

**LMC Committee September 2024 Update for practices**

Lincolnshire LMC representative members meet with the secretariate monthly to obtain updates on progress from the previous month, hear from invited guest speakers, discuss relevant events, issues, and hot topics, and make decisions regarding future actions.

The table below is intended to inform you about the main points provided to the LMC Committee during the last meeting.

| Topic                    | Update  |
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| Immunisations<br>2024/25 | <p>The new RSV vaccination programme will commence from 1 September 2024<br/> <a href="#">Introduction of new NHS vaccination programmes against respiratory syncytial virus (RSV) - GOV.UK</a></p> <p>The following 2024-25 seasonal flu documentation has been published:</p> <ul style="list-style-type: none"> <li>• <a href="#">Seasonal Influenza Enhanced Service (adults and at risk) Specification</a></li> <li>• <a href="#">Childhood Influenza Enhanced Service Specification</a></li> <li>• <a href="#">Seasonal Vaccination Influenza Collaboration Agreement</a></li> <li>• <a href="#">Seasonal Influenza Advanced Service Specification</a></li> </ul> <p>The contracts remain largely the same as 2023/24 including the item of service payment. The flu letter sets out the programme start for most adults in October, exact date to be confirmed. It may not be appropriate to delay flu vaccinations until October for some adults, and to enable early administration in exceptional clinical circumstances, the contractual start date for GPs only will be 15 August 2024.</p>   |
| ICS                      | <p>ICS development</p> <ul style="list-style-type: none"> <li>• Interface work regarding primary/secondary interface is ongoing – SS (LMC Chair) attended the latest meeting. Discussions regarding interface letters - what a good referral and a good clinic letter look like, and a reminder that referral forms cannot be imposed on General Practice, its optional and co-design is essential. Clinical workstreams need to be visible to stakeholders (GP/LMC doesn't have capacity to attend all meetings). Something like Microsoft SharePoint would be good. PLT would be an excellent vehicle to 'socialise' changes. Reminder to ULHT that unfunded left-shift of work wasn't an option.</li> <li>• <b>W/L removal letters</b></li> <li>• <b>FIT soft launch in group 3/10.</b></li> <li>• <b>ULHT creating interface management group.</b></li> <li>• <b>ULHT creating interface post.</b></li> <li>• CPP's – Interview given. Risks and benefits to practices. Programme will develop and liaise with LMC. <b>No recent updates</b></li> <li>• FTSU – Ongoing review by ICB.</li> <li>• <b>Primary Care quality team redesign</b></li> </ul> |

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|  | <p>Winter Planning</p> <ul style="list-style-type: none"> <li>• GPAS support – Discussed again with ICB for support package/triggers. <b>Draft responses and pilot practices pending</b></li> <li>• No current planning. <b>Chased.</b></li> </ul>  |
|  | <p>Protected Learning Time:<br/>         An initial pilot will start in September 2024 and run to November 2025 and will consist of ten half-day sessions. GP practices that wish to participate may divert calls and close their doors from 1.00pm until 6.30pm on the afternoon of their scheduled session. Funding of cover and additional expenses will be approximately £6500 per annum for a PCN with 50000. GP practices and PCNs will be able to determine their teams' learning needs.</p>   |
|  | <p>Planned care</p> <ul style="list-style-type: none"> <li>• Expedite process – meeting to discuss. Dr Rinaldi feels secondary care should assess – ULHT discussing possible mechanisms to manage expedites. Pending update.</li> <li>• Inclisiran push– ICB sent comms for practices –Feedback given again – LMC cannot support if not enhanced service. Pending reply.<br/> <b>Planned Care ALS – pathway design including us – resourcing – care in community.</b></li> </ul>  |
|  | <p>Clinical Pathways</p> <ul style="list-style-type: none"> <li>• Bariatric surgery abroad. ICB now reviewing (JP) and also a tier 3 service being scoped for Lincs. Ongoing push from LMC for commissioned service in secondary care.</li> <li>• C&amp;YP asthma – programme being reviewed to increase annual reviews, 48hr post discharge reviews. Issues raised. <b>?No GP representation.</b></li> <li>• <b>RB and SS meeting with UTC regarding interface.</b></li> <li>• <b>Gynae Unscheduled bleeding on HRT pathway (see paper)</b></li> <li>• <b>Palpitation clinic – ULHT wanted to cease on 4/8 with no commissioned pathway in GP in place.</b></li> <li>• <b>Catheter project – phase 2 underway. Hospital last resort – community/non-GP input.</b><br/> <b>Cauda Equina review</b></li> </ul> |
|  | <p>Estates:</p> <ul style="list-style-type: none"> <li>• No update</li> </ul>   |

IT/Digital

- Letter from ICB to practices saying they should allow use of personal staff mobiles for MFA. Response letter being drafted by the LMC. Boston PMs testing FIDO tokens.
- WebV
  - Working group with Nurses, HCAs and GPs setup to work through the issues faced by General Practice. Hope to make simpler over time. Seen new ideas, all panels on one page to make requests easier. Release date not available, planned this FY
- Information Governance
  - ICO/LMC guidance sent to practices regarding providing whole systems access to other organisations when access is only needed for a few patients. Safeguarding access has now been withdrawn on S1 and most practices have removed Medical Examiner Access (**deferred until September 2024**). Work is ongoing with the ICS on a simple safe access system which should be around a SystemOne hub. Some Practices still have concerns over data breaches and fines from ICO.
- Child Protection - Information Sharing (CP-IS) service
  - Testing to start. Need a smart card to access. Practices will receive communication as the [system](#) is rolled out. Mainly gives Practices the opportunity to view Child Protection plan details which helps to ensure Practice information is correct.
- OCT Systems
  - Funding dropped from 93p to 74p per patient. As a result, less flexibility of systems available for Practices without self-funding. Practices contacted with options.
- Muhammad (Taimoor) Hassan – New Primary Care Senior Digital Business Partner

Finance:

DDRB announcement – **GMS inc 7.8% - still reduction in real-terms since 2017/18**

Practice Resilience:

- Practice Support Network:
  - No update
- OPEL/GPAS
  - Average of 40% of practices are completing returns
  - The current GPAS is Amber 2 / OPEL 3
  - Discussions with ICS around SHREWD dashboard ongoing
  - Pending GPAS meeting with ICB

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|                   | <p>Enhanced services/DCAs</p> <ul style="list-style-type: none"> <li>Enhanced services/DCAs</li> <li>16 practices (K2) have re-issued notice on the Treatment Room ES as part of CA.</li> <li>ICB considering Northants model for bulk ES – all or nothing. Northants LMC says it doesn't work/not viable. RB, KP and NT attended meetings with ICB / K2 on DRAFT proposal. Future meetings planned, dates to be agreed.</li> <li>Further pilot discussions have taken place with a large GP federation. Paused due to lack of progress and CA</li> </ul>  |
| PCNs              | <p>PCN DES and IIF</p> <ul style="list-style-type: none"> <li>PCNA legal entity work now being put on hold, primary care collaborative discussions have started.</li> <li><b>GP CA's include 2 that affect PCNs directly – C&amp;A. LMC contacted PCNs and national guidance around telephony data sent.</b></li> </ul>  |
| Antimicrobial     | <ul style="list-style-type: none"> <li>Lincs <b>still</b> highest abx prescribers in Midlands. Comms for public and colleagues.</li> <li><b>Microguide taken over. May be lag in new provision.</b></li> <li><b>Upcoming antibiotic awareness week – pt and clinicians.</b></li> </ul>   |
| Shared Care       | <ul style="list-style-type: none"> <li>Valproate – ICB still working on ask – LMC mailed practices. No updates from ICB. <b>New guidance for men.</b></li> <li>2024-25 Specialised Drugs Monitoring Service Specification. Committee comments sent back to ICB</li> <li><b>LMC guidance on shared care sent.</b></li> </ul>  |
| Collective Action | <ul style="list-style-type: none"> <li>Practices and larger footprints starting range of actions.</li> <li>LMC guidance produced and further webinar taking place on 01/10/2024</li> <li>System concerned but awaiting larger impact.</li> <li>Committee members to liaise with local practices.</li> <li>RB contacted PCNs to offer support.</li> <li>Practices/ PCNs have been asked to complete when they hand back their enhanced service contract, which contains inappropriate questions. LMC will be emailing practices advising them not to complete this.</li> <li>Discussions amongst Committee regarding the importance of every practice handing in notice, everyone needs to do participate to achieve the impact that is needed. Currently practices are losing twenty-eight-pence per patient. Committee also emphasised the importance of practices standing firm and not handing in the contract but continuing the work for free.</li> </ul> |

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| CQC                                     | <p>Inspection process changing to a single assessment framework ('we' statements) for all organisations early 2024.</p> <ul style="list-style-type: none"> <li>• 2 Practices from 2016 being inspected in Sep/Oct – 41 out of 81 Practices not been inspected in over 7 years.</li> <li>• 11 March 2024 for portal release to all (delayed due to technical issues). Still not working.</li> <li>• CQC will respond to new and emerging information of concern.</li> <li>• Prioritise inspections of services where they feel there is inherent risk, including those in special measures, services rated as inadequate or requires improvement, newly registered services, and inspections to follow up enforcement action.</li> <li>• Continue their monitoring calls with GP providers.</li> </ul> <p>LMC can support Practices on request and attend inspections.</p> |
| Pharmacy                                | <ul style="list-style-type: none"> <li>• Pharmacy First including 7 Common clinical conditions pathways - Stepwise increase in minimum consults required per pathway to 30/month by Autumn.</li> <li>• Data on activity and GP impact being collated – <b>still pending nationally.</b></li> <li>• <b>CPE pushing for no GP referral being needed.</b><br/> <b>CP considering action if next contract not acceptable.</b></li> </ul>  |
| Dispensing                              | <p>Dispensing Day - 17<sup>th</sup> July 2024 was a success.</p>  |
| Dentistry/Optom                         | <ul style="list-style-type: none"> <li>• Recent Dental needs assessment produced. Huge variance in oral health across the county not helped by the fluoride divide east to west.</li> <li>• <b>Pilot HTN case finding pilot.</b></li> </ul>   |
| Primary/<br>secondary care<br>interface | <p>Mortality Collaborative</p> <ul style="list-style-type: none"> <li>• Verbal update</li> <li>• Multiple cancelled</li> </ul>  |
|   | <p>ULHT</p> <ul style="list-style-type: none"> <li>• Expedite discussions ongoing with ULHT.</li> <li>• Group model positions changed. New posts created.</li> </ul>  |
|   | <p>NWAFT</p>  |

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|  | <ul style="list-style-type: none"> <li>• Meeting with new NWAFT ICB DMO.</li> <li>• General interface work here discussed plus Midwife requesting abx via pts and urgent referral pathway work.</li> <li>• <b>Linking in for CA</b></li> </ul>  |
|  | <p>NLAG</p> <ul style="list-style-type: none"> <li>• No updates</li> <li>• Linking in for CA</li> </ul>   |
|  | <p>LCHS</p> <ul style="list-style-type: none"> <li>• Recent meeting – Anne-Louise Schokker (MD) and new Director of Operations for community – Nikki Pownall</li> <li>• Discussed: A2A issues being reported – they will refresh comms to staff. 2WW refs from UTC raised. Tissue Viability issues raised. Tasks in S1 raised as safety risk – agreed review mechanism. They will update once discussed internally current function.</li> <li>• <b>Multiple cancelled meetings</b></li> </ul> |
|  | <p>LPFT</p> <ul style="list-style-type: none"> <li>• Recent video done for medical development day highlighting GP pressures, interface issues and commissioned services.</li> <li>• <b>Issues raised regarding ED pre and post-referral ix requests.</b></li> </ul>  |
|  | <p>EMAS</p> <ul style="list-style-type: none"> <li>• Recent meeting with LMCs and EMAS.</li> <li>• <b>“Call before Convey”</b></li> <li>• <b>“45 minute handover” Pilot</b></li> <li>• <b>14 ACPs being recruited for clinical supervision in control room. Aspiration to have prescribing.</b></li> <li>• <b>Discussion around death verification (wider meetings with LMC, Coroner, Police, North Lincs/Humberside regarding this and CME underway).</b></li> </ul>                         |
|  | <p>ADHD360</p> <p>Requested summary of the investigation of ADHD360 by ICB with actions taken so practices can decide if happy to refer patients to them now. <b>Chased</b></p>   |
|  | <p>Palliative Care</p>  |

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|                     | <ul style="list-style-type: none"> <li>No update</li> </ul>  |
| Councils            | <p>Coroner/Medical examiner</p> <ul style="list-style-type: none"> <li><b>S1 module for CME for relevant pts only live.</b></li> <li><b>CME system starts 9/9/24</b></li> <li><b>New death certificate.</b></li> <li><b>National discussion around “review by CME”</b></li> </ul>  |
| Healthwatch         | <p><b>Meeting last month to advise around collective action</b></p>  |
| Practice Management | <ul style="list-style-type: none"> <li>Over 30 IGPM accreditations awarded to managers in Lincolnshire general practice</li> <li>12 aspiring practice managers on the Level 5 Practice Management Apprenticeship. If you would like to join the next cohort, please contact <a href="mailto:rosa.wyldeman@nhs.net">rosa.wyldeman@nhs.net</a></li> <li>Further General Practice Support Network sessions in the pipeline</li> <li>Lincolnshire Practice Management Conference took place on 12<sup>th</sup> and 13<sup>th</sup> September. This was a success.</li> <li>AD, LMC PM and IGPM regional representative, wrote to Secretary of State for Health and Social Care, Wes Streeting, about the one-word CQC results. AD explained he received a response from Mani Hussain, Director of Primary and Community Care. Mani Hussain has taken on board the feedback which included getting rid of the one-word results and replacing them with ‘requires support’ and ‘requires significant support’. AD also raised inconsistencies between inspectors’ approaches and CQC fact checking methods.</li> </ul> |
| GPC Update          | <p><b>Dr Zoe Norris (ZN) – GPC Representative (Humberside LMCs CEO &amp; Medical Director)</b></p> <p>Having replaced Dr Kieran Sharrock during the running term ZN explained that she would be the GPC regional representative for the next twelve months until the next election.</p> <p>ZN gave an update about what GPC have been doing;</p> <ul style="list-style-type: none"> <li>There is an ongoing argument around custom and practice, potentially if GPs have been doing unfunded work for years, they could be legally obliged to continue.</li> <li>GPC is looking for a new contract from April 2025 however the GP PCN pilots do not align with that timeline and the ICBs are wanting to go ahead with the pilots to see results before creating a new contract.</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>• GPC has been busy doing the collective action work rather than much else, they are busy feeding information through the channels.</li> <li>• NT asked whether there is anything to stop NHSE imposing a contract that voids the collective action work? ZN informed Committee there are restrictions that stop/ limit powers to make changes in an imposition situation. GPC is looking for a completely new contract but think there will be a stopgap contract realistically.</li> <li>• ZN explained there are three inputs to the negotiations GPC, NHSE and government, all have differing ideas. NHSE are keen to promote salaried models and not small practice, partner models (anything less than 10,000). ZN stated that she does not think the government have the same view however they employ advisers with agendas. ZN stated they need a real government negotiation, not negotiations that have been deferred or delegated to NHSE.</li> <li>• ZN explained it might not feel like much is happening but there is intense pressure being applied that is working its way upwards.</li> <li>• Committee asked about the risk of worsening public optics and opinions against GPs, LMC plans to publish local infographics for practices to use.</li> </ul> |
| LMC Practice Calls                        | <ul style="list-style-type: none"> <li>• Courtesy calls to practices, LMC offers support and gathers useful feedback.</li> <li>• On-site support and on-site CQC run-throughs available on request</li> <li>• Practices asked to provide a contact number that bypasses the switchboard.</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>•</li> </ul>   |
| LMC Development Centre                    | <ul style="list-style-type: none"> <li>• <b>BOOKINGS OPEN: Lincolnshire GP and ACP Conference 2024 – Know Your Limits</b> Friday 15<sup>th</sup> and Saturday 16<sup>th</sup> November 2024. Residential option available. Fully funded event, click this link to secure your place - <a href="https://www.linclmc.co.uk/product/lincolnshire-gp-and-acp-conference-2024-limits/">https://www.linclmc.co.uk/product/lincolnshire-gp-and-acp-conference-2024-limits/</a></li> <li>• <a href="#">New LMC Podcasts</a> – LMC Committee Update podcast now available.</li> <li>• Educational webinars available via the <a href="#">LMC website</a>.</li> </ul>   |
| Any other business discussed by Committee | <p>Unscheduled Bleeding HRT</p> <ul style="list-style-type: none"> <li>• Further work has been completed, the service is now happy to do the ultrasound scan and practices can refer in.</li> <li>• According to EACH the referral data shows that GPs are already refer in for scans, approximately ninety percent already request scans.</li> </ul> <p>Safeguarding data sharing</p>  |



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|   | <p>A meeting took place with the safeguarding team several months ago, they were asking practices to give access to all their patients not just those with safeguarding concerns. The safeguarding team seemed to take on board the LMC's feedback and went away to create a SystmOne module so that they can have access just to relevant patients.</p> <p>This module is now ready; however, they have sent a data sharing agreement to practices again asking for access to all patients records meaning they have gone backwards. LMC does not support this. The Medical Examiner service was raised in comparison, they have successfully managed to build a SystmOne module that requests access only to relevant patients.</p> <p>Digital workforce support<br/>         Committee agreed to support the Digital team's bid for additional workforce.</p> <p>ICB Funding Distribution<br/>         The disparity between funding for out of hospital care in different parts of the county was raised. The funding is for mostly the over sixty-five age group and ranges from five pounds per head to twenty-seven pounds per head. A request has been submitted by a Committee member to the ICB asking for the information about what the distribution is on a PCN footprint and what the rationale was behind the decision-making process.</p> <p>Shared Care<br/>         Committee agrees that GPs should not enter into shared care agreements with private ADHD service providers. AQP covers NHS providers under the NHS contract but not under their private contract. Committee discussed issues including private providers making requests seem like NHS patients when they are actually private. LMC will draft a protocol for practices to adapt and will bring to the next meeting.</p> |
| <p>Future LMC<br/>         Committee Meetings</p> | <p>Next meeting: Tuesday 8<sup>th</sup> October 2024<br/> <b>If you would like to observe an LMC Committee meeting or are interested in becoming an LMC Committee Member, please contact <a href="mailto:info@lincsLMC.co.uk">info@lincsLMC.co.uk</a></b></p>  |