

LMC Update Meeting 13/5/20

Dr Drummond Begg (Chair) welcomed back Dr Jenny English (LMC Director), and also welcomed guests Drs Carey Lunan (Chair RCGP Scotland), Andrew Buist (Chair SGPC), Gareth Evans (Lothian COVID Hub lead) and Nigel Williams (Associate Medical Director NHS Lothian). He thanked others in the team, including Iain Morrison for all his technical assistance.

“The New Normal” – Carey Lunan

Dr Lunan acknowledged the tragedy of the pandemic, and wanted to highlight some of the Silver Linings, change we would want to continue in the longer term. She will be discussing these in more detail at the Royal College of Physicians, Edinburgh, regular webinar (now available [here](#)).

In summary:

- Advances in IT;
 - unprecedented rates of change, which we should maintain
 - ‘Near Me’ available in every practice in Scotland – a phenomenal achievement
 - But alongside we need better support/access to eHealth, broadband speed, training
- Enhanced primary/secondary care interface working both locally and nationally. There has been reduction in silo working, round a clinically-led, common focus. Examples include;
 - Improved clinical guidelines in Lothian
 - Rapid triage with clinical decision support
 - Shielding work
 - [Scottish Academy](#) - the medical colleges meeting weekly and rapidly producing guidance, including on end of life care
- Increased recognition of role of ACP;
 - GPs managed difficult, ethically-sensitive discussions – and on the phone
 - Crucial part of shared decision making
 - Need to engage the public
 - And requires resource, training for the wider teams and more joined-up IT
- Enhanced MDT working
- Increased recognition of what NHS can do for socially vulnerable
- Recognition and discussion around NHS as a finite resource
- Appetite for evidence and standards, moving away from the anti-professional rhetoric
- Valuing our NHS

Shielding:

- Evidence base and guidance keeps changing
- However now unsustainable to continue working on this as GP workload increases
- One option is for non-clinician to undertake initial contact, and then pass to a clinician where necessary
- Dr Lunan and Dr Buist are raising some issues with the acting CMO;
 - Workload
 - Duration of shielding (some just starting their 12 weeks....)

- How is this being organised
- Poor evidence base – the SIGN live guideline also highlighted this
- Variation around Group 7
- Inaccuracy of identifying patients from central registers
- Anxiety from public/potential litigation/complaint especially when the work is done over the phone

GPs Elaine McNaughton (Tayside) and Catriona Morton (Lothian) have written FAQ guidance, now being considered by Scottish Government.

Andrew Buist SGPC Chair

Dr Buist outlined that we are now entering a new phase, the ‘new normal’;

- Things will continue to evolve over next 6 months – difficult to see beyond that
- Positive about general practice;
 - General Practice has done well as a profession - dynamic, flexible and collaborative with a ‘can do’ approach
 - as independent contractors and expert medical generalists we have remained open (including over holidays), found solutions and contributed to hubs and covid-19 clinical assessments
 - Received well by public
- New working patterns, collaborations, technology
- Consultations are different now (phone triage first), but there is concern if we return to pre-COVID levels of activity - not sustainable with PPE and so on
- Retain positive changes;
 - Death verification using DNs and care home nurses
 - Reduced bureaucracy
 - OOH working side by side with Hubs
 - Remote access/working
 - Near Me consultations
 - Retain returned workforce
 - Practitioner wellbeing
 - Stopped some activities appropriately (eg cryotherapy)
- Finance;
 - Current funding is not necessarily a one-off - if current funding is not sufficient we can apply to Health Board for more
 - For costs <£500 no prior approval of spend is required
 - Reconciliation in July with return of any unspent expenses
 - 14 days has been reduced to 0 for claiming for a sick GP
 - Claim limits have doubled under the SFE to a maximum of £3,500 per week
 - Negotiated a fair rate for the public holidays, reflecting a day’s core funding

Dr Lunan emphasised the need to retain and extend the workforce: we should learn from those returning (what are the enabling factors for that; how can we support) and continue the emphasis on practitioner wellbeing. There needs to be societal reductions in stigma of ill-health, particularly in the medical workforce, and the mental health workforce sustained.

Nigel Williams

Highlighted support for GPs who may be struggling or unwell:

- Wellbeing guides are available through these links on [intranet](#) and [internet](#)
- ‘Here for you’ (see NHS Inform) - for stress and anxiety and coping in crisis, can be used by staff too. 0131 451 7445 Mon–Fri , 8am-6pm

- Staff Listening Service, 9am-9pm, 7 days a week: Phone: 07888 998084
- Doctors Support and Advisory Group;
 - Collaboration LMC and NHS Lothian, established over years
 - remit of group widely advertised (LMC, LASGP, practice email)
 - Provide supportive and informal service for GPs with concerns – self-referrals or from colleagues
 - Drs are a regulated profession, and serious concerns may need to be escalated (health, criminal)
 - But the aim is always on finding a mutually-agreed way forward, with sensible support and advice

Optometrists:

- Should be available for telephone advice and can open shop if need emergency dispensing, replacing spectacles
- Are not providing direct assessment but following phone triage then referring to the Emergency Eye Service if there is a need for F2F review
- Pharmacies can provide antibiotic eye drops.

Dentists:

- Almost all dental procedures are high risk aerosol-generating
- should be providing telephone triage and arrange antibiotics and analgesia as required
- F2F work is at the emergency dental centre: a limited range of procedures - extractions or significant trauma
- This is likely to be expanded slightly for more medium risk issues (eg toothache, minor trauma), with centres opening at Duncan Street, Sighthill and Musselburgh (Howden in West Lothian - tbc).

Infection control

A practice walkabout was undertaken with Lyndsay Guthrie (Lead Nurse NHS Lothian Infection Prevention & Control Service);

- Assume community transmission - maintain current practice for the foreseeable future (noting that further infection 'waves' are anticipated)
- Patients should attend surgery only by invitation
- Social distancing to continue.

Building issues;

- Waiting rooms;
 - Reduced capacity due to social distancing – must take care to maintain – with patients waiting outside or in their car if necessary
 - Reduced number of patients to see per hour if needed
 - Clean hard chairs twice a day
- One-way system, different doors for in and out where possible – patient flow
- Reception desk;
 - 2m distancing
 - mask wearing for staff internally when they cannot maintain social distancing
- Carpets acceptable as long as regular vacuuming
- No fabric chairs if possible as harder to clean.

A new Practice Action Plan (v4) has been sent to practices today – it is not intended to be prescriptive as so much depends on individual circumstances.

Iain Morrison

Digital photography

- Practices are increasingly receiving patient photos to practice email accounts or dedicated practice mobile
- Recent MDDUS advice:
 - needs stored in patient records then deleted from phone / email
 - patients must be made aware of storage
- Need email solution sorted as inadvisable to use the clinical email address (or patients then continue to use it, inappropriately) A do-not-reply email address would be ideal
- Need robust way to transfer photo to records
- EHealth guidance is expected soon – aiming for improved infrastructure
- Currently GPs need to write a description of a video consultation - not ideal.

E-consulting

Iain outlined his practice's experience: it moved to phone consulting in 2009 and following a large increase in the list size moved to e-consulting a year ago.

Now ALL appointments require an e-consult, but some groups are exempt (deprived, illiterate, or those who for other reasons cannot use IT).

The process is;

- Any patient contact generates an e-consult
- For those without IT, this can be done by reception staff instead
- Aim is to process all on same working day, majority dealt with within a few hours
- 3 columns generated:
 - 'Administrative', low priority, managed by end of day
 - clinical concern
 - COVID-related (initially 50%...now very few)
- Main advantages
 - E-consult generated record gives much more detail about patient expectations and symptoms, rather than a brief note in a phone triage slot
 - Allows rapid triage decisions, and can be pseudo-triaged initially (red/amber alerts)
 - A large % dealt with by email response alone (scripts, fit notes)
 - Accessible for COVID advice
 - Promoting Near Me
 - 24/7 access so no morning deluge of calls
 - Allows delegation to other services more rapidly, including Allied Health Professionals
- Pitfalls
 - Needs everyone on board and engaged
 - Patient engagement
 - Vocal minority of those who find it difficult and push back
 - Need to be very careful not to disadvantage vulnerable groups and aim to protect the vulnerable, frail, deprived, illiterate and those with LD. They CAN phone.

Dr Morrison asked anyone interesting in adopting this to contact him directly for a full discussion of difficulties and how to avoid them.

A link to a short video demonstration of eConsult can be found here
<https://www.youtube.com/watch?v=UmG2woLZq7Y>.

A document covering the eConsult pilot carried out in West Lothian will also be shared (Zoom call eConsult pilot 13th May)

There is to be an IT-specific LMC zoom session in a few weeks, with a full update from Peter Cairns.

Gareth Evans – COVID Hub Update

Dr Evans reported that on Day 53 of the pandemic, there is a steady stream of cases but a big reduction from 260 phonecalls /day at the peak to around 80 now. COVID hubs are ongoing and will be for the foreseeable future, though Mountcastle now closed.

He further summarised:

- Scottish Government want to retain the pathway of phoning 111 for those with COVID symptoms
- The Silver Lining has been joint working with LUCS and Sian Tucker; and the great contribution of Sessional GPs
- Patients seen now tend to be less sick
- The Hubs have provided a very safe service – over 5,000 seen – by excellent teams
- Move towards fewer sites as numbers dwindle – final decisions re sites soon.
- GPs can continue to triage those with COVID symptoms if desired, and refer to a Hub for assessment via the Flow Centre
- Practices may have requests for house calls coming from triage – there are very positive messages about day time practice for this and other hidden COVID work.

Primary – Secondary Care working - Drummond Begg

RefHelp continues to provide updated COVID guidance and is a very useful resource.

The following are key points from secondary care colleagues;

- There will be total telephone triage (or Near Me) for all referrals – and risk assessments made
- As in General Practice, F2F will only be offered where that adds value
- Throughput will be less
- GPs need to consider their referrals, understanding the restrictions and setting patient expectations.

Finally, Dr Begg thanked the GP community, wished them well, highlighted again the Version 4 action plan. The plan is to continue these meetings 2 weekly, the next meeting will be on Wednesday 27th May (details to follow).