

LMC Zoom meeting – Wednesday 30th September 2020, 7.30pm

Dr Iain Morrison welcomed everyone to the meeting before handing over to Dr Drummond Begg as host.

Drummond introduced the evening's guest speakers and thanked them all for taking the time to join us before handing over to the first speaker, Professor Aziz Sheikh, an internationally regarded academic in Primary Care with particular involvement in COVID research at the Usher Institute.

Prof. Aziz Sheikh (OBE, FRSE, FMedSci Professor of Primary Care Research & Development and Director of the Usher Institute)

Key focus has been the development of a national surveillance platform for COVID covering 5.4 million patients. Linked to Primary Care & A&E testing, ICU and mortality data, this is the first end-to-end view of COVID anywhere in the world and is feeding into the Government's ongoing surveillance record to help us understand COVID better.

Work is also ongoing developing the first population-based algorithm to identify those most at risk of severe COVID symptoms. This is expected to be available soon and currently in discussions with Government as to how this will inform decisions for those in shielding categories.

Work on analysing public sentiments is also underway, with a focus on BAME communities, vaccinations and how much potential resistance there may be from the general public.

Aziz summarised Dr Sandeep Ramalingam's ELVIS COVID-19 trials. Hypertonic saline nasal irrigation and gargling, used effectively for centuries in India, was recently piloted on 66 adult patients with URTIs, with all cases experiencing a 2 day reduction in recovery time versus over the counter remedies. It would be great if we could **cascade details of the ELVIS COVID-19 trial to colleagues to achieve the numbers needed rapidly** www.ed.ac.uk/usher/elvis-covid-19. The ELVIS kids trial is ongoing but has been delayed due to COVID – currently have 190 kids recruited but need around 400.

Dr Andrew Buist (Chair of Scottish GP Committee)

Immensely proud of General Practice and how we've responded over the last few months – we've remained open, adjusted our model, learned new techniques, worked through public holidays and created more than 1 million anticipatory care plans. There has been little or no rest and there's concern about the welfare of some of us and it's likely we'll have another 6 months of this. One of our biggest fears is staff sickness as this could destabilise General Practice.

The mood of the public has changed in the last few months – frustration, unacceptable treatment of practice staff, etc. We're putting pressure on the Government for hospitals to contribute to COVID assessment centres - flu season is beginning and we need to keep GP capacity to treat people who are sick. We are also working with the Government following the planned changes

to Unscheduled Care - patients are being encouraged to phone 111 but we are concerned about the unintended consequences of this for GPs in both in and out of hours.

Shelagh Stewart added that the local priority is currently an expansion of the "Call MIA" service, and asked that we promote this through our practices. GPs will be asked to call the Flow Centre if they want to send someone to A&E – this gives patients a time to attend (less people in waiting rooms during COVID). The number for the Flow Centre has changed to **03000 134 000** – comms have gone to all practices, please update your contact lists.

Andrew continued that as we face 2nd wave of COVID, Government want to re-start some routine work such as routine smears which were stopped in March. We need to pause routine programmes until COVID has passed.

Regularly meet with Jeanne Freeman, Cabinet Secretary for Health & Sport, to stress the importance of support General Practice – we need better public messaging on the need to protect the NHS and General Practice in particular for those patients with the most urgent need.

With regards to delivery of the Contract, it seems unlikely that the planned services will be in place come April 2021 – COVID has had a huge impact, although there were some issues before this. Meeting with Government soon to review and write out of contract the services that GPs would no longer be doing – transitional arrangements will need to be put in place to allow GPs to continue these and there will need to be compensation for GPs for doing this.

The governance around meeting the additional costs of COVID incurred by GPs also needs to be loosened off, although no further details known at this time.

Drummond thanked Andrew and added his thanks to Andrew, Sian Tucker and Carey Lunan (RCGP) for their close working throughout the pandemic.

Dr Sian Tucker (Co-Chair RCGP SE Faculty + LUCS Clinical Director)

LUCS have been doing a fantastic job, seeing over 65, 000 patients since the start of the year, around 80% of normal volumes, while also helping out with COVID pathway, taking 3000 of these calls so far. Sian made a plea for anyone with spare capacity/interest to help with triage for LUCS – please get in touch with Sian (sian.tucker@nhslothian.scot.nhs.uk) or Cathy Grant (cathy.grant@nhslothian.scot.nhs.uk).

A further LUCS email is coming out to LUCS staff shortly, and Sian reminded LUCS staff that if they need support they should get in touch with her.

National issues –Sian highlighted some key activities;

- vaccination guidance has come out which is helpful, including pathways for children
- Change in oxygen saturation levels for admission is due out soon – previously 92%, now 94%
- Public messaging is planned to help understanding of how General Practice is working, eg misunderstanding that a phone consultation isn't a proper consultation, and that the receptionist will ask for more info
- Leaflets will be sent to every household during December with more information

RCGP – Carey Lunan continues to work very closely with Andrew Buist and is also involved in a Mental Health working group, work around Health Inequalities and how we can support and also Digital Healthcare, working on Near Me.

Dr Guy Millman & Dr Sonia Joseph (Consultant Paediatricians)

Guy and Sonia provided an update on life at the Sick Kids and specifically COVID in children.

There have been very few cases of COVID in kids across Scotland and in-patient numbers have been small - in Edinburgh, a recent in-patient in September is the first since April. The position is similar across the UK, with some post-inflammatory Kawasaki-type symptoms, but very little else. Referrals in Lothian are to the old Sick Kids.

Sonia referred to a recent report summarising the evolving picture of COVID in children <https://gh.bmj.com/content/5/9/e003454>, and summarised some key stats from a recent survey of 1780 children with COVID-19;

- 15% completely asymptomatic
- 39% moderate URTI with mild pneumonia without significant complication
- 42% mild URTI with pneumonia
- 0.6% - 2% had severe symptoms (generally children with significant co morbidities)
- 0.8% mortality

Highest proportion of children with severe disease were in neonates <3/12.

Sonia explained how children were thought to shed lower levels of virus.

Guy and Sonia praised the close working relationships with colleagues across Lothian.

Dr Gareth Evans (COVID Pathways)

Gareth echoed the message from Guy and Sonia in that there is very little effect of COVID in children, although the COVID Hub experienced a huge surge in contact when schools went back. This led to Gareth working with Dr Paul Leonard and Dr Laura Jones to look to take a more pragmatic and sensible approach which has now resulted in a significant reduction in the numbers of children that are being sent through to Sick Kids.

There had been generally positive feedback on COVID Kids pathway as a proportionate and pragmatic way of managing Paediatric illness during the pandemic.

Gareth is stepping back from the role in October and Drummond thanked him on behalf of General Practice in Lothian for his immense dedication to this work.

Testing update (added post-meeting)

An update on testing based on questions raised in advance of the meeting;

1. If a COVID test is not available within the first 48 hours of symptoms, how reliable is the result in the following days? Example given of test on day 5 of someone with clear symptoms which returned a negative result.

False negatives are not uncommon with PCR for a variety of reasons - inadequacy of sampling is one. Day 5 is definitely not too late to test though although optimum may be day 2 to 4

2. If you are tested for COVID after being abroad in one of the high risk countries, would that replace the need to / reduce the time to quarantine?

Everyone has to quarantine and that testing does not reduce or eliminate the need for that. Aware there are discussions going on around this and suspect part of the reason they've not moved to allowing a test as a substitute is that it will drive up demand for government tests further when there isn't capacity. Also if they're a health care worker it may be that different occupational health teams have different rules on what they'll allow.

Dr Drummond Begg

Drummond finished the call by saying he's proud to be a generalist and GP in Lothian, although recognised that it's often difficult to describe to others in the system what a GP does.

A GP is perhaps like a Swiss army knife –it does lots of things depending on where you are and what the problem is.

We are one of the most useful clinicians in the system.

We have 120 practices across Lothian and probably no complete agreement about what General Practice should look like. Good GPs can disagree, there's rarely a right or wrong way. However, what's really important at a time when we're tired is to follow Aristotle's advice and find the middle way. Respect and tolerate our differences and provide mutual support and encouragement.

As he stands down, Drummond shared his delight that Dr Iain Morrison is taking over as LMC Chair – 'he's passionate about General Practice, an innovator, a good critical thinker and is experienced locally, regionally and nationally, and part of the fantastic LMC team that we're very lucky to have in Lothian.'

Iain Morrison thanked Drummond on behalf of everyone across Lothian for the outstanding work he's done for General Practice – even before COVID, the time he invested in delivering the GP Contract, and he has been the cornerstone for the collaborative working approach between GPs, Health Board & HSCPs.

Throughout COVID Drummond has been the voice of reason, championing the proportionate and pragmatic response, a calming force when there's been a lot of chaos and uncertainty. We've all benefitted from this approach during this time and these meetings are testament to how Drummond has pulled the community together to ensure everyone is represented.

Remember to follow LMC on Twitter @LothianLMC

PS - Enhanced Services – no update was available for the meeting but we expect detail of proposed flexibilities over the winter in the next week or so.