**MINUTES**

**Videoconference Emergency Meeting of the GP Subcommittee**
**on Wednesday, 2nd June 2021 at 7pm**

**Sederunt**

Drs Ronnie Burns, Maureen Byrne, Vicky Clark, Mark Fawcett, Norrie Gaw, John Ip, Waseem Khan, John Kyle, Susan Langridge, Christopher Mansbridge, Graeme Marshall, Alan McDevitt, Chris McHugh, Patricia Moultrie, Austin Nichol, Alex Potter, Mike Rennick, Samir Shukla, Jasmeet Singh, David Taylor, Raymund White

**Chair**

Dr Alan McDevitt CBE, Chair of the Committee

**Attending**

- Marco Florence, Secretary to the Committee
- Lorna Kelly, Interim Director of Primary Care, NHS Greater Glasgow and Clyde
- Susanne Millar, Primary Care Lead for Chief Officers in Greater Glasgow and Clyde
- Dr Kerri Neylon, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde

**Apologies**

- Drs Katie Adair, Michael Anderson, Rachael Bowman, Gayle Dunnet, Gordon Forrest, Helen Fox, Sheena Fraser, Parisa Ghanbari, Gillian Leslie, Hilary McNaughtan, Steven Miller, Dawn Rees, Paula Rogers, Mark Storey, Alastair Taylor, Graham Thompson
- Dr Ron Alexander, Hospital Subcommittee Representative

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**Covid Community Pathway**
**21/21**

The Chair outlined that an emergency meeting of the GP Subcommittee had been called following discussions at the Covid Operations Group regarding the Covid Community Pathway.
The proposed local alteration to the pathway would mean that GP practices may undertake necessary face to face examination of patients aged under 5 who have symptoms consistent with Covid illness but with the following rules:

1. **Include** those patients where the practice is the first point of contact, rather than the national helpline;
2. **Exclude** those patients who have contacted the national helpline, have been triaged and require to be seen face to face. These patients will still be directed to the CAC;
3. **Exclude** those patients who have tested positive for Covid and are in the infectious period
4. **Exclude** those patients who are, or should be, self-isolating.

The previous weekend had seen substantial demand on the pathway. The Community Assessment Centres have been seeing an increasing number of children and have been running out of appointments by 3pm with unaccommodated patients being passed on to the GP OOH service.
There has been a rise in non-Covid viral illnesses in the community. There is a risk that Covid19 Community Pathway – Escalation (Practice Emergency Contribution) may need to be activated - although it is noted that the current number of patients being seen in the CACs is well below the figure that was agreed would be required for this action to be taken.
A discussion took place of the necessary risk assessments and infection control procedure review that practices would have to undertake to be able to see potential Covid cases -these would be particular to each practice. These might involve physical or time distancing measures. Some practices may find the necessary steps more challenging to implement than other practices and some may not be able to safely accommodate whilst maintaining other patient services.
It was reported that there is a relatively low likelihood that symptomatic children will have Covid. It was also reported that the infectivity rate of a child Covid patient is around 60% compared of that of

an adult patient. However it was noted that there will always be an adult family member with the child patient and this presents a risk also if the child does have Covid.
The national pathway has not changed and children remain in scope of the pathway. This proposal is therefore a variation to local processes. The GP Subcommittee heard that under fives' attendances at CACs can vary between 30% and 70% of patients, depending on the CAC.

The GP Subcommittee pressed again for every effort to be made to increase capacity of the remote triage hub and CACs as the current increase in cases may precede a 3rd wave and future waves cannot be discounted. The national Covid Community Pathway was intended to be a whole system response and as non-Covid workload in General Practice now exceeds pre pandemic levels it is essential that General Practice has support from other parts of the service to manage what is now largely a community as opposed to hospital-based pandemic. As the total number of patients being seen in the CAC despite the recent increase remains well below the level at which it was agreed that the Covid19 Community Pathway – Escalation (Practice Emergency Contribution) would be triggered the GP subcommittee looks to the board to maintain the sustainability of the service.

It was noted that some referrals being received were not within agreed scope of the CACs and a review, by the appropriate clinical group, of the SCI Gateway referral to increase the amount of advice on appropriate referrals available has been proposed.

It was noted that out of hours, Covid and Non-Covid patients are seen together as the CACs are closed.

Further discussion followed and a summary of the additional points raised is outlined below:

- It would appear some practices are already seeing children aged under five who have contacted them and would fit the Covid case definition.
- The possibility that the current rise in the number of cases is temporary was raised.
- It was made clear that there could be no block on referrals from practices of under 5s to the CAC and that participation in this suggested arrangement is voluntary for practices.
- A request was made for further information on infection control procedures for practices.
- It was felt that this change would have to be in a controlled fashion, with sufficient notice for practices.
- The heavy workload GPs and practices are already facing was highlighted. It was noted that this proposal should be looked at in the round with practice escalation and that this may cause that to be reviewed.
- It was noted that this change in practice may not be sufficient to protect the CACs in the event of a significant further increase in cases.
- It was noted that this agreement would have to be revisited if there was a significant change in prevalence. The board representatives at the meeting gave assurance that this would be the case. It was agreed therefore that breakpoints would have to be identified.
- The GP Subcommittee heard that more broadly Public Health Scotland is undertaking community modelling on resource requirements in the light of the Covid pandemic informed by NHSGGC and HSCPs.
- Assurance was given that the board remains fully committed to the community pathway.
- This proposal is recognised as not being a silver bullet.
- There is a need to increase capacity at the CACs and GP out of hours. Pulling staff away from other duties poses challenges.
- Referrals from the CACs to acute has fallen from 5% in April to 2.5% now.

- It was confirmed to the GP Subcommittee that the acute paediatric services have not had influence on this proposal.

The Chair concluded the meeting by summarising that there was a broad support from the GP Subcommittee for the proposal, despite the clear challenges this will present. It was made clear that where practices feel it is necessary, they will still be able to refer children aged under 5 to the CACs via SCI gateway. The message to practices needs to be carefully developed. It was made clear this change would not take be expected to take effect until it was communicated to practices and sufficient notice given.