

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

Monday 17th June 2020
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Drummond Begg

MINUTES

1. **Attending** – Dr Drummond Begg, Dr Jenny English, Dr Iain Morrison, Dr Euan Alexander, Dr Robin Balfour, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Agata Dunsmore, Dr Richard Fairclough, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Katharine Hill, 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 Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Ms Sandra Allan, Mr David Small, Dr Sian Tucker, Dr Nigel Williams

Apologies – Dr Amy Small, Ms Tracey Gillies, Ms Alison McNeillage

Chair welcomed attendees and introduced the guests for the evening;

- Dr Katherine Robertson, newly appointed LMC & GP Sub committee representative for South West Edinburgh.
- Dr Jamie Hetherington, East Lothian HSCP representative

2. **Minutes of last meeting 9th March 2020, for approval**

The minutes from the previous meeting were approved.

3. **Matters Arising/Actions from last meeting**

3.1 – **(From 11/11/2019 meeting)**TG to look into the current RHSC bloods process, specifically for urgent requests. **Update** – There have been ongoing discussions on this matter, however it has since been taken over by recent events relating to COVID19. Committee agreed this action could be **CLOSED**.

3.2 - **DS** to feedback to appropriate area that not all practices have received the details of their premises loan. Actioned & **CLOSED**

3.3 – In advance of predicted change to working patterns, DS to contact Barbara Forrest to raise the need for increased capacity for remote access working. Actioned & **CLOSED**. Committee also recognised the 7 day working week and impressive efforts of the eHealth team during the first few weeks of the pandemic in order to give everyone the ability to work from home.

4. Chair's Business

4.1 – Flu Campaign

Chair highlighted the need to gain clarity on the approach to this year's flu campaign. Contractually General Practice is still the owner of the flu campaign until the national contract handover next year.

Planning meetings are underway with Pat Wynne and the emerging plans for East, Mid and West Lothian are similar. The bulk of the adult program will remain with practices, with support being provided where necessary (eg with venue if usual premises are not suitable). HSCP will focus on care home residents and staff and nasal flu for 2-5 year olds. In addition, West Lothian are looking to recruit a vaccination team, target of 12 people, to put additional support into practices through CTACS. It was noted that practices across East, Mid and West are assumed to be happy with the plans.

In Edinburgh, most of the adult programme will be handled by the HSCP but practices will continue to give opportunistic vaccinations (estimate this to be 10-15%).

OOH highlighted that they have a number of venues across Lothian that could be used for the flu campaign should HSCPs wish to consider these.

It was recognised that the Edinburgh plans are very ambitious and carry a degree of risk and Chair was keen that the Edinburgh GP representatives have a clear sense of what the plans are and that they endorse them on behalf of their constituents. Should the plans not deliver, GPs retain responsibility to deliver vaccines as part of their contract.

AP – Chair and Edinburgh GP Sub Committee reps to arrange a brief meeting to ensure good understanding and fair representation of the proposed approach.

Edinburgh HSCP recognised the risks while also highlighting the concerns and challenges of dealing with volumes within practices. Plans are still to be finalised and all Edinburgh practices will be made aware of the plans within the next week.

Chair stressed the need to be confident that HSCPs have clear plans that will be successful in delivery, and for these to be confirmed at an early stage in order to remove the risk to GP practices.

It was noted that all HSCP plans will be developed and available by 26th June in advance of being taken to the Strategic COVID Group meeting.

5. GMS Oversight Group update

5.1 – Update on CTACS

It was highlighted that while there have been no meetings of the GMS Oversight Group as such during the pandemic, activity has been continuing;

Large scale CTACS work was paused as staff were moved to other work during the pandemic. East Lothian has continued to develop CTACS, and Edinburgh has supported CTACS in Sighthill.

Secondary monitoring clinics have expanded with secondary care now moving to open 2 new clinics in St Johns Livingston and East Lothian Community Hospital in Haddington.

5.2 – When to Re-activate Tripartite Group

Committee recognised and commended the considerable work carried out over the last 3 years by the tripartite group of HSCP, Health Board and GPs working well together and at speed.

However it was recognised that in the current climate we don't have the time to bring back all the previous meetings that took place and Committee were asked for their thoughts on how we could approach this during the second half of the year.

The consensus view was that a session could be worked into Primary Care Tactical Group meetings every 2 or 3 weeks as many of the attendees already attend.

AP – DS to arrange for fortnightly/monthly Tripartite session in Primary Care Tactical Group meetings going forward.

6. HSCP Partnerships update (COVID/PCIF)

HSCP representatives from each locality gave a brief summary of recent activity;

West – Re-embarking on recruitment for physios, mental health nurses for practices and pharmacists and this is currently with Finance. COVID assessment centres are now being stood down, releasing 2 staff. Paramedics home visiting service which was withdrawn at start of COVID now needs to be reviewed.

Mid – Keeping in touch with all practices and holding monthly practice rep meetings to support. COVID within care homes in Mid has been bad, so supporting these via practices while actively watching so as not to overload practices. Starting to look at CTACS – ICE will be central to the model in Mid. 2 clinical leads in Mid have been doing a lot of work to help other practices manage their access arrangements – continual change as we move through the stages. Paul Bailey has been central to bringing in eConsult at Newbattle MP and has produced a very helpful presentation which can be used in conjunction with the QI toolkit from Rebecca Green.

The COVID response in Mid was very collegiate and a good team effort. Assessment centre was set up within 24 hours of request and is able to be re-established within 24 hours if needed for any further wave.

Edinburgh – Moving ahead with PCIP - new CTAC at Mountcastle will be set up within next few weeks. Plans are in place to use Sighthill as the main point for new students coming into Edinburgh. Only one practice was lost temporarily during COVID but now reinstated. A huge thank you to those practices looking after care homes – they responded remarkably, along with care home nurses and staff. District nurses, social workers and carers within homes have put themselves at great risk and deserve a huge amount of credit.

Clusters are continuing to meet, communication is good and practices are resilient and are coping well.

East – Expansion of Care Home Team and wider deployment across the county. CWIC was repurposed into COVID Assessment Centre, operating under instruction from Scottish Govt/NHS Lothian – current developing/restructuring to support imminent reopening from start of July 2020. MSK Open Access Services launched early in the COVID outbreak as per original plan, now well established. CTACs open as of this week from East Lothian Community Hospital for Haddington practices, next extending to East Linton. Mental Health Composite service brought together during earlier COVID phase to ensure provision with forecasted loss of staffing/heightened demand. Extension of current Link Workers service- previous pilot ended and we are working on an alternative to previously planned commissioning arrangement.

Seeking clarification on PCIF arrangement, and whether suspended during COVID outbreak – decision awaited from Scottish Govt.

Primary Care Team Expansion, now including additional Service Manager, PCDM, and CNM. Further development of roles, remits and clarification of work programme alignment

Flu Campaign - HSCP participating alongside GPs. Use of CTAC and other staff (e.g. Care Home Team).

Planning to reinstate CQL workstreams and currently advertising for 1 vacancy.

Concerns were noted on levels of engagement and consultation in East Lothian and that practices had witnessed rapid removal of service provision without consultation, although supported. However it was recognised that new personnel are being brought in with a commitment to making improvements, and this is welcomed across the county.

We need to think about getting our Cluster meetings restarted as we move back to normal. Rebecca Green has been invited to Primary Care Tactical Group in order to link QI work to the remobilisation plan, homeworking, IT, etc.

It was also noted that Lisa Carter recently stood down as QI lead, and Committee extended their thanks to her for her work.

7. COVID Expenses update

It was confirmed that all claims for spend up to 28th April 2020 will be approved unless they look excessive. Some spend from 28th April onwards has been turned down, however please contact GMS Contract team if you wish to discuss further.

Chair added that everyone involved has been working in the right spirit of things. If people can demonstrate that they spent in good faith due to moving a speed, it can be discussed further. No one should be out of pocket as a result and we appreciate the trust given to us.

8. GP Order Comms/Secondary Care ordering of bloods

Work is ongoing to increase the use of GP Order Comms and a pilot is currently underway for PSA testing for urology. It was noted that this is testing the mechanism, however conversations around resource and phlebotomy would be needed should this move to primary care.

Concerns were raised with regards to the levels of responsibility when GPs carry out tests requested by secondary care clinicians. It was agreed that the requesting clinician is responsible for reviewing the results and communicating the results to the patient. Chair asked that CTACS look into this process in order to describe a customer-focussed way of accessing test results.

The recent letter issued by Caroline Whitworth and Drummond Begg as co-chairs of Lothian interface Group was highlighted. Committee were asked to advise constituents that, should they receive requests from secondary care to perform blood tests that historically would have been carried out in out-patients, they should give a friendly and collegiate reminder to go back to their outpatients team to request.

9. Medical Directors' (previously Medical Secretary) Business

9.1 – Chairs position

Committee were notified that Dr Drummond Begg's period as GP Sub Committee and LMC Chair ends in August and he doesn't intend to stand for re-election. The Chair vacancy is now open for nominations up to Monday 20th July 2020.

9.2 - Vacancies update

Committee formally welcomed Dr Katherine Robertson to her first meeting as GP Sub Committee and LMC representative for South West Edinburgh.

Committee were also notified that;

- Dr Agata Dunsmore is stepping down as GP Retainer representative and will be replaced by Dr Laura Montgomery with effect from August
- Dr Kate Hill, LUCS representative, begins maternity leave from end of June. LUCS are currently seeking a replacement.

10. Items for Information

10.1 – GP Prescribing Committee vacancy

Chair highlighted that Dr Catriona Morton is stepping down as GP Sub Committee representative on the GP Prescribing Committee and thanked her for her immense work on this committee. Dr Paul Bailey is also involved, however it is important that we have a number of GP representatives on this committee. Anyone interested should speak to Catriona or Paul for more information.

11. AOCB

11.1 - **Access to Urgent Care.** Chair highlighted the summary from a recent Short Life Working Group meeting recently shared with all GPs and stressed that the GP impact factor is very important in any quality improvement, and any balancing factor should include the impact on general practice.

11.2 **Antibody testing** – The supply of antibody tests to a small number of Lothian practices which have failed laboratory tests and are unrecognised in Lothian Health Board was discussed. The importance of following NHS Inform and Health Board advice in order to keep on the right side of sometimes very complex regulatory issues was stressed.

The meeting closed.

Date of next meeting – Monday 10th August 2020