

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

Monday 18th January 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 Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, 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, Ms Sandra Allan, Ms Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Sian Tucker, Dr Nigel Williams

Apologies – None

Welcome –

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of last meeting 14th December 2020, for approval

The minutes from the previous meeting were approved.

2. Matters Arising/Actions from last meeting

2.1 - **AMcN** to let HSCPs know which practices haven't signed up to help with delivery of the COVID vaccine. **Update:** All Lothian practices signed up to delivering the >80s vaccines, PCCO thanked all practices for their support.

2.2 - **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. **Update:** With no further information from Scottish Government, it seems very unlikely that flu vaccines will be extend to <60 age groups. In the unlikely event it does happen, community pharmacy are likely to be the main delivery vehicle. In this case, any spare vaccine in GP fridges could be identified and passed to community pharmacy.

2.3 - **LMC office** to clarify the position regarding referrals to Dermatology by GP trainees. **Update:** The referrals advisor has confirmed that this was a historical issue and there should be no issues with trainees referring into dermatology

2.4 - **TG** to issue further comms to practices regarding the SBAR issued on 10th December. **Update:** There has been a lot of movement since the original communication with further updates expected in the coming weeks.

3. COVID Vaccine Programme Update

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

The Astra-Zeneca Oxford vaccine supply to the UK has been small since early January but is expected to increase by the end of the month, and our supplies via the Scottish distributor will reflect this. All AZ vaccine is currently going to General Practice to enable GPs to deliver to their >80s population. Any practices not doing their housebound >80s should share their stock with HSCPs who will pick this up. Advice on further deliveries will be issued to practices by PCCO, and the expectation is that vaccine deliveries for all >80s will be with practices by end January.

In February we will move into the 75-79 age group & Clinically Extremely Vulnerable (shielding) population, extending General Practice utilisation for these groups. Most practices have indicated they will engage with this group, and this group will not form part of the mass national vaccination system.

Mass Vaccination Centres and expected start dates (for most people who are able to travel and get to them);

- EICC – 1st Feb
- RBS @ The Gyle and Royal Highland Showground – 1st Feb
- Queen Margaret University and Pyramids Business Park– mid Feb
- Local HSCPs – beginning of Feb

Varied start times for the mass centres is due to the sign off of venues and the work needed to make them ready for action (in line with national specification standards).

Local HSCP clinics will all start at the beginning of February and we are also looking for another West Lothian venue for early February to give more scope until the Pyramids mass centre opens.

The JCVI prioritisation is key to the delivery order of the vaccine. GPs must be the first point of delivery and will be prioritised over the mass centres to ensure we follow the JCVI guidance.

Although currently low volumes of vaccine in weeks 1 and 2, this will ramp up over weeks 3 and 4, with the aim of completing >80s by end of January. 39,000 doses of AZ are required for General Practice and it's expected that this will be available by week 1 of February.

Details of the next expected deliveries will be shared with practices, although exact delivery dates of each shipment are subject to change by the distributors (who can confirm exact details if contacted).

4. Scheduling of Urgent Care update

The Urgent Care redesign has been in place since 1st December 2020 and there are now 24/7 Flow Navigation Centres (FNC) in all Boards into which GP OOH, COVID Stream & Rescheduling of Urgent Care (RUC) stream all feed in. Lothian FNC is currently taking around 50 calls a day from the RUC pathway. A Band 6 nurse is in place to review and assess calls and a GP has managed COVID and RUC calls overnight in the last week.

Nationally, the biggest increase to NHS24 calls is during In Hours, with SAS and OOH calls stable. 7 boards have had a reduction in ED attendance since 1st December, although there were also reductions before go-live.

Outcomes :

- 9.8% calls resulted in a direct to ED/MIU outcome
- 8.5% calls resulted in referral to Board FNC
- SAS steady at 5.9% calls
- GP OOHs steady at 48.1%
- 15.1% managed by self care
- 12.2% advised to contact GP or pharmacy or other HCP but not as a referral
- 18% advised to contact GP practice in the in hours period.

Calls to NHS 24 during in hours Monday to Friday have increased by 179% in Lothian (63 - 176) with the average increase across Scotland being 93% (551-1064). This could either be as a result of local comms, representative of unmet need in our system, or misdirection at various entry points.

In OOHs Monday to Friday, the numbers have increased by 47% (274-318) meaning approximately 44 calls to NHS24 RUC pathway per night (very few referred to FNC).

- Saturday and Sunday numbers haven't changed.
- SAS, COVID and ED numbers have remained stable in Lothian.

There are anecdotal stories of patients circling the system, going back and forth between GP and NHS24 – we need more understanding of the optimal pathway for patients so they don't get stuck in this loop.

This will be discussed further at a forthcoming Primary Care Tactical Group, and Chair also holds regular meetings with Jenny Long and Allister Short to discuss.

5. **Workload Data Capture**

The Scottish Government and BMA backed communication circulated to practices during the festive period and requesting capture of workload data was shared in advance of the meeting.

Committee recognised that there is a considerable gap in available data for in hours General Practice, and while recognising that this is a very busy time, it would be advantageous if practices could engage with this.

It was recognised that some practices may be concerned about sharing data however the broad consensus from Committee was that we should contact practices to promote this request and the benefits to General Practice of having more robust data available.

AP – LMC office to contact practices to promote the Workload Data Capture request.

Some recently gathered data on telephone demand into General Practice in Lothian showed that 170,000 people contacted their GP practice in the week beginning 30th November, approximately 1/5 of the population.

6. **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.

In addition to the COVID vaccine programme already discussed under Agenda Item 3, an overview of the COVID pathway is currently being carried out following growing concern in early January that it was busier than originally allowed for.

7. **Approval of GP IT Cohort Decision Group**

Committee's approval was sought on the proposed GP IT Cohort Decision Group list circulated in advance of the meeting, in advance of it going to GP IT Re-provision Board.

While there is no categorical guidance on who forms the Cohort Decision Group, it should be broadly representative of all stakeholders in Primary Care, and once formed, the group will meet with EMIS and Vision providers before making an informed choice around the new GP IT system for NHS Lothian.

After discussion, Committee agreed that there was appropriate representation across the group and gave their approval.

Chair commended the work carried out by Peter Cairns in order to make this process as open and transparent as possible.

8. **Practice Action Plan v8**

The newly added Appendix 3 to the latest version of the Practice Action Plan (v8) was highlighted. Lothian is one of the few Boards in Scotland to focus on waste reduction as part of the COVID vaccine roll out, and the newly added appendix helps to prioritise the order of priorities and sets principles.

Practices are encouraged to have late booker schemes/lists in place and consider community pharmacists, etc for any remaining vaccines at the end of each session. It was also highlighted that practices are finding you can get extra doses out of each via (11 rather than 10), therefore plan ahead.

Waste is currently 1.7% in Lothian, with a few recent instances in care homes driving this up. These have been related to the Pfizer vaccine which has additional transportation and storage challenges.

Committee commended the great piece of work done by Drummond Begg on the latest version of the Practice Action Plan.

9. **Sexual Health Programme Board Update**

A summary of key points was provided :

- All local clinics were closed during lockdown, Chalmers and Howden (re-sited in Whitburn) remained open. Hopefully that Pennywell and Cross Street will reopen again soon, but given the latest lockdown this may be delayed.

- Looking to open a new Healthy Respect service in Livingston Shopping Centre providing C cards, contraception and clinics including Implanon insertion. Currently scheduled for April but may be put back due to lockdown.
- Chalmers services have transitioned very well to remote consulting – big wins were Termination of Pregnancy (TOP) service and psychosexual service. Posting out of TOP medications and therefore avoiding women having a face to face appointment - this was a local pilot which is now being taken nationally as the data was so encouraging. Patients valued the privacy and convenience as well as feeling more empowered to take notes and ask questions. Additionally, 80% of women valued not having to have an ultrasound scan as this was associated with taking a further step in pregnancy, making it more traumatic.
- Home sampling of STI kits has been very popular, although STI testing overall has reduced by 50%. Home posting of contraception has also proved popular in addition to a pilot run by pharmacies to provide emergency contraception as well as offering ongoing contraception
- HIV single service work plan going ahead

10. Chair's Business

None. Chair proposed that this agenda item is retired. Committee approved.

11. Medical Director's Business

11.1- Pharmacotherapy Group update

- NES is making £20,000 of limited, end-of-year, non-recurring funding available for pharmacists attached to practice.
- HSCP leads reported limited funding for pharmacotherapy services going forward as they work to bring the rest of the PCIP up to the level of the pharmacotherapy service. It was fed back to the group that pharmacotherapy service levels vary widely across practices, with some having very little. We hope to see some progress/change in direction as a result.

11.2 - East Lothian representative vacancy

An election for the vacant seat is imminent and we hope to have the new representative in place for the February meeting.

12. AOCB

None.

The meeting closed.

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