

LMC Committee Sept 2019- Standing Items and Primary Care Update

Topic	Update
STP/CCGs	<ul style="list-style-type: none"> • STP estates <ul style="list-style-type: none"> ○ Meeting attended by LMC with national and local estates leads ○ Estates are a barrier to new GPs becoming partners, and a risk for current partners ○ New models for premises ownership being looked at ○ Some PCNs scoping ownership of primary care premises • Clinical pathways <ul style="list-style-type: none"> ○ CCGS developing multiple clinical pathways; diabetes, headache, gastroenterology, liver, gynaecology, epilepsy etc. These are all ridiculously complex and unusable, and will not effectively help. Thus LMC are working with CCGs to improve this. • Whistleblowing and assurance <ul style="list-style-type: none"> ○ LMC working with CCGs to develop a policy regarding whistleblowing and assurance visits, as recent cases have been difficult
GPFV	<ul style="list-style-type: none"> • No update
Shared care	<ul style="list-style-type: none"> • CCGs looking to commission shared care, and other enhanced services at PCN level
CQC	<ul style="list-style-type: none"> • PIC telephone calls continue to be made to practices along with a steady flow of onsite inspections
Primary/secondary care interface	<ul style="list-style-type: none"> • Pain management service <ul style="list-style-type: none"> ○ Pain management have amended their SOPs so that GPs should not be contacted at all if patient's DNA, and the patient's should be reinstated automatically. ○ Transition to the new PMS has been tortuous but should be improving ○ Access to injections has been disrupted and this has created work for practices, LMC taking this up with PMS and CCGs • ULH <ul style="list-style-type: none"> ○ Videos still being completed to educate clinicians re importance of new contract ○ LMC still awaiting invitation to meet with Trust Management Group to discuss contract compliance/breaches ○ EDD compliance significantly improved- now 95% within 48hrs of discharge ○ E-prescribing rolling out so should see improved medication records in EDDs in next few months ○ OP letters significant delays especially in haematology, oncology, and paed's letters. New digital dictation system starting so hopefully this will improve ○ Met with operations manager to discuss communication, a number of items discussed <ul style="list-style-type: none"> ▪ Expedite letters ▪ Email correspondence ▪ DNA policy • NWAFT <ul style="list-style-type: none"> ○ KS liaising with Cambs LMC to push this agenda forward at NWAFT • LPFT <ul style="list-style-type: none"> ○ Still working through multiple issues, as one thing improves, another worsens!

	<ul style="list-style-type: none"> • MSK <ul style="list-style-type: none"> ○ Care UK have stated that patients who need to be referred on to another service will always be referred by Care UK & not passed back to the GP to re-refer. • EMAS <ul style="list-style-type: none"> ○ Data sharing agreement has been pushed back to EMAS due to advice from LMC and DPO. Advice sent to practices
County council	<ul style="list-style-type: none"> • No update
International recruitment	<ul style="list-style-type: none"> • PCNs being asked to identify how many IGPs they want so that next cohort can be recruited, this should be starting in Oct/Nov 2019
Police	<ul style="list-style-type: none"> • Lincolnshire firearms policy is likely to be rolled out nationally.
Child protection	<ul style="list-style-type: none"> • Guidance from NHSE that CCGs should fund safeguarding reports and meetings, article about this in last newsletter.
Ambulance	<ul style="list-style-type: none"> • EMAS requesting information sharing agreement so that call handlers can access GP records. LMC have advised that Information Sharing Agreement should be at practice level not countywide.
Networks	<ul style="list-style-type: none"> • PCN underspend- LMC has written to CCG and NHSE to ensure underspend is used for general practice and not secondary care
Healthwatch	<ul style="list-style-type: none"> • No update
Visas for GPTs	<ul style="list-style-type: none"> • No update
Medical school	<ul style="list-style-type: none"> • First cohort of students starts in October 19, welcome event being attended by LMC
NHS England	<ul style="list-style-type: none"> • QOF PPV <ul style="list-style-type: none"> ○ NHSE have developed a document regarding the recent QOF PPV. LMC have raised a number of concerns regarding this document. • Pharmacy applications <ul style="list-style-type: none"> ○ Lincs co-op pharmacy distance selling pharmacy approved despite our reservations. ○ Another distance pharmacy has applied for a licence, to which we have already responded.
General Practice Nursing	<ul style="list-style-type: none"> • GPN10 point plan meeting The 9 nurses currently on the programme are seeking permanent GPN jobs, 2 have firm offers from their host practice. Another cohort of 10 are due to start in March 2020, under different a funding plan that is still being finalised. Any practice with a vacancy or a newly employed GPN who is interested contact DH. • 3 trainee Nurse Associates have stated training. UoL is hoping to be revalidated soon to offer programme locally • Training Hub; All East Mids THs will be supported by HEEM over next 6m into a formal structure better prepared for delivery of all local training needs. <p>Peer to Peer Flu vaccinations</p> <ul style="list-style-type: none"> • Practices will need to complete a Written Instruction and also check that those tasked with administering vaccinations have the correct indemnity.
Lincolnshire Workforce Action Board (LWAB)	<ul style="list-style-type: none"> • LWAB have been invited to attend Committee- attending September meeting

Paper D

NHS Health Checks	<ul style="list-style-type: none">• Health Intelligence is currently working on resolving problems with the data extraction software & template. County Council have stated that practices will be paid on historic data up until January 2019 to ensure cash flow is maintained to practices.
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