

LMC COVID update call
Wednesday 12th May 2021

Dr Iain Morrison welcomed everyone to the meeting and introduced the guest speakers for the evening.

Iain thanked David Small, Director of Primary Care Transformation, for everything he has done for General Practice. He has stood up for Primary Care over many years, a firm advocate on our behalf, and he has been phenomenal throughout the pandemic – it's hard to see how much work goes on behind the scenes, but David has been truly altruistic in his response. We wish him all the best in his retirement, he will be very sorely missed.

Lorna Willocks

Overall COVID vaccine programme update

NHS Lothian has now delivered over 600,000 doses, with 200,000 of these being second doses.

The CMO letter of 7th May, circulated on 10th May, was highlighted and the key points summarised;

- The Green Book was updated on 7th May <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a> Please always use the most up to date online version.

- PGDs are in the process of being updated for Pfizer, Moderna & AstraZenica. Key message is that after considering the reports from MHRA, risk/benefit, and based on where we are in the epidemic at the moment, JCVI has extended its advice so that now all those aged 39 and under without underlying health conditions should be offered an alternative vaccine to AZ where possible. The JCVI statement is here <https://www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement-7-may-2021/use-of-the-astrazeneca-covid-19-azd1222-vaccine-updated-jcvi-statement-7-may-2021>. However if a person is particularly at risk, any vaccine is better than no vaccine. Leaflets on post vaccine advice, blood clotting etc have been updated (due out by end week) – NHSinform has also been updated.

- Pregnant women should be offered vaccination in the same way as non pregnant women based on their age and clinical risk group. Women should have a discussion with a healthcare professional to reach a joint decision. Leaflets will be sent out to all ladies who qualify. The RCOG website is very useful <https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/>

- Updated JCVI advice on Group 10, and advice for household members of severely immunocompromised to be vaccinated alongside priority group 6 – letters will go to everyone on the shielding list asking that those not vaccinated contact the national helpline.

Proof of vaccine (NOT a “passport”). While Scottish Govt work on a digital solution, an interim COVID Status Certificate will be in place for those travelling OUTBOUND internationally where

proof is needed to enter that country. Via ServiceNow with a designated helpline to deal with requests. A lot of work in progress on this, practices are encouraged to have a holding statement for patients.

LMC office have been contacted by a number of GPs keen to get more involved in programme, particularly the mop-up of vulnerable and missed patients. The Deep End GP group recommended an Enhanced Service for this which is supported by the COVID Vaccination Programme Board, and a paper has gone to the Board for discussion. About 51,000 people in Lothian yet to receive a vaccination in cohorts 1-9 – some will be those that have refused but the system has no way of recording this. If the Enhanced Service does get the green light it will be **entirely voluntary** with no pressure for practices to sign up. However robust systems of identifying missed vaccinations and mopping up must be created and maintained.

Annie Lomas, co-chair of LIG (Lothian Interface Group)
LIG update

LMC office has received lots of emails about issues at the primary / secondary care interface.

Both primary and secondary care have been through the toughest period in our career to date. Collegiate working has never been more important to help our patients get the care they need as quickly and effectively as possible. The entire LIG committee is dedicated to collegiate working and the patient journey is paramount to that.

Highlighted the recent letter from Annie Lomas and Caroline Whitworth (co-chairs of LIG) re phlebotomy services and the set up of monitoring clinics across Lothian to support secondary care. Secondary care are still offering a paed's phlebotomy service which is greatly appreciated. – Gareth Evans also issued a reminder(12th April 2021) of the best ways to communicate with secondary care after referral;

- SCI gateway for first request for advice, or if discharged from a clinic,
- email for subsequent queries / updates if still "in the system" (eg discharged from inpatient care with planned follow up). Please use Clinical mailbox to ensure proper paper trail.

A plea from A&E/AMU & SDEC. If patient is clearly unwell and needs immediate secondary care intervention, please send on. However if a F2F or NearMe is possible and appropriate, please do this. Also helpful to refer as early in the day as possible as secondary care often have a backlog at 4 or 5pm, which can result in a patient being admitted overnight.

The work across LIG is fantastic, a very focussed group, and we're very grateful for all they're doing across the interface.

Iain Morrison
Practice Action Plan

We had hoped that the long-awaited COVID restrictions guidance from Scot Gov would allow us to make changes to practice capacity and release a new Practice Action Plan. However the latest guidance is pretty bare in offering any change to current approach, with main restrictions like 2m distancing and PPE to remain.

You **can** see people you're not examining without pinny and gloves, but it's likely most F2F will require examination, however we hope that the step down in restrictions for the wider public will lead to change very soon and we will update you as soon as we can advise on any significant change.

When we do move back to more normal practice, it is a unique opportunity to get our workload activity properly recognised. The LMC has worked with the QI team on the workload toolkit and hope you will all consider this as part of your Enhanced Service this year. We need data captured and shared (only with LMC as guardians of the data), so that we can use it to combat negative anecdotes with undeniable proof. Demonstrating the high level of access we offer will allow us to have the conversations we need to be having about enough being enough.

Jenny Long

Unscheduled Care

Iain introduced Jenny in her current role of Programme Director for Unscheduled Care, and shared that she has successfully been appointed as David Small's replacement as Director of Primary Care . She is warmly welcomed to the new role and we look forward to working with her.

Aiming to schedule minor injuries via NHS 24, with public access via 111. Current levels still fairly low (NHS24 data), but key to get data from practices to get a clearer view of how many go to self care and how many to GP, and how many "self care" then end up back at GPs.

Access for GPs is through Flow Centre – some problems Nov/Dec with call wait times, we invested heavily and these have gone down and should be sustained but welcome any feedback if this changes (via LMC office).

SDEC (Same Day Emergency Care) – a service for patients who need urgent secondary care assessment but are likely to be able to go home with a treatment plan – has been live at WGH since November and has been positively received as good for patients, primary care and acute front door. Currently working through how this can be delivered across Lothian. Flow into community services (HSCPs) – providing flow into same day access so patients get right care, and to support GPs in helping to get them there. Iain thanked Jenny for the improvements in Flow Centre performance, really pleased to see that wait times are back to high performance.

Neil MacRitchie

2018 Contract update

LMC office continue to be heavily involved in getting the 2018 contract delivered – many thanks to all the practices who returned the recent contract deliverables survey – lots of information returned which also supports our review of the 4 HSCP PCIP plans at GP Sub Committee later this month.

Contract should have been implemented in full in April 2021 – COVID didn't help but recognise that it still probably wouldn't have happened.

Many practices still have to see a lot of what was promised in the contract, with much of the contract work taking a back seat during the pandemic although Vaccinations, CTACS and Pharmacotherapy are starting to get back on track.

2021/22 sees an increase in funds to support the contract and while this might not yet be enough and recruitment remains a challenge, hopefully most practices should see an increase soon.

Cab Sec for Health & Chair of SGPC issued a joint letter last December, reconfirming their commitment to delivering the contract and described the contractual and transitional arrangements from April 2021 onwards. Some of these, such as VTP, CTACs and pharmacotherapy will see changes in regs/ legislation to give the contract changes more weight than the original Memorandum of Understanding. It also makes clear that if services are not provided (by this autumn for vaccinations, and 2022/23 for pharmacotherapy (level one) and CTACs) there will be a need for Transitional Services, to fund practices for doing that work meantime. Negotiations to work out exactly what that will look like haven't concluded. Hopefully once a new minister is in place that should move forward again.

We're all aware of the huge pressure on practices and therefore how important it is for the contract to deliver – once we know more about the transitional services we'll update practices.

SGPC are considering running a similar contract survey nationally so LMC are unlikely to repeat ours any time soon, but thanks again to practices for your input.

Drummond Begg, Chair of Lothian GP Support and Advisory Group (GPSAG)
GP Wellbeing

Over the last 14 months we've all pulled together, but most would say as we've moved into 2021 and with the further changes that we face, most would say we are weary. It's really important we take a moment and consider our wellbeing – "It's OK to not be OK". As practitioners, we'll likely be in practice over 40 years and it's highly likely during that time you'll not be OK – healers get wounded too. Perhaps we don't spend as much time on mental well being, and particularly our own.

The GPSAG was developed many years ago by Lothian LMC & NHS Lothian, and it has 2 main aims;

- Duty of care to the practitioner,
- Protect the practitioner from any unsafe practices in certain circumstances.

Lothian LMC website (lothianlmc.co.uk) has info including who your local LMC reps are and who the office bearers are – office bearers can be contacted by phone or email should you want to explore further support. The "GP Help & Support" section under "What We Do" describes in brief what GPSAG does and includes a list of resources relevant to GPs – local and national – and useful info on the Cameron Fund, BMA helplines, etc.

Entry points into Lothian GPSAG are Nigel Williams (Medical Director for Primary Care Services), any of the HSCP Clinical Directors or through Lothian LMC office.

Another aim of GPSAG is to retain Drs and GPs in Lothian that wish to remain GPs – too often people have quietly burned out and left quietly, the vast majority don't return. We are really passionate about speaking to this group.

We're delighted to have recruited 4 mentors to the team recently and were overwhelmed by the number of people who expressed an interest. They'll be available on an ongoing basis to those in need.

There is a newly-announced Workforce Specialist Service <https://www.gov.scot/news/specialist-support-for-health-and-social-care-staff> - a national service building on the excellent work of Kirsten Woolley of RCGP amongst others, built on the work pioneered in England by Clare Gerada – helping the wounded healer. Not specifically for GPs, but we remain optimistic that Kirsten's input and that of SGPC in ensuring it has appropriate functions for GPs.

A BMA Wellbeing survey has recently gone out to practices [Snap GP workload and wellbeing survey – Scotland](#) - please take a few minutes to complete if you haven't already. The greater the picture that Scot Govt and Boards have of this, the more likely that support will be found.

Glad to report that £10,000 pa funding has now been secured for Lothian GPSAG.

Iain closed the meeting by summarising that we may all be on a bit of a low at the moment but we still have hope. The new Health Secretary needs to understand that General Practice is where investment has to occur in order to recover the NHS post-pandemic. Highlighted a Scotsman article on 13/5 that Iain has written which highlights this <https://www.scotsman.com/health/we-need-urgent-support-scottish-gps-have-been-pushed-close-to-breaking-point-dr-iain-morrison-3233191>

We encourage anyone struggling at the moment to reach out to LMC or a colleague – there's a lot of support out there. It will get better, we will get through it.

We're in discussions with Primary Care Contracts team on specific issues around capacity at the moment and hope to have some positive development in the coming days.

There are clouds but also some silver linings – the vaccine programme is miraculous and we're getting the country back on its feet.

Please continue to contact the office with any questions you have.