

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 25<sup>th</sup> April 2022  
**7.30pm**  
Virtual meeting, MS Teams

Chair –Dr Iain Morrison

## AGENDA

**Attendance:** Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Mr Ryan Addison, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Drummond Begg, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, Dr Hayley Harris, Dr Annie Lomas, Ms Jenny Long, Dr Ramon McDermott, Mr Jamie Megaw, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Hamish Reid, Dr Kath Robertson, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Ros Wight

**Apologies –** Tracey Gillies, Nicola Smith

**Welcome –** Charlotte Lindley, *Marie Curie Head of Operations, Scotland South & East*  
Amy Borthwick, *Marie Curie Clinical Nurse Manager, Lothian*

Chair opened the meeting and warmly welcomed committee members and guests.

### 1. Marie Curie and LUCS Overnight Service

Committee were joined by Charlotte Lindley and Amy Borthwick who gave a presentation on the latest updates to the services provided by Marie Curie. Particular emphasis was made to the imminent changes to the Overnight Service and their closer involvement with LUCS.

Committee were reminded that Marie Curie provides services to patients throughout the whole of Lothian. Referrals are welcomed for all patients with a 6 month prognosis or less and can be for symptom control, carer stress, respite, end of life care. The current overnight service runs from 10pm – 7am. The Fast Track service is mainly for daily provision of personal care needs. Traditionally this service was only offered for a maximum period of 7 days but the service is currently trying to be more flexible where possible and provide extended support if needed.

Background to the changes to the overnight service came from the needed initial response to the Covid pandemic. For 3 months in 2020, the overnight service changed from being a single nurse overnight with a single patient to a rapid response service. During this time <1% affected patients required input by a GP overnight.

The new night time rapid response service will go live from June 2022. It has been modelled on a service which has been successfully in operation in Dumfries and Galloway for over 10 years.

The service will run out of OPD6 from the RIE from 9pm – 7am. The hope is to work closely with LUCS colleagues to try to prevent crisis admissions to hospital and the service will also be able to support LUCS with clinical advice.

There will be an associated planned reduction in the current overnight service with constant evaluation of how this affects patients and other services.

Committee thanked Marie Curie staff for all their help supporting and caring for patients during the pandemic.

Chair informed committee that the presentation would be shared along with the draft minutes of the meeting. CM also offered to update RefHelp accordingly.

**AP – LMC office** to share Marie Curie presentation slides with committee.

## 2. **Minutes of the last meeting 28<sup>th</sup> March 2022**

The minutes from the previous meeting were approved.

## 3. **Matters Arising / Actions from last meeting;**

3.1 - **LMC office** to get an update on the proposal to move Paxlovid delivery from RIDU to pharmacotherapy.

**Update.** Chair updated colleagues that the new system being led by pharmacotherapy was working well. Chair expressed thanks to all who had been involved in the development of the pathway. Chair let committee know that he would welcome any feedback regarding the workings of the pathway. Chair also expressed thanks to colleagues in LUCS who had played a vital role in the functioning of the pathway over the Easter weekend when the ECS system stopped working. **CLOSED**

3.2 - **LMC office** to feedback Committee's support of the Enhanced Access to Radiology proposal to Stephen Glancy.

**Update.** Completed. Chair reported that there would likely be further meetings to iron out the specifics of the proposal. Chair expressed thanks to KR for her ongoing representation on the radiology group. **CLOSED**

3.3 - **LMC office** to raise IT Service Line support hours provision at the next PCITOB meeting.

**Update.** Chair let committee know that this was on the agenda for the next PCITOB meeting and will feedback to the committee after this has occurred. **ONGOING**

3.4 - **TG** agreed to check on any possible impact on the availability of the Travel Vaccine service as a result of Paxlovid distribution at RIDU.

**Update:** Following last month's meeting TG confirmed that the Travel Vaccine service will be available from 1<sup>st</sup> April as planned, and will not be impacted by Paxlovid distribution. **CLOSED**

## 4. **COVID/Flu Vaccine Programme update**

The Spring Covid booster programme is now underway.

Practices were sent a letter today from the CMO advising that the Highest Risk List will end as of 31 May 2022 and referrals for addition to the list should stop with immediate effect. Going forward SG will work with Public Health Scotland to prioritise people for vaccination priority, new treatments or additional advice based on current and up-to-date data. The announcement will go public on 27<sup>th</sup> April 2022 and the CMO will write to everyone who is currently on the list informing them of the decision and the evidence the decision is based on.

## 5. **PCIP Trackers v5**

Committee received updates from the 4 HSCPs with specific reference to the PCIP Trackers v5 which are due to be submitted to Scottish Government by the end of this week.

**Edinburgh** - There was no Edinburgh HSCP representative at the meeting to present an update. Edinburgh representatives offered comment on the tracker and there was a general consensus that the tracker would need to be amended in certain areas (CTACs, Urgent Care, Vaccine delivery) before it could be accepted and submitted.

**AP:** PCIP Tracker to be discussed at the Edinburgh HSCP Leadership and Resource meeting to be held 26<sup>th</sup> April. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission.

**Midlothian** – HR gave the update from Midlothian. The Midlothian tracker was discussed and it was agreed that several areas would need to be amended before the tracker could be submitted. It was noted that no Midlothian GP reps had been involved in the completion of the tracker. Areas highlighted for additional discussion were the provision of services within CTACS particularly chronic disease monitoring and data collection, and urgent care provision.

**AP:** PCIP Tracker to be discussed at the Midlothian GP reps meeting to be held 26<sup>th</sup> April. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission.

**West Lothian** – ED gave the update from West Lothian. There was agreement that the tracker would need amended before final submission. PCIF money has been allocated to fund 138 WTE staff members. Currently there are 125 FTE staff members in post. The Pharmacy tech hub has started in a small way with the aim of providing some basic pharmacy backfill for colleagues on annual leave. Colleagues did not feel that there was full access to CTACS and asked for amendment to this section of the tracker with particular reference to phlebotomy, CDM and ear syringing. Clarification was sought with regard to the provision of urgent care, with particular reference to whether services could be provided within 48 hours.

**AP:** PCIP Tracker to be amended as per discussions at Committee. Amendments to the tracker to be reviewed by GP Sub-Committee reps prior to submission.

**East Lothian** – JM gave the update from East Lothian. East Lothian reps had had sight of the tracker and had had the opportunity to feedback to the HSCP before it was submitted. There was agreement with the position that the level of access to CTAC services should be downgraded from previous submissions due to the current limited phlebotomy provision within CTACS and the lack of CDM monitoring.

### **Following discussion, Committee approved the PCIP tracker.**

There were issues and themes common to the discussions around all 4 PCIP Trackers. The need for further national clarity about the definition of full delivery for all services was highlighted. Chair informed committee that further specifications are due to be released by the end of May 2022. Such specifications would be welcomed. The need for clarification about definitions of Urgent Care service delivery was also emphasised.

A 4 HSCP approach was asked for with regard to reporting of provision of vaccine services as there is a pan-Lothian approach to vaccine delivery.

There was disappointment that GP practices are often still required to provide services

when HSCP employed staff are on annual leave.

Committee members felt that the use of text in the tracker to clarify the extent and the reasons behind partial delivery of services was very important.

## 6. **Medical Directors Business**

None

## 7. **AOCB**

7.1 Committee expressed thanks to Dr Hayley Harris and the whole LUCS team for their work over the recent 4-day Easter Bank Holiday weekend during which there was intense pressure on the OOH GP service. Thanks were also given to the Flow Centre team who dealt with a significant number of calls over the same weekend.

Work is being done to ensure lessons are learned and to look at any system changes that could help alleviate the pressure on LUCS before the next scheduled public holidays.

7.2 Committee raised the issue of the forms which are required to be completed to enable patients to receive ad hoc vaccines. The forms are viewed to be too long and overly complex. There is concern that practice nursing colleagues may feel that giving the vaccine is far simpler than completing the forms. In this situation, practices would not be paid for vaccine delivery. It was queried why there was any need at all for GP practices to complete such forms. IM agreed to raise this issue as an agenda item at the next Vaccine Programme Board. It was clarified that practices should still be able to order small supplies of certain ad hoc vaccines such as tetanus.

**AP:** IM to raise the issue of forms required to be submitted by practices at the next Vaccination Programme Board.

Meeting closed

Date of next meeting - **Monday 30th May 2022 at Novotel, Edinburgh Park**

**2022 Meeting Dates** (4<sup>th</sup> Monday of each month unless highlighted)

Monday 27<sup>th</sup> June

**NO JULY MEETING**

Monday 22<sup>nd</sup> August (*Novotel*)

Monday 26<sup>th</sup> September

Monday 24<sup>th</sup> October

Monday 21<sup>st</sup> November (3<sup>rd</sup> Monday) (*Novotel*)

Monday 19<sup>th</sup> December (3<sup>rd</sup> Monday)