary/secondary care interface	<ul style="list-style-type: none"> • Workload dumping by secondary care due to remote working being escalated locally and nationally

	<ul style="list-style-type: none"> • ULH <ul style="list-style-type: none"> ○ ULH mainly compliant with request to accept referrals during Covid-19, though community paediatrics and cardiology still have some issues, LMC and CCG working together to rectify this ○ EDDs <ul style="list-style-type: none"> ▪ Mr Dunning now on the EDD group which is really helpful as he can give a clinical view to the admin people at ULH ▪ Backlog of EDDs still growing ▪ Audit of quality also starting as noted that quality has degraded • NLAG <ul style="list-style-type: none"> ○ NLAG and LMCs meeting weekly ○ Now accepting all referrals but asking GPs to consider Watch and Wait if appropriate, and to use Advice and Guidance if possible ○ New Stroke pathway discussed whereby patients who have high dependency are not referred if clinically stable, and to be managed in general practice • NWAFT <ul style="list-style-type: none"> ○ CCG having problems with NWAFT being non-compliant with accepting referrals and not providing information about waiting times etc • LPFT <ul style="list-style-type: none"> ○ LMC addressing various issues <ul style="list-style-type: none"> ▪ Ongoing issues with requests for practices to perform tests ▪ Ongoing issues with requests from crisis team for practices to refer to CMHT ▪ Ongoing issue of LPFT staff not being able to be referred to other mental health trusts • LCHS <ul style="list-style-type: none"> ○ Community teams have seen significant workload increase last few weeks as patients who had not contacted them due to Covid-19 fears have started to present with late presentation of problems, especially pressure ulcers ○ LMC working with LCHS to reduce document uploads by community teams as this has been slowing S1 down. Photos should be compressed before attaching. Hospital documents no longer being scanned on in community hospitals. ○ Authorisation to administer (A2A) are only required for injectable medications. For A2A to not be required practice must put clear dose instructions on prescription, clear instructions must also appear in clinical journal, and a share must be open with LCHS. • ADHD360 <ul style="list-style-type: none"> ○ Lisdexamfetamine and Atomoxetine are Amber 2 so can be prescribed by GPs following specialist advice without shared care, though Lincs Joint Formulary has not been updated to reflect this • EMAS <ul style="list-style-type: none"> ○ EMAS meeting regularly with LMCs to iron out issues ○ Good feedback from practices regarding paramedic requests being appropriate ○ EMAS now have senior GPs and A&E consultants in the control room 10am-10pm to answer call handler queries ○ EMAS have found having access to GP medical records invaluable since GP Connect switched on for all practices
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	<ul style="list-style-type: none"> • Private providers <ul style="list-style-type: none"> ○ BMI private to NHS referral pathway now in place and we have been given permission to ask other private providers to contact BMI to get access to this policy
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
Councils	<ul style="list-style-type: none"> • Transitional Care <ul style="list-style-type: none"> ○ CCG/LCC agree need to look at supporting high-turnover care-home beds, and patients in their own homes • Health checks- <ul style="list-style-type: none"> ○ Awaiting confirmation from LCC re payments during C19 • Suicide Prevention <ul style="list-style-type: none"> ○ Suicide prevention policy agreed for Lincolnshire • Taxi medicals <ul style="list-style-type: none"> ○ Confirmation from Boston, ELDC, and SKDC that taxi medicals suspended until 2021 due to Cov19, other councils response awaited
International recruitment	<ul style="list-style-type: none"> • IGPs should be starting language school in early June, three months later than planned
Police	<ul style="list-style-type: none"> • Police raised concerns regarding older drivers not being identified, LMC working with them to see how this can be addressed
Child protection	<ul style="list-style-type: none"> • LMC meeting with Safeguarding and LCC to improve referral process • LMC filming educational webinars with Dr Roscoe from safeguarding team
Networks	<ul style="list-style-type: none"> • Most Lincs practices signed up • EHCH main sticking point, with level of work and responsibility for GP lead being main concern • IT solutions can help- Whzan or CliniTouchVie
General Practice Nursing	<ul style="list-style-type: none"> • Imms and Smear training <ul style="list-style-type: none"> ○ NHSEI are mindful of the need to upscale capacity to do imms given likely high uptake of flu and C19 imms in the autumn, so significant need for new-immuniser training. LMC providing update training. ○ There is likely to also be a spike in smear requirement in autumn as delayed smears will all need to be done then, which will coincide with flu/C19 season • BGU <ul style="list-style-type: none"> ○ Ten further GP nurse fundamentals places funded for March 2021, practices should contact LTH or BGU if interested • UoL <ul style="list-style-type: none"> ○ UoL has had increased uptake of nursing degrees so will be need for increased GP practice nursing placements, and thus will be increase in supervision and mentoring training to help accommodate this ○ 12 places for ACP Masters funded by HEE, has gone out to advert • Lincolnshire Training Hub <ul style="list-style-type: none"> ○ LTH website live Monday 1st June ○ Trying to expand practices which can take student nurses ○ Aspiring medics programme ongoing ○ Aspiring nurses programme in development

	<ul style="list-style-type: none"> • CPD funding <ul style="list-style-type: none"> ○ HEE funding to go to training hubs, with an investment plan to support training across PCN footprints (£1000 per non-GP clinician over 3 years)
Lincolnshire Workforce Action Board (LWAB)	<ul style="list-style-type: none"> • Becoming the Lincolnshire People Board
PACEF	<ul style="list-style-type: none"> • Medicines management and optimisation being re-procured by CCG
First 5	<ul style="list-style-type: none"> • Continue to have virtual First 5 meetings and education • First 5 providing input to ST3 trainees regarding transitioning to independent practice • Hoping to develop a First 5 GP Fellowship
Trainees	<ul style="list-style-type: none"> • Mr Dunning is the new DME so will arrange to meet with him to iron out training issues
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 • Wellbeing pages developed for LMC website
LMC Development Centre	<ul style="list-style-type: none"> • Webinars re cardiology, safeguarding, perinatal mental health being developed • Imms and vacs updates being run with Zoom, individuals need to sign up now
Estates	<ul style="list-style-type: none"> • NHS Property services test cases delayed by Covid-19
Pharmacy	<ul style="list-style-type: none"> • Issues raised around pharmacy deliveries and stopping Monitored Dose Systems (MDS) escalated to the Local Pharmacy Committee <ul style="list-style-type: none"> ○ LPC advises LMC that neither delivery or provision of MDS is a contractual obligation for pharmacies, thus if patients are not happy with the service provided by a pharmacy, the patient should move their custom to another pharmacy provider
Colorectal pathways	<ul style="list-style-type: none"> • Due to Covid 19 changes have occurred nationally to colorectal pathways • Colonoscopy and sigmoidoscopy are aerosol generating procedures and thus hospitals can do fewer of these procedures • To reduce the requirement for colonoscopy GP clinicians are being asked to perform Faecal Immunochemical Testing (FIT) on patients with lower abdominal symptoms who do not have rectal bleeding • Guidelines will be sent to practices explaining the process