

**GP SUB-COMMITTEE OF
NHS Lothian Area Medical Committee**

Monday 15th February 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 Drummond Begg, Dr Robin Balfour, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, 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, Dr Sian Tucker, Dr Nigel Williams

Apologies – Ms Alison McNeillage, Dr Rory O’Conaire, Mr David Small,

Welcome – Dr John Hardman, *newly elected LMC & GP Sub representative for East Lothian*

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of last meeting 18th January 2021, for approval

The minutes from the previous meeting were approved.

2. Matters Arising/Actions from last meeting

2.1 **LMC office** to contact practices to promote the Workload Data Capture request. **Update:** A reminder was issued to practices on 4th Feb. Uptake has improved slightly although it is recognised that this is a time consuming exercise which the LMC office has fed back appropriately. **CLOSED**

3. COVID Vaccine Programme Update

An update on the vaccine delivery programme across Lothian was provided.

GP involvement in the 1st dose comes to an end this week - a remarkable achievement by everyone involved across Lothian in meeting the targets set. Information on return/redistribution of vaccine on completion of the programme will be issued to practices this week.

There are some concerns over HSCP delivery of household vaccinations for the CEV and 75-79 priority groups, primarily as a result of community vaccination teams being utilised in the mass centres. GP assistance has been offered although it was noted that the existing terms of the DES only covers the opportunistic vaccination of household patients and therefore would need to be revisited.

It was noted that Lothian has one of the lowest levels of wastage of all Health Boards although concerns around the lack of access to standby lists in the mass centres to call patients in the event of spare vaccine were noted and this is being reviewed.

An Exceptional pathway to manage vaccine delivery to patients unable to be administered through the mass centres (eg those who become CEV or housebound, obstetrics referrals, etc) is currently being finalised and will be issued to practices imminently.

Recent feedback from practices reported patients being directed to GPs by the National Helpline to request appointments at practice – examples were patients who originally declined but now want the vaccine, and those who missed their mass centre appointment. These issues have been fed back to the National Helpline and the poor performance also raised with Scottish Government. Examples of specific patient cases should be fed back to LMC office. Additionally, if a patient is in priority group 1-5 and they think they have been missed, they can follow this link to submit their details <https://www.nhsinform.scot/covid-19-vaccine/invitations-and-appointments/missing-appointment-details>

Disappointment was also noted at the use of locality vaccine centres, initially set up to provide alternative options for deprived areas where transport to the mass centres would be a restricting factor, however the approach followed by the National Booking Centre appears to have disregarded this.

Preliminary planning for the 2nd dose has begun. General Practice will supply 2nd dose from 10 weeks after 1st dose (dependent on vaccine supply to practices). Vaccine numbers will be based on 1st dose data and details of these numbers will be issued to practices to check.

4. Telephone Data Project

The recent analysis of telephone calls into Lothian GP practices circulated in advance of the meeting was summarised.

Recognising that General Practice often doesn't have the data to back up how busy they are, this work sought to capture workload by analysing telephone calls into practice.

The data is an anonymised snapshot of calls made into a representative sample of the 120 practices across Lothian from 30th November – 4th December 2020, and shows that approximately 20% of Lothian's patient population contact their practice each week, with 12% of these calls being abandoned.

The report was well received and felt reflective of both the practice and patient experience and it's hoped that we can use this relatively easy approach more going forward.

5. GMS Remobilisation Group update

A brief update of the main points of discussion from the meeting of 9th February was given.

Flu vaccinations continue as an opportunistic programme and there is no national steer to extend age cohorts. Return of vaccine from practices will be in usual way.

The COVID vaccine programme continues, including an exceptional pathway for escalation of patients who fall out of the National Booking system (as covered in Agenda item 3).

Committee raised concerns regarding the pressure on practices to take on care homes, and it was noted that while practices have the right not to take these on, it is beneficial for care homes

to have a named practice attached to them. It was noted that the earlier Care Home Residents SBAR was being resubmitted to the Chief Medical Officers for approval, with a further request to HSCPs to fund the additional work involved in taking on care homes.

Concerns were also raised with regards to the number of new care homes being planned within Lothian and the apparent lack of consideration for the resulting GP cover that would be needed. It was agreed that more consideration of GP cover requirements (both in and OOH) needs to be given at the planning stage for care homes and community hospitals.

AP – LMC office to raise with SGPC the need for more consideration of GP cover requirements (both in and OOH) to be given at the planning stage for care homes and community hospitals.

6. Medical Directors Business

6.1 – Funding for GP Clinical Pharmacist Framework

Approximately £25,000 of non-recurring funding is being made available by NES for the next 2 years to fund GP Clinical Pharmacist training in Lothian and Committee's views were sought on how best to spend this money.

A proposal to use this funding to train technicians to transform serial prescribing and make it safer was well received. Any further suggestions should come to LMC office as soon as possible.

AP – ALL: Any further suggestions regarding how best to spend the £25k Clinical Pharmacist funding should be sent to LMC office as soon as possible.

Committee raised frustration around an apparent lack of planning in NES and the resulting late notice requests to distribute funds across practices with no option to carry over.

AP – LMC office to feedback concerns to NES around late notice requests to distribute funds across practices with no option to carry over.

7. AOCB

7.1 Chair informed Committee that this was Dr Sian Tucker's last GP Sub meeting ahead of her move into a new role as Deputy Medical Director of Primary and Community Care, NSS. Our loss is their massive gain and we are very sorry to see her go.

Throughout her time on GP Sub Committee, Sian has been a wonderful advocate of Out of Hours in addition to representing 24/7 GPs at National level, and we wish her well in her new role.

Sian thanked Committee and LMC for being incredible supporters of LUCS over the years and also thanked everyone who has worked for LUCS at some point.

The meeting closed.

Date of next meeting – Monday 15th March 2021, 7.30pm