

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 9<sup>th</sup> November 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 Peter Cairns, Dr Elaine Duncan, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, 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, Mr David Small, Dr Sian Tucker, Dr Nigel Williams

**Apologies** – Ms Alison McNeillage

**Guests** – Dr Mary Anne Burrow, *LUCS GP (observer)*  
Dr Cathy Taylor, *ST3, Braids Medical Practice (observer)*

Chair warmly welcomed committee members and guests for the evening.

### 1. Minutes of last meeting 12<sup>th</sup> October 2020, for approval

The minutes from the previous meeting were approved.

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

2.1 – **LMC office** to contact current EMIS practices to gather views and concerns regarding proposed GP IT Reprovision. **Update:** See agenda item 7.1. **CLOSED**

2.2 - **LMC office** to contact Radiology to understand the reasons for the change to the post-menopausal bleeding pathway and discuss how this can be improved. **Update:** Stephen Glancy confirmed that Radiology are continuing to follow the existing process, with the additional SCI Gateway referral bringing a “belt and braces” approach. It was recognised that a better long term solution is needed. **CLOSED**

2.3 - **AL** to feedback GP Sub Committee view on later lab van pick-ups back to PLIG. **Update:** The request from GP Sub Committee and several practices for a later lab van pick up was shared at a working group meeting on 8/11, and while this was acknowledged by PLIG, an overhaul of the current process is not possible at the moment. A small pilot is being considered with PLIG requesting COVID funding to do this. Letters will be issued to practices with more details. **CLOSED**

2.4 - **LMC office** to raise concerns around excessive Flow Centre wait times with Julie Bladen/Flow Centre. **Update:** Flow Centre recognised that there have been some teething

problems with the new system but have given us strong reassurance that these have been resolved. Recent monitoring has shown wait times to be more satisfactory. Committee thanked the Flow Centre for their work. **CLOSED**

### 3. **COVID Vaccine Update**

Committee were informed of the high level delivery plans for the imminent COVID vaccine;

- Wave 1 (planned for Dec & Jan): care home residents (& staff), front line social care staff, NHS staff, housebound, over 80s
- Wave 2: under 80s, under 65 with underlying health issues. Likely to be dealt with on a larger scale approach, eg pop up venues, walk through/drive through, etc.

Following a recent request to LMC to help facilitate delivery of the vaccine to the ambulant over 80s population as part of Wave 1, all Lothian practices were contacted with the vast majority showing willingness to engage. The positive response from practices was appreciated and it was agreed that the LMC will move forward with PCCO to ensure an Enhanced Service is created to reflect the work involved.

The challenges of additional 15 minutes monitoring, specific temperature storage and overall logistics were highlighted as limiting factors for some practices, and it was suggested that patients from practices who don't sign up could be treated via the HSCP or a neighbouring practice/buddy system.

The requirement for 2 doses 21/28 days apart was highlighted, and the need for clear messaging to patients regarding this was stressed, otherwise we risk wasting the first dose.

No definitive plan has been confirmed for the shielding population although some will be covered in the first wave.

### 4. **GMS Remobilisation update**

Key items from the most recent meeting were highlighted;

- Flu vaccine supply issues for the under 65s At Risk category are being resolved with 50,000 QIVe vaccines due to be delivered over the next 2 weeks.
- Travel Clinic at the Western General hospital is now functioning again.

### 5. **Ambulance Response Times**

A number of concerns have been raised recently regarding excessive ambulance response times being experienced. LMC office previously gathered data from practices in late 2019 however planned feedback and discussions with SAS were paused due to COVID. Committee views were sought on whether a similar data gathering exercise should be carried out, in order to get an up to date, comparative view which would then support work with Lothian Health Board and Scottish Ambulance Service to look at improvements to the service.

Committee agreed that this would be a worthwhile activity, with additional information around excessive on-site time following surgery pick-ups also being valuable. It was also noted that LUCS have fed back to SAS locally and nationally as delays have increased in OOHs periods across a number of Boards.

**AP – LMC office** to gather updated data on ambulance response times from practices.

## 6. **Scheduling of Urgent Care**

Regular meetings continue with Allister Short and Jenny Long to discuss the changes to the management of Urgent Care.

The MIA virtual assessment pathway is now well established and appears to be working reasonably well.

However concerns remain with regards to the national 111 contact line, with NHS24-manned local hubs set up to schedule urgent care primarily within A&E. Ayrshire & Arran Health Board have been following this model as a pathfinder site since 2<sup>nd</sup> November and we are closely following this in an effort to estimate volumes and impact on General Practice, with all other Boards scheduled to go live in early December. Concerns remain that patients may phone 111 and ultimately end up at their GP a lot later than they should.

Concerns were also expressed about the potential of increased unfunded work being directed to General Practice. At a national level, SGPC are not currently engaged in discussions about funding of this work but in Lothian we are keen to adequately resource this potential backflow and are in the early stages of discussion about this.

## 7. **Chairs Business**

### 7.1 – **GP IT Re-provisioning**

All current EMIS practices were recently contacted by GP Sub Committee Chair in order to update them on the current GP IT Re-provisioning position (as reported in GP Sub Committee minutes of 12<sup>th</sup> October 2020). The position was generally well received by most practices, although concerns were voiced and noted regarding the limitation of choice and ability to deliver to practice needs. Based on the majority being in favour of moving ahead with a single cohort, it was proposed that GP Sub Committee advice is to proceed on that basis.

The importance of getting people together to gather details of what we really want/need was stressed, and it was agreed that next steps will be to reach out to practices to help their understanding of what a single cohort looks like and hopefully resolve some of the concerns.

### 7.2 – **Practice Action Plan (v7)**

The latest draft (v7) of the Practice Action Plan was shared with Committee and it was highlighted that this was an evolution of earlier plans with a number of key points of focus;

- Increase in prevalence of COVID-19 circulating,
- Increased experience in practices of staff contracting the virus/been in contact with others infected, the need to self isolate and the rapid resulting impact on practice,
- How we operate in communal areas within practice,
- Crisis numbers for General Practice to call in the event of an acute crisis,
- Updated position on Enhanced Services as most recently agreed.

The draft was very positively received and Committee approval was given for wider distribution to practices.

## 8. Lothian LMC Medical Directors Business

### 8.1 – NW Edinburgh vacancy

Committee were informed that nominations are currently open for the vacant North West Edinburgh representative.

## 9. Items for Information

### 9.1 – Letters to Shielding Patients

Chair recently wrote out to all Lothian practices to highlight the letter issued to all Shielding patients on 23<sup>rd</sup> October from the Interim Chief Medical Officer.

Practices were advised to divert all Vitamin D enquiries to the patient's local pharmacy in the first instance. It was also confirmed that we are looking for urgent review of the issue of Med 3s for individuals and hope for a self-declaration form as before. Scottish Government is aware of the Profession's concerns and state they are working on this.

### 9.2 – Stopping Antidepressants

The recent “Stopping Antidepressants Patient’s Guide” issued by the Royal College of Psychiatry was highlighted.

A number of concerns were raised by Committee, including the large proportion of liquid use being suggested/recommended which is more expensive and potentially not costed, and the overall wider implications on GP workload.

It was agreed that our concerns would be fed back and that this document wouldn’t be circulated to practices.

**AP – LMC office** to feed back concerns on the “Stopping Antidepressants Patient’s Guide” to Psychiatry team.

## 10. AOCB

### 10.1-Primary Care Referrals Advisor Lead vacancy

The current vacancy for this post, a result of the expanding RefHelp service and increased NHS Lothian funding towards development, was highlighted to Committee.

This is a team leader post providing leadership and strategic direction to the wider team (5 GPs, part-time hours) in addition to carrying out some of the day to day RefHelp work. GPs, particularly those with leadership experience, are encouraged to consider and apply via this link- <https://apply.jobs.scot.nhs.uk/displayjob.aspx?jobid=36375>. Closing date 30/11/2020.

Any questions can be directed to Dr Nigel Williams ([nigel.williams@nhslothian.scot.nhs.uk](mailto:nigel.williams@nhslothian.scot.nhs.uk)).

The meeting closed.

**Date of next meeting – Monday 14<sup>th</sup> December 2020, 7.30pm**