LOTHIAN | LMC

LMC COVID Zoom Meeting 27/5/2020

Chair, Dr Drummond Begg welcomed and thanked the guest speakers.

Kim Rollinson: LASGP update (Scottish Sessional GP Committee Representative)

Sessional GP issues – there was a full update in LMC email last week:

- Death in service benefits
    - The first for locums, the COVID Assurance Scheme, introduced by the Cabinet Secretary in mid-April
    - Applies to all locum GPs (even those without current contract) for death due to COVID19, may not be permanent but will hopefully set the precedent for that. Full scheme membership benefits apply
- A new national COVID temporary contract now available, covering all benefits (sick pay / annual leave). NHS Lothian one now available commits the GP to one session per week and one month's notice period
- There are no locum sickness or self-isolating benefits, trying to push for these. Various schemes used by locums can take 6-8 weeks to kick in and there have been some very sad cases of locums struggling because of COVID illness. The Cameron Fund can help GPs who face financial hardship - https://www.cameronfund.org.uk Lothian LMC helps raise money for this charity
- HMRC support scheme - some have successfully applied for grants but there are many restrictions to this. https://ww,w.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme
- Be kind to locums: these are uncertain, difficult times and locums are often carers having to work flexibly. Please consider them part of the practice team: work together, use the COVID funding where appropriate rather than just cancelling locums, add locums to practice comms lists.

Susan McNarry, Team Lead, Lothian Pulmonary Rehabilitation Services (Respiratory)

The COVID Recovery Advice Line is available to any Edinburgh residents. It is a small trial and the other HSCPs are now considering something similar.

There have been 120 calls so far:

- common symptoms: dry cough, breathlessness but fatigue the most reported
- Some younger people with no other underlying issues with recovery and relapse often over 6-8 weeks
- relapse often linked to return to exercise, and the services advises on graded exercise recovery, cough management, approaches to fatigue
- 30-40 mins per call

Edinburgh has offered support to other HSCPs, all of which are evolving:

- West Lothian: considering outpatient physio for something similar
- Midlothian: awaiting response but potential for CRT involvement
- East Lothian: have service for mental health / MSK and envisaging using hub

Contact details for each of the areas are;

- West Lothian –GPs can refer their patients to out-patient respiratory physio for support. Christine.candlish@nhslothian.scot.nhs.uk is the contact
- Midlothian – stuart.grant@nhslothian.scot.nhs.uk who is the Community Services Manager is the contact
- East – Lesley.berry@nhslothian.scot.nhs.uk is the physiotherapy service lead

Pulmonary rehabilitation

This is challenging: all groups work was stopped at the start of COVID and staff deployed elsewhere including to CRT and the wards. There is gradual return of deployed staff, but likely considerable time before return to normal service.

Currently:

- running a telephone service for existing patients with some Near Me assessments too
- Can use pulse oximetry and exercise diaries to support
- Digital options being explored for moving forward:
    - Tele-coaching with phone supervision of exercise programmes
    - Pedometers and perhaps other physical activity monitors
    - Virtual Pulmonary Rehab groups
    - Some excluded due to lack of digital access

Flexible approaches being adopted, especially for shielded patients, and can include home visits; some opt for individual programmes though they then lose peer support.

Referrals are being accepted, particularly where they present an alternative to hospital admission.

Rebecca Green – Joint Clinical Lead, Primary Care Quality Improvement (Quality)

- Quality Improvement SESP workbooks are on hold
- The team is supporting lots of projects across NHSL, with some primary care involvement
- The Practice Action Plan (v4.1) indicates the 'new normal' and QI engaging with primary care to help with the new ways of working and support innovation and projects moving forward. Discussions will involve GP Sub and LMC
- First CQL meeting yesterday: consensus that it's time to move forward, establishing themes about problems, new normal being developed and build on this momentum
- QI website toolkits (Primary Care QI toolkits) :
    - New approaches to Near Me consulting launched today, using collated feedback / ideas: https://qilothian.scot.nhs.uk/pc-toolkit-nhs-nearme
    - Also working on access, demand and management post-COVID including digital first
    - Toolkits also planned for care homes and anticipatory prescribing. Also considering MDT and dementia work, and chronic disease management / realistic medicine
    - Please contact the QI network (QINetwork@nhslothian.scot.nhs.uk) with requests for support for other practices issues that need fixed or improved

Dr Begg highlighted questions from practices about CDM, eg how to target highest risk diabetes patients first, approaches to BP management, what *not* to do. The aim is for a timely approach, pooling best efforts across LMC/HSCP/CQL networks. More information at next GP Zoom meeting.

Stephen Glancy - Consultant Radiologist

Primary Care Radiology Interface Group has provided lots of initiatives and support for GP, including introducing the CT chest/abdo/pelvis pathway for suspected cancer, and demonstrating that GPs are excellent referrers to this. Thanks to Dr Kath Robertson the GP rep on this group.

Re-triage lists for USS - Backlog of imaging

Around 3,500 on the pending list. GP re-triage of their own referrals is voluntary (can claim COVID time for this work) but Dr Glancy apologised as Trak only able to supply 'dirty data' (the default is to the registered GP, even if not the referring one AND the specialist referral does the same)

Radiology approaches:

- USS delivered by sonographers and radiologists
    - Difficulty with social distancing, sessional PPE and room decontamination means reduced capacity and availability moving forward
    - St John's waiting room normal capacity is 100 – now reduced to 16.
    - weekend service now to catch up
- Like GP, radiology is a shortage specialty:
    - Specialists were divided in 2 pods, a 'social bubble' to reduce the risk of all becoming ill in case of COVID infection: everyone works 3 days on, 3 off, 7 days a week to increase capacity.
    - Risks increased by small reporting rooms and regular patient contact
    - Teamwork positive outcome helped by zoom meetings, cross covering other hospitals

Other radiology changes

- Now using COVID-adapted pathway for USOC
- Developed jointly with colorectal colleagues (Malcolm Dunlop, Farah Din etc)
- qFIT test, then depending on result for CT scan
- CT scan is clearly sub-optimal in terms of investigation, but better than none
- 750 on the pathway, now scanned nearly 200; 9 cancers detected
- Will bring lots of new data and understanding of qFIT.

Plain films

- Lothian numbers immediately reduced from 400 to 6! – a testament to GP working!
- Easing of lockdown so now still appointment-based via telephone booking system, which is working well, still with electronic referral, usually reported within 24 hours
- Now cleared backlog of plain films/CT/etc for first time ever due to reduction of OP work so "hot reporting".

Caroline Whitworth, Associate Medical Director on Outpatients & Interface.

Dr Begg highlighted the role of the Lothian Interface Group, currently co-chaired by himself (in Dr Amy Small's absence) and Dr Whitworth.

Out-patients

- Still restricted by Scottish Government directive (14th May) to only emergency, cancer and urgent non-cancer work
- Now opened up routine referrals which are then subject to electronic Active Clinic Referral Triage and considered for telephone or NHS Near Me. F2F appointments bring risks so will need to be in the future.

- Opportunity to re-triage some of the backlog of referrals – many issues have resolved and patients don't want a clinic appointment
- Slight drop off in total numbers of patients on waiting lists, but 'long waits' increasing
- Major problem in future when restrictions eased as still backlog and issues with social distancing and clinic capacity
- There is no intention for any GP re-triaging for consultant-based OP appts
- Need for realistic medicine and managing expectations when there will be long waits for routine appointments, and a new appraisal of what can be delivered - threshold for referrals will need to be reviewed
- She and Dr Begg highlighted RefHelp as the primary-secondary care interface for referrals, and the need for collegiate agreement on thresholds. There needs to be a similar approach to our own for CDM – that review brings risks and the aim is for person-centred care and F2F only when strictly needed. Bloods and other tests must only be done where they clearly might change management.

Ramon McDermott, GP Sub COVID group member – COVID Testing.
Dr Begg thanked the GP Sub-Committee COVID team and GP support more generally.

Antibody Testing:
- IgM after a few days, then IgG Abs develop
- Currently >200 antibody tests developed
- But not all infected people become Ab positive: mild COVID may result only in cell-mediated immunity. ie a NEGATIVE Ab test does not mean the person has not got COVID
- NHS England has now been asked to provide Ab tests for everyone – all NHS staff and all patients - so there needs to be understanding of what the tests mean
- Antibody positive status does not guarantee immunity nor that infection can't be transmitted, and it is unknown how long the Ab response lasts. It does indicate exposure to the infection but no guarantee of not getting the infection again
- Lothian prevalence about 5-10% on the basis of data from random community testing and donors[1] – this will not include those with mild response as outlined above.

Test and protect:
- All >5yo with symptoms can now get tested (via NHS Inform or 111), result 24-48 hrs later, then contact tracers will contact patient – no role for GPs in this, though we will be sent results.
- GPs should code positive patients in notes
- Possibility of previously-positive COVID patients being used as convalescent plasma donors – if the patient is well after 28 days. Professor Tedder talk indicated that this is potentially a good treatment – all currently part of trials, too.

Lothian Laboratory Work.
Dr McDermott outlined the tremendous work of the laboratories during COVID times. It has been tough for staff who have worked extremely hard, including on Coronavirus test development. He wished to express thanks on behalf of the GP community.

[1] Dr Sara Jenks, Consultant Clinical Biochemist, RIE.

PLIG

- Continues to meet with a focus on COVID issues
- No oral toxicology available (requires extraction hoods as high risk) though urinary tests can still be ordered
- No calprotectin available in 1y care, but available in 2y care (will need to be handwritten form if requested by 2y care)
- Labs finding hard to get through to practice phones as busier with telephone triage, so will be asking practices for a short cut telephone number if available: an email is to follow.

Annie Lomas – GP Sub COVID group member - Death Verification and Certification Update

Dr Begg thanked Dr Lomas for her considerable achievement of summarising multiple emails about this into one page – a summary has been sent to practices, including advice about when to contact the Procurator Fiscal.

Dr Begg - Enhanced Services, Expenses and other Updates

Enhanced Services

- To ensure stability, and recognising the strain imposed by COVID, practices will be paid for enhanced services for 6 months up to October 2020 on last year's activity, no catch up for 6 months after that, ongoing discussions about what happens thereafter. There is no pressure to undertake joint injections, vLARC etc which we currently should not do.
- No general practice should be financially disadvantaged due to COVID.

Expenses

- Mark Hunter and David Small gave an update at a previous meeting. There has been some further feedback from GPs and it seems some detail has got 'lost in translation'. There will be an FAQ document to PMs in the next few days
- No general practice should be financially disadvantaged due to COVID
- GPs should not be subject to a pass-the-parcel exercise with IT / premises. The emphasis from others should be on collegiate working and support.

Finally, Dr Begg outlined that these meetings will continue fortnightly for now, with more on IT (GP request). This is not the end, but the end of the beginning and we need to be aware that we are only 'mid-marathon'. It is tough for both us and our patients and we need to stay positive, including around the small things. Be kind, especially if near a keyboard!

Next meeting – Wednesday 10th June, 7.30pm – 8.30pm.