

**LMC Evening Zoom call**  
**Wednesday 2<sup>nd</sup> September 7.30pm**

Guest speakers – Rebecca Green, David Small, Jenny English, Annie Lomas, Iain Morrison

Iain Morrison welcomed everyone to the latest meeting and handed over to Drummond Begg as host.

**RefHelp**

RefHelp team are looking for **feedback on the IBS dietetic pathway** – encouraged attendees to have a look at it, and give feedback within the coming week.

Also **FOSSIT pathway** for suspected throat cancer – found it very useful and very reassuring for patient to hear of low score. Thanks to the RefHelp team for their continued good work.

**PAY UPLIFT – Jenny English**

Jenny highlighted the recent letter detailing the 3.2% increase in the Global Sum for all practices, with the intention of enabling practices to pass on a 2.8% pay increase to medical staff and a 2.95% pay increase to non-medical staff.

Whilst recognising the independent contractor status of practices and that there may be circumstances when practices would not be able to/choose not to pass on the increase to staff, the presumption is that the majority will pass on the full pay increase. The LMC would recommend that practices who aren't passing on the increase are clear and transparent about the reasons for this.

The increase is back-dated to April and should be in practice accounts by October. We would also advise keeping staff informed about when the practice will be able to pass this money on – likely November payslips - to ensure that staff don't mistakenly believe that the practice is holding on to the additional income. Overall good news – above inflation rise.

**RESUSCITATION AND ANAPHYLAXIS MEETING – Drummond Begg**

Drummond apologised to those who experienced audio/visual issues on the training session earlier today, and also to those who were unable to join due to capacity issues – over 300 attendees joined. We continue to learn within LMC! Thanks to Brenda Binnie and resuscitation team who did a great job. Resus team are happy to come out to practices in smaller groups, and more information on the Health Prot Scotland guidance and LearnPro learning opportunities will follow. We are exploring the possibility of running a further virtual meeting in September if this can be coordinated with Brenda and the team.

**FLU CAMPAIGN – Drummond Begg / David Small**

We are embarking on probably the biggest flu campaign that we're ever going to face – planning started in June, focussing on how to mitigate the huge risks of this year's campaign, in the absence of a clear position from Scottish Government until a week ago.

Initial hopes that more resources would be coming to practices /HSCPs didn't materialise so we had to arrange more locally to ensure practice profitability wasn't affected.

### **David Small**

David confirmed that children's services will be delivered by CVT/HSCPs, with a small cohort coming back to general practice (see email 24/8 from GMSContract team). The different models across the HSCPs detailed in earlier communication.

Want to give practices maximum flexibility to be able to successfully engage with challenges ahead.

The 50% target for Enhanced Services from Oct '20-March '21 has now been moderated to guarantee practice income for ES with no requirement to meet specific delivery levels.

#### **i.e. enhanced services continue but income guaranteed without fixed targets**

Allows GPs to do our best as always, but this takes off some of the pressure and allows prioritisation.

Clarification of loose ends for flu approach will be issued within next week or so.

PPE guidance – national guidance is that a mask is all that is needed for flu vaccines in addition to hand washing between patients. This will make a huge difference to running the campaign.

Pharmacy arrangements – 120 pharmacies are taking part, planning to give 10,000 vaccines. Find out what your local pharmacy is doing, and look to work together. Especially around 'mopping up' arrangements

COVID vaccine – Current view is that we may not see anything this side of Christmas although the Oxford trial may manage to rush something through for priority group (HSCP front line). UK Government are relaxing guidelines around licensing. Model of delivery should there be a vaccine campaign will be different to flu campaign with less GP involvement.

### **CHILDRENS ISSUES IN COVID ERA – Jenny English**

We are very grateful to Alison McCallum and Public Health for responding quickly to revisit initial advice and update national and local guidance – if a child has viral URTI, with non-COVID related symptoms, (cough, fever, loss of taste/smell), but runny nose, etc and are well enough to go to school, they can attend school – no need to self-isolate and no test required.

All children, irrespective of age, can receive a test at the test centres, via NHS Inform route - no need to go to the Childrens Hub at Sick Kids or GP. However if GPs do have a child in practice that you think needs a test, ICE could be used if needed, although NHS Inform is still the best way to go as results, etc go direct to parents.

Testing of GP practice staff / children of practice staff should be arranged through Occupational Health via the Practice Manager. Alastair Leckie (Occupational Health) has confirmed staff testing is available 7 days a week - if OOH (Friday evening/weekend), staff

can self refer for a test by email to [OHenquiries@nhslothian.scot.nhs.uk](mailto:OHenquiries@nhslothian.scot.nhs.uk). Pass this onto staff members for their awareness.

COVID Pathway for children - Initial referrals should be via 111, if a clinical assessment is needed they will be directed to one of the Hubs, if F2F needed, they'll be directed to Sick Kids. Most do not need specialist input at Sick Kids, danger of overwhelming system. Work currently ongoing to look at possibly changing the approach – watch for this coming out. Currently no positive cases diagnosed at Sick Kids from all referrals to date.

Grateful for responsiveness of OH team for turning round the response time of the testing.

### **CHRONIC DISEASE MANAGEMENT - Rebecca Green / Annie Lomas**

Focus on prioritising what we're going to do, minimising suffering during pandemic.

GP sub committee commissioned QI team to do some CDM planning in COVID – <https://qilothian.scot.nhs.uk/pc-resources> , and encouraged attendees to have a look at the report. Very few obvious quick wins other than what we already know from Practice Action Plan, but highlights some of the ideas and potential ways to go – prioritise most in need of interventional CDM, versus those who are low risk.

More testing is needed in order to learn more about the longer term outcomes and implications. Some practices might be keen to do some of this CDM work in a less structured format - need to keep it proportional, pragmatic and relevant within our own practices. Good chance for the PQLs to share what we've done.

Drummond thanked Rebecca and the QI team who pulled together this resource at rapid speed. Echoes the theme of tonight's meeting – 'let's do the best we can with the resources we have this winter'. Quality improvement activity will be important to help us adapt to the changing landscape that we face.

### **EMAIL MIGRATION – Iain Morrison**

Iain summarised the work already underway, in the early stages, to migrate all NHS.net and NHS Lothian accounts to Outlook 365. This is a national programme mandated by Scottish Government with huge workload implications for eHealth. The first tranche hasn't been smooth and we've raised issues to the highest level - hopeful that by the time the majority move, most of the issues will be resolved. Most issues are already known by eHealth and they're under great strain trying to reply to all the emails.

A few tips;

- Outlook 365 is more mobile than 2007. You can access your emails via your smartphone by downloading the Outlook app, sign in with your NHS Lothian terminal userid and password. All emails will come straight to your phone. Recommend you switch off notifications though and only use when you'd normally be at work!
- Don't try to access webmail or Outlook through SGD – painfully slow! Faster on phone or blue screen at work or home device – not green screen! Use Chrome, Visit Outlook Live and sign in.

We're hoping to get more educational information out to practices before the migration. Following feedback, also look into holding a future Zoom call for Outlook 365 tutorial.

## **PRACTICE ACTION PLAN v6 – Drummond Begg**

V6 reflects that we're now in Phase 3 out of lockdown, and hope it's useful. Reminder that this is just guidance, all practices will have different arrangements due to their conditions. Levels of positive virus in Lothian are still very low meaning we can probably open up in our amber zones, rather than red, providing we get out FACTS rights – basic infection control in practices and keeping our footfall down to those who do need to be seen F2F.

Reminder –

- Staff to keep 2m distance, and if in close confines, wear a mask. Be aware of communal spaces – coffee room, toilets, etc.
- Face coverings for people coming into the building
- Avoid crowded areas – if I can call through to reception rather than walk through, do it.
- Wash hands regularly, wipe down surfaces regularly
- Self-isolate and book a test if you have symptoms.

**Reminder re risk of Legionnaires. PMs should ensure strategies in place to mitigate risk.**

Drummond closed the call by sharing a picture of a pack of wolves in the winter. GPs are leaders regardless of where we are in the pack – it's important that we support each other as we navigate our way through the challenges this winter will bring.

As leaders we should aim to provide **comfort and confidence to our teams and the communities that we serve.**

Date of next meeting Wednesday 30<sup>th</sup> Sept (tbc)