

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 14th December 2020
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 Elaine Duncan, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Clementine Johns, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Nick Payne, Dr Hamish Reid, Dr Katherine Robertson, Dr Amy Small, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Mr Ryan Addison, Ms Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Sian Tucker, Dr Nigel Williams

Apologies – None

Welcome – Dr Clementine Johns, newly appointed NW Edinburgh LMC & GP Sub Committee rep

Chair opened the meeting and warmly welcomed committee members.

1. **Minutes of last meeting 9th November 2020, for approval**

The minutes from the previous meeting were approved.

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

2.1 – **LMC office** to gather updated data on ambulance response times from practices. **Update:** Surveys were issued to all Lothian practices and these are now being returned to LMC office. Once collated this will be brought back to committee to agree next steps.

2.2 - **LMC office** to feed back concerns on the “Stopping Antidepressants Patient’s Guide” to Psychiatry team. **Update:** Fed back to Psychiatry team, recognising this was intended to be an offer of help however the full implications of the paper hadn’t been thought through. **CLOSED**

3. **COVID Vaccine Update**

Committee were given a summary of the current position.

It was hoped that the second vaccine (Oxford-AstraZeneca) would come to market in December however latest guidance shows that it is now unlikely to be available in this calendar year. The Pfizer-BioNTech vaccine is currently the only one in use.

Healthcare staff demand for the vaccine has been very high and issues regarding the difficulties in contacting the staff vaccine booking service were raised. It was highlighted that the contact number had now changed (now 0800 number), however it was also confirmed that anyone who had suffered significant phone charges as a result of trying to contact the service will be

recompensed. Details of how to claim are still to be finalised and communicated. Feedback on the lengthy transaction time of the booking calls was shared and it was agreed that this could be improved, while also recognising that this was within the first week of the service and the new process was still settling in.

It's hoped that the AstraZeneca vaccine will be approved in time to allow it to come into use in early January, and this will likely to be earliest window for the over 80s plus practice staff who do not receive a vaccine through the current staff booking process.

There has been a very positive response from practices regarding helping with vaccine delivery, with 115 practices so far in Lothian indicating they're willing to participate. A reminder will be sent by the PCCO to those practices still to respond. More information regarding training, etc will be issued to practices shortly.

It was agreed that it would be helpful to HSCPs to know which practices do not sign up to help directly with vaccine delivery.

AP – AMcN to let HSCPs know which practices haven't signed up to help with delivery of the COVID vaccine.

It was also requested that we aim to roll out all local vaccine deliveries at the same time so as not to impact patients of practices who haven't signed up to delivery and minimise any negative perception from patients.

4. **Joint statement from Scottish Government and BMA - GMS Contract 2021/22 and beyond.**

Committee discussed the statement which was circulated in advance of the meeting.

This statement is a holding statement of what the future of the GMS Contract will look like. Chair highlighted the extended timeline of 2022/23 for HSCPs to deliver on the aims of the contract without penalty, and disappointment around travel vaccines/advice remaining the responsibility of GPs was also noted, particularly when we have a plan in place within Lothian that we would be keen to see continue.

Concerns were raised regarding changes in Pharmacotherapy provision (downgraded to Level 1) although it was recognised that this would be an opportunity for HSCPs to work with practices to understand what is needed in order to achieve this.

Negotiations now need to take place, both nationally and locally, in respect of the content of the statement and it is expected that there will be huge variation across the country. Scottish Government has committed that funding will be ongoing and that they remain very much in support of all elements of the contract.

5. **GMS Remobilisation Group update**

The latest minutes from this meeting were issued in advance and a brief summary of the current key areas of discussion at GMS Remobilisation was provided.

The GMS Contract (2021/22 and beyond) as discussed in Agenda item 4 above will now become a key area of focus and discussion at GMS Remobilisation Group as it is worked through in detail.

COVID vaccine remains a key area of focus (as discussed in Agenda item 3).

Flu vaccinations for the 60-64 age group is now starting, and it was noted that a delay in the issue of the national letters caused some problems within practices. The expectation is that uptake may be lower than those of 65+. It was highlighted to Committee that the diminishing returns being seen as the programme moves through the lower age ranges means that it may not be worthwhile delivering the vaccine below age 60, and this is highlighted more now with the increased focus on the COVID vaccine. This is currently being proposed and Committee will be updated of the outcome of discussions.

It was agreed that once the outcome of this is known it should be shared with practices as they may then have more capacity to assist with COVID vaccine delivery.

AP – DS to communicate outcome of any changes to flu vaccine delivery to younger age groups to practices as it may allow them more capacity to assist with COVID vaccine delivery.

6. Scheduling of Urgent Care

Since this service went live in Lothian on 1st December, several concerns have been raised regarding the service.

It was determined that NHS24 are using a different definition for minor injuries. SGPC have been contacted regarding the NHS24 call handler scripts as the current approach does not properly handle patient expectation while also putting increased demand on GP services. This is now being corrected.

There has also been significant pressure within the Flow Centre since the service was implemented, with numerous reports from practices of 15-30 minute wait times. This has been raised directly with the Flow Centre, who have also informed that they have a number of new staff in post so there may be a slight time lag as they get up to speed.

Further data has been requested from the Flow Centre regarding wait times, and the option of asking some practices to gather data regarding the volume of redirections from NHS24 was also discussed. Practices are also encouraged to continue to feedback any concerning examples. It was also noted that Shelagh Stewart and Jenny Long, members of the Scheduling of Urgent Care working group, are gathering some useful data on the new service. GP Sub Chair is currently receiving regular updates on this work.

7. Dermatology Imaging

Dermatology are keen to get GP views on a proposed new dermatology app that is currently being considered for purchase by secondary care. The app would allow images to be sent straight to a central repository rather than stored on phones or clouds within practices, and it also allows for consent from patient to be given at the time of image capture. The app however doesn't currently allow upload into GP notes although this is expected to come at a later stage.

Committee discussed a number of different approaches currently being used in practices to capture dermatology images and agreed that they were willing to hear more about this app in order to make comparisons and consider cost/benefit of any new approach. There was agreement that any chosen solution needs to be slick and easy to use and consider how it works for GPs as well as dermatologists.

A brief update was also given on the previously discussed issue of Dermatology not accepting ANP referrals, and although this was a slow process, it was hoped that this decision might

change. A similar query was then raised regarding referrals by GP trainees, and it was agreed that this would be clarified.

AP – LMC office to clarify the position regarding referrals to Dermatology by GP trainees.

8. **Brexit**

While Brexit negotiations continued at the time of the meeting, Committee were updated on current considerations.

Regular Brexit meetings are continuing at Board level, with planning in place to mitigate the worst effects. A lot of progress has been made over medicine supply issues in addition to other consumables and Community pharmacy have asked GPs not to stockpile. Committee were encouraged to do what they can to avoid this situation.

9. **Chair's Business**

None

10. **Medical Director's Business**

10.1-Committee formally welcomed Dr Clementine Johns, newly appointed representative for NW Edinburgh, to GP Sub Group.

10.2-Committee were informed that Dr Amy Small has stepped down from her position as GP Sub Committee & LMC representative for East Lothian and has now taken up the position of LASGP representative on GP Sub Committee & LMC. An election for the vacant East Lothian seat will follow.

11. **AOCB**

11.1-A recent (10th December) communication from Ms Tracey Gillies regarding GP care and support for any patients resident in care homes was highlighted to Committee.

Care home outbreaks have been a feature of both Wave 1 and Wave 2 coronavirus outbreaks and therefore subject to increased levels of scrutiny. The recent case of a Lothian care home losing its license was highlighted, and it was noted that Midlothian HSCP are now taking on responsibility for this home, and support is also being provided to the attached GP practice.

Anyone who wants to raise concerns were asked to email Tracey Gillies directly.

It was also recognised that the SBAR attached to the communication, which set out the expectations of the Anticipatory Care LES for care home residents, was rejected and it was agreed that this should be addressed.

AP – TG to issue further comms to practices regarding the SBAR issued on 10th December.

Chair closed the meeting by thanking everyone on Committee for their hard work during this extraordinary year and for working collaboratively throughout the whole pandemic, and wished everyone a well deserved break over the festive period.

The meeting closed.

Date of next meeting – Monday 18th January 2021, 7.30pm