

## LMC Committee Nov 2019- update for practices

Торіс	Update
STP/CCGs	• IT
	<ul> <li>LMC met with STP IT leads to discuss COIN and connectivity issues.</li> <li>Working with Arden GEM to address outdated equipment and slow connectivity. Overall positive constructive meeting</li> </ul>
	Clinical pathways
	<ul> <li>Continuing to work with CCGs to introduce pathways in a sensible and staggered way.</li> </ul>
	<ul> <li>Minor injuries, leg ulcers, complex wound management, public health, anticoagulation are first services being worked on</li> </ul>
	CCG 4 into 1
	<ul> <li>NHSE has agreed the April timeline</li> </ul>
	Long term plan
	<ul> <li>LMC raised lack of detail around primary care</li> </ul>
	<ul> <li>ICC and PCNs are the LTP priorities for primary care</li> </ul>
	<ul> <li>signposted to 1000 pages of appendices</li> </ul>
	Acute services review
	<ul> <li>Stroke- may be consolidated quicker than expected due to pressures in the system</li> </ul>
GPFV	Mental health workers in primary care
-	<ul> <li>Query sent to NHSE regarding update</li> </ul>
Shared care	PACEF asked to amend SCAs, to be discussed at November PACEF
CQC	Article regarding recent CQC visits appeared in last LMC newsletter
Primary/secondary	Pain management service
care interface	<ul> <li>Attended Committee to assure us regarding services</li> </ul>
	● ULH
	• Video to be shown to all ULH clinicians <u>https://youtu.be/ ru-lerwyPo</u>
	• Working on pre-op assessment enhanced service with ULH and CCG
	<ul> <li>Generic email list being compiled to aid Axe the Fax</li> </ul>
	<ul> <li>Community Paeds to stop sending letters to S1 practices, these will</li> </ul>
	be integrated into S1 and task sent to practice to alert them- from Dec 19
	NLAG
	<ul> <li>More engaged than previously and actively working to improve interface.</li> </ul>
	<ul> <li>Generic emails list being compiled</li> </ul>
	NWAFT
	<ul> <li>NWAFT have shared list of generic emails which have circulated to practices</li> </ul>
	• EMAS
	<ul> <li>Meeting to discuss Inter Facility Transfers</li> </ul>
	<ul> <li>Article about IFT in last newsletter</li> </ul>
County council	Coroner
-	• Cremation paperwork guidance and regulations are different, thus
	working with coroner, registrars, and medical referees on local guidance.
International	<ul> <li>7 IGPs recently interviewed and appointed and will be in Lincs in June.</li> </ul>
recruitment	<ul> <li>Further interviews planned in December</li> </ul>
Police	Awaiting GP portal for firearms licencing



Child protection	CCG proposed specification has been reviewed by Committee and comments
	fed back to CCG
	<ul> <li>Advice about this sent to practices 21<sup>st</sup> November</li> </ul>
Networks	Additional Roles Reimbursement Scheme (ARRS)
	<ul> <li>NHSE have confirmed that CCGs should not be keeping this funding</li> </ul>
	and that the funds should be transferred to other PCNs or used for other "local schemes"
	<ul> <li>NHSE and GPC negotiating to have pharmacy technicians included in</li> </ul>
	ARRS
	<ul> <li>From 2020 ARRS will based on weighted population rather than raw</li> </ul>
	population
Medical school	Student Selected Modules need to be developed to attract students to pick
	SSMs in GP
	<ul> <li>If practices have ideas for attractive modules please let LMC know</li> </ul>
NHS England	Pharmacy contract
	<ul> <li>New pharmacy contract- main change is introduction of Community</li> </ul>
	Pharmacy Consultation Scheme (CPCS)- article will be in next
	newsletter
	Dispensing review
	<ul> <li>5 practices with highest level of dispensing to non-dispensing patients</li> </ul>
	having further letter from NHSE
NHS Health Checks	LMC continue to work with council and Health Intelligence to iron out IG
	issues
PACEF	Looking at SCAs at November meeting
LMC Election	Election currently happening- please encourage GPs to stand for election