

LMC COVID update meeting, Wednesday 10th June 2020

Jenny English, Medical Director, welcomed everyone to the meeting.

Dr Begg welcomed the speakers for the evening and encouraged everyone to follow LMC on Twitter.

@lothianlmc

1. Peter Cairns, EHealth Advisor

Peter started by echoing Drummond's point and advocated the use of Twitter – professionally some really useful content.

Peter also thanked all GPs, PMs and IT leads for their work over the last few weeks and months – we've all been asked to jump through some very technical hoops and have risen to the challenge with minimal fuss.

New Normal

Access arrangements have transformed and encompass Near Me and, thinking more widely, remote workforce and handling clinical images in Primary Care.

The Shielding response highlighted issues that we already knew were there – KIS/ACP could be better. EDermatology – we need the ability to take high quality images to share with secondary care and for our own use too. Many areas in Scotland use Dermatoscopy with a camera.

New collaborative tools – ways of embedding into our clinical networks to make things work better at the interface. Hospital are developing HEPNA which should help. PAPER HAS TO GO!

We are starting to see the first steps from Dataloch with some real time data coming out and we now need to reflect on this.

There remains a need for place-based EXPERT GENERALIST CARE from clinicians who know their patients – we must not lose sight of that and IT should support that.

Photos

We can use photos in Primary Care although it's more complicated than we would like due to technical and governance issues. Practices will soon receive an email from eHealth with governance and obligations around this to keep us right legally. There are workarounds – patients CAN have photos sent to a practice clinical email box however patients must be informed of what they are consenting to – insecure email, the picture is patient identifiable and that it must be stored in the record. Pictures must be stored in Docman otherwise there are problems when/if we transfer the record on.

The difference since COVID is that the need for sending photos has gone from occasional use to frequent occurrence so better solutions are needed. Digital First approach for Primary Care. When sharing with Secondary Care it's better to have high quality proper dermatoscopic pictures.

Hints & tips

Rebecca Green/QI team's NearMe video consulting toolkit is excellent and Peter recommended practices look at this to work out how this might look for them <https://qilothian.scot.nhs.uk/pc-toolkits> . It was recognised that bandwidth is an issue, but there will be an official NHS fix for this somewhere along the line.

Private Wi-Fi can remedy some of the bandwidth issues and would allow video consulting by mobile phone.

Wayne Clemiston, Iain Morrison and Peter discussed at the last IT meeting - going down the NHS road for Wi-Fi will keep things right with governance and can be helpful for patients too.

A national platform solution is also currently being looked at, thinking about how we might enhance the way we deal with patients.

GP IT Re provisioning

We desperately need a next-generation solution that supports our priorities. Current systems will be with us for the foreseeable future. Likely to be next year at the earliest before we see any changes.

If SGD crashes – close Chrome down completely then go back in.

QI is a key part of the organisation, sharing learning and best practice. Good clinical care is always central, eHealth is just part of that.

Email consulting systems

There are other options available in addition to E- Consult, all offer slightly different approaches: econsult and online consult perhaps more about facilitating online access, and engage consult and askmygp perhaps being more about facilitating 2-way contact via email or secure message – it's important to understand what they do first before choosing. And the forthcoming QI toolkit should be very helpful in helping practices understand their needs. An excellent presentation by Dr Paul Bailey can be viewed as follows:

- Option 1:

View in Teams. I have put the presentation in MS Teams for both the Practice Reps and Prescribing Leads groups. Go to 'Files'. Click on the PowerPoint file. Then 'Slide Show', then 'From the beginning'.

- Option 2:

Viewed within PowerPoint.

Due to NHS Lothian IT restrictions, *you will need to forward these links to a personal e-mail account, download the presentation and view it on a personal computer.*

The PowerPoint file can be found by clicking on one of these links:

Dropbox

<https://www.dropbox.com/sh/2svus7wzfux1ss/AACq0tzteHNPhgl7SLFvUHlta?dl=0>

Google Drive

<https://drive.google.com/file/d/1F1IHopG48qcXXjudsopB8E-2-Uww2myl/view?usp=sharing>

2. Stephen McBurney, Pharmacy

Drummond welcomed Stephen and outlined the very close working between pharmacists and GPs.

COVID has hit the Primary Care family hard and pharmacy saw a huge increase in demand especially in early lockdown, although are now returning to normality.

182 community pharmacies across Lothian remained open throughout, (apart from Boots Princes St briefly) and they have ensured that shielded, vulnerable and substance misuse meds continued.

All pharmacies have ECS access so can help with emergency supply. Also opened up electronic transfer channels between LUCS, Optometry etc.

Both pharmacy and GPs are very keen to have electronic prescribing and transfer of prescriptions going forward and are campaigning as hard as possible for a solution and to go paper-free.

Pharmacy First

This will start on 29th July 2020.

Minor ailments service was only available to those exempt from charges under the old prescription service, but it will now be extended to everyone.

UTI and impetigo service will be pulled into the service – previously an enhanced service so variable provision, and now looking at PGDs for other areas– e.g. acyclovir for shingles, flucloxacillin for soft tissue infections. Working with LUCS and NHS24.

GPs will need to modify Care Navigation to ensure people with minor ailments are signposted appropriately. **'3 before GP'** – self-care, nhsinform, pharmacy.

Pharmacies are piloting telephone and NearMe across 44 community pharmacies in Scotland (Dumfries & Galloway and Tayside) to look at both the pharmacy and patient experience. It's a rapid pilot – this and next week! – so rapid evaluation; hope is for this to be in place by Pharmacy First in July.

GPs may want to liaise with their pharmacies in a few weeks time to find out what services they will offer.

3. David Small, Director of Primary Care Transformation

GP/Practice Expenses

The change in guidance between pre 28th April and post 28th April was discussed.

The aim of developing criteria that would cover every scenario hasn't been as straightforward as hoped. The overriding principle remains that practices should not be out of pocket and information around this should have gone to practices today. Essentially any spend up to 28th April will be treated as reasonable and will be considered accepted. If anything has already been declined in this group, please contact them again – will reconsider unless outrageous!

Drummond added that GPs are not in the business of profiteering out of a crisis and will have claimed honestly.

Post 28th April, SG set out guidance which Boards have to follow. Now, any spend over £500 has to be approved but we are now 6-7 weeks on! Most has been approved, but David is aware of 20-30 issues still unresolved. Default approach is to approve unless it seems unreasonable – and the team would always discuss with practice first, and where needed LMC.

IT – cameras, head sets, laptops – all OK as long as laptops are not connected to network (because of viruses) – SGD only. Former as plug and play.

Phone systems – many invested whole new systems, extra lines. Will honour but will need to discuss with HSCP first if they keep the building. New washing machines plumbed in – may need to again discuss HSCP / Estates if they own the building.

Floor coverings – will only honour if pre-April 28th as not in current advice, though may review.

Soft furnishings – wipeable, cleanable chairs allowed (5 chairs per 3,000 patients) – for clinical rooms only.

In general, if anyone has a concern, please get in touch with PCCO team.

It was also highlighted that the expenditure window is to 30th June **and claim forms need to be returned by 3rd July.**

It's also anticipated that additional funding will be found if there is evidence that this is needed.

Drummond thanked David and appreciated this high trust approach.

4. Ramon McDermott - Testing

This week there have been 19,18, 14 new cases reported over last three days across Scotland, with only 5 patients in ITU (all in Lothian). Most deaths have been in nursing homes.

Antibody testing – still none in Scotland.

**A corrected update was provided the following morning from Ramon.....

Dr Nicole Priddee Clinical Lead for Blood Components SNBTS has confirmed this morning that Blood Transfusion Services are now only doing Covid Antibody Testing for convalescent plasma donors. Therefore normal blood donors will not get COVID-19 antibody testing done on their blood donation as a routine.

Thankfully at present there is no shortage of blood products.

Secondly in previous email correspondence with Dr Alastair Leckie Director Lothian Occupational Health and Safety Service, has stated that "I have not seen any evidence anywhere of asymptomatic carriers for CV-19." The WHO confirmed this view on Monday 8/06/2020 but now have backtracked and said while rare there may be asymptomatic carriers for CV-19.

*As ever COVID information is always in a state of flux so sorry for any confusion caused re GP Zoom Update last night ***

Wearing Masks indoors

This is a hot issue and we hoped we would've had definitive advice on this prior to tonight's meeting but don't yet. Pat Wynne, Director of Primary Care Nursing hope that SG will give guidance by 17/6/20.

Might be helpful to have practice discussions – if you cannot social distance, should staff wear masks? We must be proportionate and pragmatic.

5. Annie Lomas, Anticipatory Care

New protocol for COVID Community Palliative Care Administration will be issued imminently. This is new drug administrative protocol for known / presumed COVID cases with severe symptoms where rapid trajectory and decline are anticipated.

Drug dose ranges are given so there is flexibility in administration – DNs can decide the actual dose within range. DNs require additional training for this and it is hoped this will begin next week. COVID does are not higher doses, they are normal end-of-life doses but the frequency is different.

Charts are pre-printed and available through PECOS.

Guidelines will also help with recovery, breathing, etc as many frail patients are surviving COVID and supportive care is also important. Hospice contacts are also included.

Drummond summarised a few points at the end of the meeting;

- The next two QI toolkits are ready (details below).

Toolkits will be available at <https://qilothian.scot.nhs.uk/pc-toolkits> and QI support for practices teams is available via QINetwork@nhslothian.scot.nhs.uk ;

1. Care Homes - Advanced Care Planning, Communication & MDT working

This toolkit primarily aims to provide a QI perspective for how practices & can begin to understand their own Care Home context to identify opportunities for improvement. It provides an overview of a broad variety of QI tools and brings together many of the pre-existing relevant national resources and guidelines into one document for ease of use. The toolkit has been generated using the experience and learning from Lothian teams who have already undertaken Care Home improvement work to share and spread tested effective approaches to Anticipatory Care Planning and MDT Team Reviews. These are both underpinned by good communication strategies to ensure the provision of safe, effective and patient-centred care. We recognise that the current COVID-19 pandemic has created a new and real urgency for this improvement work, and whilst the majority of clinical management of COVID-19 falls out with the remit of this toolkit, we have included some of the main resources to encourage reflection and facilitate necessary improvements within the current context and challenges.

2. Improving Access

This toolkit is designed to provide you with a gold standard approach to Quality Planning for Improving Access. It includes all the tools and templates you need to consider your own Practice/Cluster context and plan improvement opportunities that meet your own local needs & manage demand. It aims to help you plan and prepare for integrating electronic patient access and focuses on stakeholder engagement, team readiness for change and minimising health inequalities.

- Infection control questions, particularly around curtains in consulting rooms. We are pursuing this with Lindsay Guthrie and will have more information out as soon as possible, including a short video on infection control. Many practices are just removing curtains for now.

Drummond closed by thanking everyone again for joining, and highlighting that many changes are still occurring as we come out of the peak of COVID so proposed that we have one further meeting in a couple of weeks before a pause – thumbs up predominated.

We will continue to be proportionate ,pragmatic, use our common sense and find solutions within the resources available to us.

