

## LMC Committee May 2019- Summary for practices

| Topic                            | Update   |
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| STP/CCGs                         | <ul style="list-style-type: none"> <li>• CCGs now have single AO John Turner, and each CCG has a Chief Operating Officer. In the medium term it appears that the CCGs will merge with locality teams to keep local contact</li> <li>• LMC liaison with CCGs needs to be addressed in new configuration to clarify who is commissioning which services</li> <li>• Multiple services not commissioned consistently by CCGs to be raised with the new regime</li> </ul>   |
| GPFV                             | <ul style="list-style-type: none"> <li>• Aim is to have 75% of practices capable of providing online consultation by March 2020. IT infrastructure will need upgrade to facilitate this</li> <li>• Workforce is now the focus for GPFV team, with retention and recruitment</li> </ul>   |
| Shared care                      | <ul style="list-style-type: none"> <li>• No update</li> </ul>  |
| CQC                              | <ul style="list-style-type: none"> <li>• CQC update to BMA- if changes in practice partners or managers occur this should not trigger a visit as long as the practice can evidence that there is no significant impact from these changes, and that a plan is in place to mitigate any risks</li> </ul>  |
| Primary/secondary care interface | <ul style="list-style-type: none"> <li>• Community paediatrics <ul style="list-style-type: none"> <li>○ Concerns regarding poor provision of service raised with LECCG and council</li> <li>○ Children's Services attending next LMC meeting</li> </ul> </li> <li>• NLAG <ul style="list-style-type: none"> <li>○ No update</li> </ul> </li> <li>• LCHS <ul style="list-style-type: none"> <li>○ Test requests by community nursing staff still under discussion</li> </ul> </li> <li>• NWAFT <ul style="list-style-type: none"> <li>○ Trying to arrange meeting with NWAFT MD and Lincs and Cambs LMCs</li> </ul> </li> <li>• LPFT <ul style="list-style-type: none"> <li>○ Multiple issues still under discussion <ul style="list-style-type: none"> <li>▪ Antipsychotic ongoing monitoring and administration-</li> <li>▪ Requests for ECGs and other tests</li> <li>▪ Dementia pathway- Dr Mahalingam report on agenda</li> <li>▪ ADHD- Sally Savage and Liz Ball attending Committee in June</li> </ul> </li> </ul> </li> </ul> |
| County council                   | <ul style="list-style-type: none"> <li>• Public health- still negotiating "ad hoc services enhanced service". CCG have identified an individual to work on this, currently on long term sick</li> </ul>  |
| International recruitment        | <ul style="list-style-type: none"> <li>• Ongoing, no update</li> </ul>   |
| Police                           | <ul style="list-style-type: none"> <li>• No update</li> </ul>  |
| Child protection                 | <ul style="list-style-type: none"> <li>• 4 Northants practices have taken NCC to court and this has now been settled, guidance and advice waited.</li> </ul>   |
| Ambulance                        | <ul style="list-style-type: none"> <li>• Useful meeting with EMAS MD Dr Leon Roberts <ul style="list-style-type: none"> <li>○ Delays in collecting patients from surgeries- MD assures us this does not occur, that all calls are categorised and dispatched appropriately irrespective where the patient is <ul style="list-style-type: none"> <li>▪ Cat 1- Arrest/peri-arrest/haemorrhage- immediately life threatening</li> <li>▪ Cat 2- Potentially life threatening</li> <li>▪ Cat 3 or 4- stable but need assessment</li> <li>▪ EMAS working on improving Cat 2+ response times</li> <li>▪ Request that GPs do not devolve calls to receptionist as</li> </ul> </li> </ul> </li> </ul>   |

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|  | <p>often they cannot give proper medical information to call handlers</p> <ul style="list-style-type: none"> <li>▪ Suggests that to avoid oxygen running out surgeries should have more in stock over winter and flu season</li> <li>○ Defibrillator usage <ul style="list-style-type: none"> <li>▪ Call handlers should not advise patients to get defibrillators from surgeries</li> <li>▪ If patients attend surgeries to request defibrillators it would be appropriate to attend if the patient is collapsed</li> <li>▪ Surgeries should know the location of the local community defibrillators, and the code for door, which the LMC will share with practices- either C159X or 0159</li> </ul> </li> </ul>  |
| Networks                                   | <ul style="list-style-type: none"> <li>• Networks developing and LMC supporting PCNs and practices to get 100% coverage</li> <li>• LMC to offer all PCNs £1000 to help with legal and accountancy costs</li> </ul>  |
| Healthwatch                                | <ul style="list-style-type: none"> <li>• Inappropriate removal of patients raised by HW- NHSE and LMC writing guidance for practices</li> </ul>   |
| Visas for GPTs                             | <ul style="list-style-type: none"> <li>• No update</li> </ul>   |
| Medical school                             | <ul style="list-style-type: none"> <li>• Continuing to develop well</li> </ul>  |
| NHS England                                | <ul style="list-style-type: none"> <li>• Core hours compliance– national programme being rolled out, and locally NHSE will try to incorporate consultation with PPGs</li> <li>• GMS Contract refresh- many practices have not signed updated GMS contracts which reflect multiple changes since 2004. NHSE nationally are looking to get all practices on the current GMS contract. This is work which will be undertaken over the next 12 months.</li> <li>• Rates Reimbursement- many practices have received excess reimbursements for rates, which will need to be returned to NHSE. NHSE and LMC will work to minimise the impact that this has upon practices. Practices will be informed when this is identified and the LMC has agreed a way forward with NHSE</li> </ul> |
| General Practice Nursing                   | <ul style="list-style-type: none"> <li>• LMC recruiting Nursing Liaison Officer to build on work being done by Primary Care Development Centre and HEE Training Hub</li> </ul>  |
| Lincolnshire Workforce Action Board (LWAB) | <ul style="list-style-type: none"> <li>• LWAB have done a lot of work on the “Workforce A to B” to reflect changing workforce needs in Lincolnshire. Would the Committee like to have a presentation on this?</li> <li>• The “System-wide OD Group” have prioritised primary care for OD support, to help PCNs to be well led</li> <li>• Lincolnshire accepted as a pilot site for Widening Access to Specialist Training (WAST) which brings international medical graduates into the country at Foundation level so that they can get onto training programmes</li> </ul>   |
| Pain management service                    | <ul style="list-style-type: none"> <li>• Concerns regarding the new Pain Management Service and it’s capacity to deal with 6000+ patients have been shared with the provider and commissioner of the service.</li> <li>• LMC and Lincs East CCG need to be informed if patients are inappropriately discharged or do not receive appointments.</li> </ul>   |
| Lincolnshire co-op pharmacy application    | <ul style="list-style-type: none"> <li>• LMC has been notified that Lincs Co-op have applied to open a distance selling pharmacy. LMC are writing to NHSE in response highlighting the Committee’s concerns about this.</li> </ul>  |
| Committee seats                            | <ul style="list-style-type: none"> <li>• Dr Petrie from Stamford has been co-opted to the Committee to fill one of the vacant Lincs South seats.</li> <li>• A full Committee election is due in September 2019</li> </ul>   |