GP SUB-COMMITTEE OF

NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 15th November 2021
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

MINUTES

Attending – Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Susannah Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Jane Sweeney, Dr Laura Tweedie, Dr Ros Wight, Dr Hayley Harris, Ms Tracey Gillies, Ms Jenny Long, Ms Alison McNeillage, Dr Nigel Williams

Guests - Ms Lindsay Guthrie, *Associate Nurse Director, Infection Prevention & Control, NHS Lothian*

Dr Neil Bennett, *GP, Lothian Unscheduled Care (observing)*

Apologies – Dr Peter Cairns, Dr Elaine Duncan, Dr Hamish Reid, Dr Elizabeth Strachan, Mr Iain Gorman, Ms Sandra Allan

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

1. **Infection Control Guidance Presentation**

Lindsay Guthrie summarised the key changes to the Infection Protection Control guidelines and the expected impact on general practice. It was noted that the updated guidelines have been delayed and are now expected later in November, however any additional change to the current draft guidelines is likely to be mainly in-hospital care and are not expected to impact GP practices.

The key changes in General Practice from November will be;

- Move away from very COVID specific infection control to more general infection control - Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs)
- Move from 3 path (Red/Amber/Green) to 2 pathway model;
  - Respiratory 'RED' pathway- Droplet TBPs
  - Non Respiratory 'GREEN' pathway – SICPs
- Respiratory screening questions – prior to, or on arrival to determine the appropriate path
- Physical distancing reduced to 1m in waiting rooms (GREEN path)
- Use of fluid resistant surgical face mask (FRSM) remains mandatory unless exempt

There has been no change to the following guidelines;

- Use of face masks by all patients and staff
- Telephone triage/remote consultation to continue
- Provision of a dedicated or clearly identified 'RED' consultation room/path where possible
- Advise patients to book a PCR test if symptomatic/LFD positive
- Encourage uptake of vaccination (patients and staff)
- Encourage regular testing (lateral flow devices – patients and staff)

The respiratory screening questions that should be asked prior to or on arrival were summarised. This will be a 2 part assessment;

- Part 1 - COVID specific assessment. If the patient answers YES to any of the questions they should follow the RED pathway. If they answer NO to all questions they move to Part 2.
- Part 2 – General Respiratory Viral Infection assessment. The patient needs to answer NO to all of these questions to follow the GREEN pathway, otherwise they follow the RED pathway.

It was noted that while there is concern around flu and other pathogens, COVID is more likely at this point in time and as this is highly transmissable, great care needs to be taken to stop any further transmission to staff or patients.

A 1-page summary reflecting the updated levels of control for the 2 pathways was also shared. This document also includes useful links to further information and printable documents that can be used within practices.

Committee raised serious concerns regarding the respiratory screening questions and the ability of practices to deal with the high volume of patients likely to be directed to the RED pathway. The magnitude and risk to practices if this is strictly adhered to was recognised and Lindsay clarified that, while the national policy is to take a precautionary approach, there's an expectation that a level of clinical judgement will be applied at individual practice level.

Committee also queried why headache and sore throat, identified by the Centers for Disease Control and Prevention (CDC) as symptoms of COVID, are not included in the Infection Control list of symptoms.

Lindsay agreed to feed back Committees comments on the respiratory screening questions/pathways and the list of symptoms to national level discussions.

Committee stressed the need for really strong public messaging, particularly regarding the risks in waiting rooms and the need to wear a mask or wait outside the surgery in order to protect everyone within them. The need for clarity around the differences between PCR and lateral flow tests was also highlighted. Public communications planning is underway and Lindsay agreed to take these points forward for consideration.

When asked for the top 3 Infection Control measures that are barriers to access, Committee's views were;

- If these guidelines were implemented, any patients with respiratory symptoms despite a negative result (even that day) would need to go through the RED pathway
- Social distancing – even 1m distancing is restrictive to some practices
- All Infection Control measures are restrictive as they reduce the number of patients that can be seen. Are the full implications of these measures understood?

Chair expressed Committee's thanks to Lindsay for providing the update and for taking forward their concerns.

2. **Minutes of last meeting 25th October 2021, for approval**

The minutes from the previous meeting were approved.

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

3.1 - **C/F. TG & IM** to discuss the proposed removal of the "advice only" dermatology service. **Update (16/8):** Discussions ongoing, with regular meetings between GP Sub Chair and Dermatology. It is recognised that the "advice only" service is essential going forward and there is a lot of collective will, however the Dermatology service is in a difficult place at the moment and this needs to stabilise before we look to restore. **ONGOING**

Update: Chair met with Dermatology recently. They are actively triaging all new referrals and where advice only is required this is should be fed back directly to the GP. We will continue to look at this service and are hopeful that advances with tele-dermatology will result in progress on this very soon. In the meantime the focus needs to be on the urgent cases while continuing to stress the importance of this service to GPs. **ONGOING**

3.2 - **AP**: **LMC office** to feedback Committee concerns around the proposed changes to the PMB pathway to Susanne Maxwell/RefHelp. **Update:** Discussed under agenda item 6.

3.3 - **AP: LMC Office** to clarify if OOH pharmacists can apply for the NES funding to support GP clinical pharmacist framework training. **Update: Carry forward to next meeting.**

4. **PCIP 4.5 Tracker review**

The East Lothian and West Lothian PCIP trackers (v4.5) were shared with Committee in advance of the meeting.

While previous versions of the tracker have required sign off from Committee, this is not required for this current version and these were therefore shared for transparency and discussion only ahead of their submission to Scottish Government by the end of November. No issues were raised.

AP: LMC Office to work with the appointed reps for all 4 HSCP areas to review v4.5 of the PCIP trackers and raise any concerns following due process.

5. **COVID Programme Update**

It was noted that the online system allowing specific patient groups to book their COVID booster vaccinations went live today. However the NHSinform Vaccine Status system isn't yet showing COVID boosters or 3rd doses of the vaccine, and the National Helpline is incorrectly directing patients to their GP for this evidence.

AP: LMC office to raise the need for Booster and 3rd vaccine doses to be included in the Vaccine Status system urgently, and to feed back to the National Helpline that GPs are unable to help with these requests.

The Flu and COVID campaign has increased its capacity, however there are still significant pressures on staffing and work is underway to try to recruit practice nurses and other vaccinators.

It was noted that a number of requests are being made to GPs by Secondary Care asking that they arrange for patients to be given their 3rd COVID vaccine dose. It was agreed that identification of patients eligible for a 3rd dose should be captured by the patient's secondary care specialist, with this data then being passed to the national programme to issue appointments.

AP: TG to feed back to Secondary Care that requests for COVID vaccine 3rd doses should not be sent to General Practice.

6. **Pathways update**

Following previous discussions on the Post-Menopausal Bleeding pathway (agenda item 5) and the Lung Cancer Referral pathway (agenda item 6) at GP Sub Committee meeting in October 2021, it was clarified to Committee that, following a positive scan (CT or USS), a SCI Gateway referral is also required for the Lung Cancer pathway as is also the case for the Post-Menopausal Bleeding pathway.

GPs on Committee were disappointed and feel that this is an added inefficiency in the process which also introduces some level of risk back to the referring GP. However, there was resignation that there is no alternative at present.

The term "referral pathway" was questioned, with an "accelerated next step" being suggested as a more suitable description.

7. **Scottish Government Winter Support Funding Guidance**

Committee were made aware of the recent Scottish Government letter (22nd October) which referred to £28 million being made available to underpin activities including accelerated recruitment of multi-disciplinary teams (MDT) to aid General Practice and tackling the backlog in routine dental care.

This money will be made available to HSCPs who are on track to spend their 2021/22 allocation and can demonstrate reasonable confidence that the additional funding will be spent on MDT staff in the 2021/22 financial year. It's expected that this is unlikely to be case across Lothian.

Applications targeting the 3 key workstreams of pharmacotherapy, vaccinations and CTAC will be prioritised, and it's currently unclear if it can be used elsewhere. Frustrations around the limitations of this funding, from the previously announced £300 million investment in hospital and community care to support NHS and social care throughout winter, have been raised at a national level.

8. **For Information;**

8.1 – **Patient Registrations**

The recent registrations documentation recently issued to practices was highlighted and Committee comments were requested.

It was noted that practices have a right to decline a registration if they have reasonable grounds to do so and the reasons are not discriminatory.

8.2 – **Telephony**

Current issues with the GP hotline into Secondary Care were raised, with the recent de-prioritisation meaning that GPs now experience the same priority level as the general public.

This is a known issue and is expected to be resolved when the next system upgrade takes place. More detail is being sought on timelines for this upgrade, with Committee stressing the need for this to be raised as high priority due to the impact on patients and GPs if they are unable to access this service promptly.

AP: JL to provide a timeline for the next telephony upgrade, and confirm that this will resolve the current issues with the GP hotline.

The "Induction" app was discussed briefly as a potential alternative option, however as this isn't an approved NHS app it can't currently be recommended for use.

9. **Medical Directors Business**

None

10. **AOCB**

10.1 – **Bariatric/Private Surgery Follow-up**
A recent example of a letter sent from the Dietetics team to a patient regarding follow-up on private treatment was shared with Committee.

The letter stated that if the surgery is done privately, the patient should ensure that the follow up is with the private provider as NHS will only support in an emergency situation. However it then advises the patient to contact their GP regarding the monitoring and testing. This approach seems illogical – the process either needs to be totally private (private service & private GP follow-up), or it is appropriately managed within the NHS through the pathways that we have (secondary care specialist follow up and GP monitoring/testing afterwards).

The need for clarity on this issue is increasing in line with the rise in the number of private treatments taking place.

AP – TG/LMC office to discuss the next steps on how private surgery follow-up and monitoring should be dealt with.

10.2 – **Hospital sick lines**
It was noted that a lot more patients are now appearing in practice with sick lines provided by the hospital. Committee expressed their thanks to our secondary care colleagues.

10.3 – **COVID Assessment Centre**
A query was raised regarding transport options for COVID positive adults who don't have their own private transport. It was confirmed that transport to the CAC for these patients can be organised via the Flow Centre.

The meeting closed.

Date of next meeting – Monday 13th December, 7.30pm