

LMC Committee October 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
Immunisations 2024/25	No update
NHS England	<ul style="list-style-type: none"> • Lincs ICS selected as one of 7 nationally to pilot review of GP provision. 3 PCN areas going ahead.
ICS	<p>ICS development</p> <ul style="list-style-type: none"> • Interface ongoing but slow and CA. • Initial comms delayed again as has FIT comms • ULHT creating interface management group. • ULHT creating interface post. • CPP's – Interview given. ?Risks and benefits to practices. Programme will develop and liaise with LMC. No recent updates • FTSU – Ongoing review by ICB
	<p>Winter Planning</p> <ul style="list-style-type: none"> • GPAS support – Discussed again with ICB for support package/triggers. Draft responses and pilot practices pending <p>No current planning. Chased – initial discussions</p>
	<p>Protected Learning Time:</p> <ul style="list-style-type: none"> • First sessions undertaken. Initial feedback positive.
	<p>Planned care</p> <ul style="list-style-type: none"> • Expedite process – meeting to discuss. Dr Rinaldi feels secondary care should assess – ULHT discussing possible mechanisms to manage expedites. Pending update. • Inclsiran push– ICB sent comms for practices –Feedback given again – LMC cannot support if not enhanced service. Pending reply.

	<p>Planned Care ALS – pathway design including us – resourcing – care in community.</p> <hr/> <p>Clinical Pathways</p> <ul style="list-style-type: none"> • 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. • C&YP asthma – programme being reviewed to increase annual reviews, 48hr post discharge reviews. Issues raised. • RB and SS meeting with UTC regarding interface. • Gynae Unscheduled bleeding on HRT pathway (see paper) • Palpitation clinic – ULHT wanted to cease on 4/8 with no commissioned pathway in GP in place. Chased latest • Catheter project – phase 2 underway. Hospital last resort – community/non-GP input. RB attending useful workshop – more to happen • Cauda Equina review • Urology Stakeholder review – Primarily around 2WW prostate. Volume and impact on GP. <hr/> <p>Estates:</p> <ul style="list-style-type: none"> • No update <hr/> <p>IT/Digital</p> <ul style="list-style-type: none"> • 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 received and testing FIDO tokens. • WebV <ul style="list-style-type: none"> ○ 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. ○ I-Refer being tested at Vine Street and Spilsby Surgery. Planned to extend testing to Munro Medical Centre. • Information Governance <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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.
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	<ul style="list-style-type: none"> • OCT Systems <ul style="list-style-type: none"> ○ 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. Practices OK to retain ACCURX until 30 Nov 2024. • Muhammad (Taimoor) Hassan – New Primary Care Senior Digital Business Partner <p>Finance: DDRB announcement – GMS inc 7.8% - still reduction in real-terms since 2017/18 - 1p per patient per day increase!</p> <p>Practice Resilience:</p> <ul style="list-style-type: none"> • Practice Support Network: <ul style="list-style-type: none"> ○ No update • OPEL/GPAS <ul style="list-style-type: none"> ○ GPAS countrywide rolled out and reports sent to GPC. ○ 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 Pilot <p>Enhanced services/DCAs</p> <ul style="list-style-type: none"> • 16 practices (K2) have re-issued notice on the Treatment Room ES as part of CA. • 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 cancelled due to Collective Action. • Further pilot discussions have taken place with a large GP federation. Paused due to lack of progress and CA • Sudden meeting called 1st / 2nd October 2024 by ICB (SJM) regarding Enhanced services not being rolled over and effectively giving notice to Practices. ICB want to engage with Practices about what the future bundle will look like.
PCNs	<p>PCN DES and IIF</p> <ul style="list-style-type: none"> • PCNA legal entity work now being put on hold, primary care collaborative discussions have started. • GP CA's include 2 that affect PCNs directly – C&A. LMC contacted PCNs and national guidance around telephony data sent. • NEW PCN DES GP criteria extremely limiting.

Antimicrobial	<ul style="list-style-type: none"> • Lincs still highest abx prescribers in Midlands. Comms for public and colleagues. • Microguide taken over. May be lag in new provision. • Lincolnshire moved from 2nd to 3rd highest abx prescribers in country..
Shared Care	<ul style="list-style-type: none"> • Valproate – ICB still working on ask – LMC mailed practices. No updates from ICB. New guidance for men. • 2024-25 Specialised Drugs Monitoring Service Specification. Committee comments sent back to ICB • New LMC guidance on shared care sent.
Collective Action	<ul style="list-style-type: none"> • Practices and larger footprints starting range of actions. Eg 25 contacts, Treatment Room, A&G, ref forms, ECG, PSA, MGUS • LMC guidance produced and further webinar 01/10 and 5/11 • System concerned but awaiting larger impact. • RB contacted PCNs to offer support. • Further services and comms guidance being produced by LMC • September Heatmap received – 14 responses from Lincolnshire Practices. <p>Committee discussed collective action at length:</p> <ul style="list-style-type: none"> • Practices encouraged to attend the Collective Action Webinars and to use the Chat function in the LMC Microsoft Teams Collective Action Channel which practice staff can join using this link. • Committee discussed withdrawal of the AQP Physio Service. • Committee discussed HR issues and the guidance practices may need. LMC now seeking HR guidance and will share information practices upon receipt. • Committee discussed some practices receiving notice from the ICB that they may not renew their ES contracts. • Next Webinar due on 5th November via Teams Click Here to book. • Invitation sent to ICB's S-JM to attend the next LMC Committee Meeting.
CQC	<p>Inspection process changing to a single assessment framework ('we' statements) for all organisations early 2024.</p> <ul style="list-style-type: none"> • 2 Practices from 2016 being inspected in Sep/Oct (1 postponed / 1 went ahead with positive feedback – LMC attended) – 41 out of 81 Practices not been inspected in over 7 years. • 11 March 2024 for portal release to all (delayed due to technical issues). Still not working. • CQC will respond to new and emerging information of concern. • 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.

	<ul style="list-style-type: none"> Continue their monitoring calls with GP providers. <p>LMC can support Practices on request and attend inspections.</p>
Pharmacy	<ul style="list-style-type: none"> Pharmacy First including 7 Common clinical conditions pathways - Stepwise increase in minimum consults required per pathway to 30/month by Autumn. Data on activity and GP impact being collated – still pending nationally. CPE pushing for no GP referral being needed. CP considering action if next contract not acceptable. CPL looking for GPs to support IP programme. Limited funding available for this. PNA started – LMC invited to meetings
Dispensing	Dispensing Day - 17 th July 2024 was a success.
Dentistry/Optom	<ul style="list-style-type: none"> Recent Dental needs assessment produced. Huge variance in oral health across the county not helped by the fluoride divide east to west. Pilot HTN case finding pilot – paused due to funding.
Primary/ secondary care interface	<p>Mortality Collaborative</p> <ul style="list-style-type: none"> Verbal update Multiple cancelled
	<p>ULHT</p> <ul style="list-style-type: none"> Expedite discussions ongoing with ULHT. Group model positions changed. New posts created.
	<p>NWAFT</p> <ul style="list-style-type: none"> Meeting with new NWAFT ICB DMO. General interface work here discussed plus Midwife requesting abx via pts and urgent referral pathway work. Linking in for Collective Action
	<p>NLAG</p>

	<ul style="list-style-type: none"> • No updates • Linking in for Collective Action <p>LCHS</p> <ul style="list-style-type: none"> • Recent meeting – Anne-Louise Schokker (MD) and new Director of Operations for community – Nikki Pownall • 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. • Multiple cancelled meetings <p>LPFT</p> <ul style="list-style-type: none"> • Recent video done for medical development day highlighting GP pressures, interface issues and commissioned services. • Issues raised regarding ED pre and post-referral ix requests. Recent LPFT presentation on prescribing – further work to be done around what can be expected by GP <p>EMAS</p> <ul style="list-style-type: none"> • Recent meeting with LMCs and EMAS. • “Call before Convey” • “45 minute handover” Pilot • 14 ACPs being recruited for clinical supervision in control room. Aspiration to have prescribing. Discussion around death verification (wider meetings with LMC, Coroner, Police, North Lincs/Humberside regarding this and CME underway). <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. This has been chased.</p> <p>Palliative Care</p> <ul style="list-style-type: none"> • No update
Councils	Coroner/Medical examiner

	<ul style="list-style-type: none"> • S1 module for CME for relevant pts only live. • CME system starts 9/9/24 • New death certificate. • National discussion around “review by CME” • Initial teething issues around platform, delays, volume now settling. • Discussed at length by Committee. Feedback given to medical examiner Dr MP to take back to the team. <p>Public Health</p> <ul style="list-style-type: none"> • Bowel screening above national target. Breast and cervical below. • Imms & Vaccs low range/just below – raised risks to programme of QOF issues. • No further updates
Police	<p>Firearms</p> <ul style="list-style-type: none"> • No update • See EMAS comment re meetings regarding attendance at deaths. • Recent meeting – unexpected but not suspicious deaths potentially, GP, EMAS, Police not attending
Child Protection	<p>Safeguarding</p> <ul style="list-style-type: none"> • Meeting recently to discuss safeguarding team access to clinical systems without permission – access removed • Similar discussion regarding s1 module access. • Feedback given on reports as per mailing to committee – response pending
Healthwatch	<p>Meeting last month to advise around collective action</p>
Practice Management	<ul style="list-style-type: none"> • Over 30 IGPM accreditations awarded to managers in Lincolnshire general practice • 12 aspiring practice managers on the Level 5 Practice Management Apprenticeship. If you would like to join the next cohort, please contact rosa.wyldeman@nhs.net • Further General Practice Support Network sessions in the pipeline • Lincolnshire Practice Management Conference took place on 12th and 13th September. This was a success. • 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

	<p>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.</p> <ul style="list-style-type: none"> • IGPM currently looking at practice manager wellbeing. • Acknowledgement by the Committee that Practice managers are doing a challenging and sometimes lonely job and showed appreciation of the work they do.
Practice Nursing	<ul style="list-style-type: none"> • Committee discussed <ul style="list-style-type: none"> ○ Hospital to Practice Nurse Training and the opportunities available. Lincolnshire Training Hub do offer a programme. ○ The risk of a possible skills gap as new to practice nurses are leaving the profession upon completion of the programme. ○ The impact of Collective Action on the nursing teams in General Practices.
GPC Update	<p>Dr Zoe Norris (ZN) – GPC Representative (Humberside LMCs CEO & Medical Director)</p> <p>ZN not present, written report provided in advance of the meeting. Highlights include:</p> <ul style="list-style-type: none"> • Chair's summary from KBS: <ul style="list-style-type: none"> ○ Darzi review better than previous one for general practice. Highlights underinvestment in general practice, especially capital funding. 75% of GP estate is older than the NHS! Review not warmly welcomed by all part of the NHS given the suggestions around funding changes – need to be aware of this. ○ Written to Wes Streeting again – quiet since July, suspect partly due to collective action proceeding despite change in government. 98.3% puts us in a strong position, and comments made in media by government show they are focused on it and trying to direct the narrative. Attend Labour party conference and had good conversations with key individuals. Hope to be meeting DHSC and NHSE in next 2 weeks to progress this. Aim is to have some immediate changes to contract for 25/26 to make general practice more sustainable ahead of a more thorough contract change. GPCE aim is for a new family doctor charter for 25/26 then a new contract. ○ New co-chairs of Consultant committee – psychiatrist who was originally a GP, and paediatric anaesthetist with an interest in chronic paediatric pain, both with experience and exposure to general practice. Important to keep building relationships with other committees, esp Consultants and Resident doctors. ○ Autumn budget due 30th October – BMA have submitted representation to chancellor ahead of this. ○ DDRB – BMA guidance out. Global sum was at £107.57, now at £112.50; from 10p per patient per day to 11p per patient per day – not enough to stop surgeries closing, GPs leaving, and practice being less unviable. Aim is for an extra 10p per patient per day.

	<ul style="list-style-type: none"> ○ GPCE had suggested uplifting funding for joint RSV and flu campaigns – not agreed. Boxes for RSV so huge they don't fit into fridges with flu vaccines. Pregnant women RSV vaccine is on request only in general practice – it should have been commissioned locally through acute trusts and should NOT be put onto practices. If this is happening, please alert your GPCE rep ● Collective action update from GPC Exec: <ul style="list-style-type: none"> ○ Good stats for patient resources on BMA website, and lots of visits from practices to those pages too. YouTube resources going down particularly well with lots of views. Feedback from constituents is for short, sharp directions on each of the collective actions. Some videos filmed today with this in mind. Safe working guidance handbook, extremely useful (PLEASE READ IT IF YOU HAVEN'T!), and good support from patients' groups in response to this too. GP action tracker will now be on a monthly basis given speed of collective action building, and trying to keep it less arduous for practices. Please fill in the GP action tracker!! ○ Tracker – responses received from all ICB areas, need LMCs and practices to continue to support this. 81% taking at least 1 action, 66% at least 2, over half at least 3 actions. Most popular actions – 5 (GP connect), 7 (data sharing). ○ Key themes – practices want to take collective action locally supported by their LMCs. Main barriers are disruption to everyday work, disruption to ICB relationships, impact on patients. Need to ensure practices understand how the collective action is linked to the overall demands for a new contract. Feedback given about the GP action tracker survey. ● Update on GPs in ARRS: <ul style="list-style-type: none"> ○ Established concerns from GPCE re this: gives a uniform offer when some areas need more GPs than others; contracts, salaries and places of work will be dictated potentially by NHSE; large number of newly qualified GPs (many of whom are international colleagues) will potentially go for these roles which lack the connection and training/support that is needed. NHSE did its own review of ARRS previously that showed ARRS staff can feel isolated and unsupported when working across several sites. ○ ARRS budgets capped, already pushed by pay increases and impacts on either other PCN budget lines or core partnership income. Push should be for increased capacity in retainer scheme in preference. ○ Both GPCE exec and sessional exec have been involved in discussions on this with NHSE/govt and agree the current scheme is not the right answer. Major concerns from the committee whilst acknowledging some GPs are unable to find work, pay mortgages and are relying on foodbanks. Reminder that the inclusion of GPs in ARRS was part of an imposed contract change and was not agreed by GPCE. Likely to result in another underspend that is then taken elsewhere. ● Update from the sessional committee chair: <ul style="list-style-type: none"> ○ Ongoing work around lack of work for salaried and locum GPs. Engaging with GPCE exec re possible involvement of sessional GPs in phase 2 of collective action. Good sessional conference last week at BMA house with positive feedback.
LMC Practice Calls	<ul style="list-style-type: none"> ● Courtesy calls to practices, LMC offers support and gathers useful feedback.

	<ul style="list-style-type: none"> • On-site support and on-site CQC run-throughs available on request • Practices asked to provide a contact number that bypasses the switchboard.
<p>LMC Development Centre</p>	<ul style="list-style-type: none"> • BOOKINGS OPEN: Lincolnshire GP and ACP Conference 2024 – Know Your Limits Friday 15th and Saturday 16th November 2024. Residential option available. Fully funded event, click this link to secure your place - https://www.lincslmc.co.uk/product/lincolnshire-gp-and-acp-conference-2024-limits/ • New LMC Podcasts – LMC Committee Update podcast now available. • Educational webinars available via the LMC website.
<p>Any other business discussed by Committee</p>	<p>Unscheduled Bleeding HRT</p> <ul style="list-style-type: none"> • Further work has been completed, the service is now happy to do the ultrasound scan and practices can refer in. • According to EACH the referral data shows that GPs are already refer in for scans, approximately ninety percent already request scans. <p>Safeguarding data sharing</p> <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 SystemOne 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 SystemOne module that requests access only to relevant patients.</p>
<p>Future LMC Committee Meetings</p>	<p>Next meeting: Tuesday 12th November 2024</p> <p>If you would like to observe an LMC Committee meeting or are interested in becoming an LMC Committee Member, please contact info@lincslmc.co.uk</p>