

**GP SUB-COMMITTEE OF
NHS Lothian Area Medical Committee**

Monday 10th August 2020
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Drummond Begg

MINUTES

Attending – Dr Drummond Begg, Dr Jenny English, Dr Iain Morrison, Dr Euan Alexander, Dr Robin Balfour, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Richard Fairclough, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Annie Lomas, Dr Neil MacRitchie, Dr Ramon McDermott, Dr Catriona Morton, Dr Elizabeth Murray, Dr Rory O’Conaire, Dr Nick Payne, Dr Hamish Reid, Dr Katherine Robertson, Dr Kim Rollinson, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Jon Turvill, Dr Ros Wight, Ms Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Sian Tucker

Apologies – Dr Carl Bickler, Dr Amy Small, Dr Laura Tweedie

Chair opened the meeting by welcoming attendees and introducing the guests for the evening;

- Dr Jane Sweeney, newly appointed LMC & GP Sub committee representative for LUCS.
- Dr Jamie Hetherington, East Lothian HSCP representative
- David White, Edinburgh HSCP representative
- Allister Short, Chief Officer, West Lothian HSCP

Chair also took the opportunity to formally announce the new appointment of Dr Iain Morrison as Chair-elect of Lothian LMC and GP Sub Committee to committee. Dr Morrison will take on the role of Chair with effect from October.

1. Welcome to Calum Campbell, Chief Executive, NHS Lothian

Chair warmly welcomed Calum Campbell, newly appointed Chief Executive of NHS Lothian and thanked him for attending.

Calum shared his thanks for being invited and added that he would be happy to attend meetings in future.

2. Data from a Lothian Practice

Chair highlighted the information circulated in advance which provided detailed operational data from Penicuik Medical Practice during the Covid era so far (April – July). It is hoped that committee find this useful, and that it is helpful during conversations with the wider health board.

ACTION – LMC Office to share this report at future GMS Remobilisation Group meeting.

3. Minutes of last meeting 17th June 2020, for approval

The minutes from the previous meeting were approved.

4. Matters Arising/Actions from last meeting

4.1 – **Chair and Edinburgh GP Sub Committee reps** to arrange a brief meeting to ensure good understanding and fair representation of the proposed approach to Flu campaign. **CLOSED** - Out of meeting discussion took place and Edinburgh reps confirmed that they were happy with the approach proposed (flu campaign will be run predominantly by HSCP)

4.2 - **DS** to arrange for fortnightly/monthly Tripartite session in Primary Care Tactical Group meetings going forward. **CLOSED** – This is now being integrated into GMS Remobilisation Group at regular meetings.

5. HSCP Interim PCIP updates

Before inviting a representative from each HSCP to give an update on their interim PCIP, Chair reflected that priorities across general practice have changed enormously since the start of the pandemic, however we still need to invest for our future. Updates were given as follows;

East Lothian – Jamie Hetherington summarised the paper issued in advance and added that all services across East Lothian are making significant progress and are scaling up.

Concerns around the levels of engagement between practices and GP reps across East Lothian were highlighted, although more recently a fundamentally different and more inclusive way of working has been established. In addition, a recent meeting between East Lothian HSCP, GP Sub reps and the LMC office discussed more collegiate ways of working going forward, and this has been positively received.

Midlothian – Hamish Reid summarised the paper issued in advance and added that Midlothian are progressing with the equitable division of workforce, distributed as widely across all practices as possible.

Serious concerns were raised within Pharmacotherapy due to the limited availability of workforce, with pay grade inflation and movement across HSCTs both within and outside Lothian impacting on recruitment.

CTACs pilots are happening across practices, with work ongoing to include a streamlined system for primary and secondary care to both request and receive test results.

Concerns around the mental health stream were also highlighted, as this is not seen to be working as well as it should.

West Lothian – Elaine Duncan summarised the paper issued in advance and highlighted that internships and leadership training were not currently happening, with the focus instead being on key areas of the Memorandum of Understanding (MOU).

Vaccinations (other than travel vaccines which are currently on hold) are progressing well, with only the flu campaign remaining. CTACs is now in all practice buildings and scoping work is underway for phlebotomy resource for Primary Care chronic disease management.

Similar pharmacotherapy workforce challenges to those being experienced in Midlothian were also highlighted in West Lothian. A review is planned to determine which elements of pharmacotherapy are being delivered.

Recruitment is ongoing for mental health, physios and pharmacists. Mental Health hubs are currently fully staffed and recent patient feedback from the hubs has been very positive. This is a high volume service for mild to moderate problems.

The opportunity for GPs to remote consult from home for part of the week was highlighted, although this is dependent on whether the required technology can be created.

Edinburgh – David White summarised the paper issued in advance highlighting that significant progress has been made during 2019/20. Additional population has continued to be supported and no further GP contracts were surrendered, while also recognising the frustrations that we cannot ensure everyone benefits from the PCIP investments equally or at the same time.

Recent investment into evaluation of functions and the resulting impact on decision making was highlighted (see MSK example in paper).

The importance of a GP partner taking responsibility for each new member of staff was also noted, as this ensures the critical dialogue around expectations, workload management and phasing takes place in a supportive relationship.

Continuing frustrations around Action 15 money was also noted.

Chair thanked the reps for their updates which shared lots of positive messages, and added that we've been proportionate and pragmatic in our approach and it's important we don't lose sight of our plans. Lothian operates in a high-trust setting, with LMC office members forming part of the GMS Remobilisation Group, providing the appropriate level of scrutiny.

There are areas of commonality across all Lothian HSCPs with CTACS, vaccinations, premises and IT being the 4 main areas of focus.

COVID has accelerated a lot of the recent change and this is a significant opportunity for CTACS to build an efficient service within the community. Clarity of communication across primary and secondary care is very important.

6. **GMS Remobilisation Group update**

6.1 – **GMS Remobilisation Plan***

David Small referred to the NHS Lothian Primary Care Remobilisation Plan issued in advance of the meeting and commented that this is the result of a lot of collaboration. It was also noted that this is currently a work in progress and will be monitored closely.

6.2 – **Re-instatement of Enhanced Services**

Committee were reminded that an agreement was established early on in the pandemic to cease the delivery of non-essential Enhanced Services (ES), although practices would continue to receive full payment for all ES based on historic returns until 30th September 2020.

It has recently been agreed to reintroduce all ES contracts from 1st October 2020, however it is appreciated that due to the ongoing restrictions caused by the COVID

pandemic practices may not be able to return to previous levels of activity. Consequently, practices will receive full payment for ES provided from 1st October if their returns in March 2021 show that they have achieved 50% or greater than historic returns for the same time period (October – March).

It was recognised that due to the COVID restrictions, we may need to consider some ES that may benefit from being delayed, and this is being continually monitored.

6.3 – Flu Campaign

The “Flu 2020/21” paper circulated in advance was highlighted and it was noted that this currently remains a work in progress. A summary of the approach for each patient group across each of the Lothian areas was given. It was noted that, at the point of meeting, both the fee structure and transfer of residuals approach for the Flu campaign were unknown. Committee were informed that an update on the campaign is due to go to the Corporate Management Group later in August.

Chair asked committee for comment on whether the detail in the paper is a reasonable way forward. Committee agreed.

A question was raised regarding whether practice nurses volunteering for the staff bank were required to undertake the standard training, and it was suggested that they could be exempt. It was agreed that this would be taken to the next Vaccine Transformation Programme meeting for discussion/decision.

ACTION – LMC Office to raise whether staff nurses volunteering for the flu campaign staff bank could be exempt from the standard training at the next VTP meeting.

7. Redesign of Urgent Care

Allister Short summarised the key points from the papers issued in advance of the meeting, prior to discussion from the committee.

There is a clear mandate from government to move rapidly to a redesigned model of Urgent Care where:

- Access to urgent care will be available via a national Single Point of Access through NHS24/111. This will be available 24/7 for urgent care.
- Local Boards will implement a Flow / Navigation Centre that will directly receive calls from NHS24 and offer rapid access to a senior decision maker – optimising digital health where possible and signposting to available local services, such as MIU, AEC, and ED if required, in as scheduled an approach as possible.

The 2-3 year programme will focus on patient safety and overcrowding, with these 2 elements of the redesign expected to be in place by 31st October 2020. Much of the focus will be on a Flow Centre, an advantage in Lothian as we already have an established model, although this may not exactly fit what we need going forward but can be built on.

Additionally the project will look to optimise digital health across a number of areas, and scheduling/managing flow/minimising variation in surge of patient flow.

It was recognised that there will be workforce challenges, and committee queried whether if work is being re-distributed, the resulting resource distribution is also being carefully considered.

Particular concerns were raised with regards to the scale of any additional work coming into primary care. Realistic consideration needs to be given as to who will carry out the triage, critical to the success of the approach, as GPs don't have the spare capacity within the system.

The reliance on public messaging was stressed, with the need for Scottish Government to be at the forefront of this as a national issue.

The need to consider health inequalities was also raised, eg patients from deprived areas who may not have access to phones. More work is needed in order to understand how they would access the service.

Chair thanked everyone for their valuable input into the discussion and confirmed that a senior member of GP Sub Committee will be joining the Redesign of Urgent Care Working Group going forward.

8. Practice Action Plan update

Chair informed committee that Version 6 of the Practice Action Plan is planned for issue late August. Any comments or suggestions for additions or changes, please email LMC Office as soon as possible.

9. DDRB Announcement

The recent pay rise announcement in July was highlighted. The 2.8% rise applies to all doctors across Scotland. Although recognising the independent contractor status of practices, and the fact that there may be reasons why a practice would choose not to pass on the pay uplift, the assumption would be that the majority of practices will pass the pay rise on to all employed medical staff.

Details of when practices will receive the money to be confirmed.

10. Chair's Business

None

11. Medical Directors' Business

11.1-Chairs position

Dr Iain Morrison's recent appointment as Chair-elect of Lothian LMC and GP Sub Committee, and subsequent progression to Chair in October was noted.

12. Items for Information

12.1-DMARD Blood Monitoring during COVID*

Chair expressed his thanks to the GP Prescribing Committee (GPPC) team for their work during COVID, recognising the great deal of work that has been carried out and the success achieved. As a committee, we are very grateful.

12.2-September Bank Holiday

It was confirmed that General Practice will take the Bank Holiday on Monday 21st September, and committee expressed their thanks to LUCS for providing cover for this.

12.3-Next evening Zoom call

Chair highlighted the next scheduled evening Zoom call on Wednesday 19th August, 7.30pm, and asked reps to communicate across their constituencies. This will be a joint meeting for primary and secondary care colleagues with guest speakers;

- Catriona Morton (RefHelp)
- Gareth Evans (COVID Pathways)
- Jon Miles (Alternatives to Admission)
- Carolyn Armstrong (Hospital at Home)

13. AOCB

None

The meeting closed.

Date of next meeting – Monday 14th September 2020