



GLASGOW LOCAL MEDICAL COMMITTEE LIMITED

COVID PRACTICE COMMUNICATION NO 20

23rd October 2020

To All GPs and GP Practices

Winter is coming and we are in the midst of the second wave. Cases of Covid and winter illnesses continue to rise, and this is putting increasing strain on GPs and practices. We want to thank all our GPs and staff working in practices for their hard work and dedication in providing the best service to patients in these difficult times.

Practices have told us that workload is up significantly compared to normal years. Managing the work is all the more challenging now with the constant need to be vigilant and to maintain a safe environment for all our staff and patients. Keeping practices Covid-free by ensuring that the Covid Pathway is robust has been a key policy of the LMC. This has allowed practices to operate effectively to provide care to patients.

In this edition of the LMC practice communication, we focus on the Covid Pathway.

Covid Community Pathway and CACs

In our last newsletter we highlighted the pressures on the Covid Community Pathway. The Community Assessment Centres supported by the remote triage Hub has been vital in allowing symptomatic and at-risk patients to be safely assessed whilst maintaining a Covid free environment in GP Practices.

We have been working with the Board to agree the Escalation Policy for the Community Pathway to ensure that the Pathway is able to cope with the predicted surge in demand in case numbers during the second wave.

The LMC Executive and the full Committee have meet (virtually) in the past 10 days to discuss our approach to escalation and how to support the Pathway. We are clear that the Community Pathway must be supported and it is essential that the Escalation Policy maintains the staffing levels needed for the service to function safely.

It is difficult to overstate the importance of Covid Pathway and the adverse impact on practices should the Pathway fail to operate. It would mean that Covid patients and those at-risk or self-isolating would go back to practices. Practices would need to set up their own separate Green and Red pathways within the premises as well as Red pathway home visiting. This is far from ideal and would increase the pressure and risk to all practices at a time when they are struggling to cope with the non-Covid work.

More GP input into the Hubs and CACs is needed to cope with the predicted numbers of cases. The modelling by Public Health shows that there may be potentially 3,700 patients per week needing assessment at the CACs during this peak. That is significantly higher than the maximum of 1,200 cases that we saw during the first wave.

The LMC has considered the option that at a *to be agreed point of escalation* all GP practices be asked to contribute GP time to help staff the centres. An equitable method would need to be agreed and an example would be on a pro-rata basis calculated per 1,000 registered patients. From the public health modelling, an indication on actual GP time required could range from approximately 0.3 to 0.5 hours per week per 1,000 patients depending on the case numbers.

Importantly, the Committee is clear that routine and non urgent work at practices need to be reduced to free up GP time to staff the Pathway. Our view is that practices that contribute significant amounts of GP time to support the Pathway need to be supported where they require to clinically prioritise reduce their workload.

In addition, the funding of GP time contributing to the Covid Pathway needs to continue. GP time contribution needs to be flexible especially for smaller or single-handed practices with the option for remote working for shielding and higher risk GPs. We have also said that there needs to be a ramping up of support staff such as nurses and HCSWs so that the GPs' time is used more effectively as the senior clinical decision makers at the CACs.

To help deal with the potential surge in cases, our view is for smaller local CACs to be opened where possible to deal with the demand as well as increased capacity at SATAs.

This arrangement will involve considerable disruption to day time GP services and it is the clear preference of the committee that the need for this arrangement is avoided by sufficient numbers of additional GPs choosing to take on sessions at the CAC and remote triage hub under current arrangements as the situation continues to escalate. The Covid Pathway currently relies on a small number of GPs doing a lot of shifts and to be able to expand to cope with escalating demand that pool of GPs requires to be expanded.

We continue to push for non GP Practice support to the pathway but while we do that we need to act to protect practices.

To offer to contribute your services and to hear about induction arrangements please contact Carole.Noonan@ggc.scot.nhs.uk (Barr Street) or carol.graham2@ggc.scot.nhs.uk (Linwood) and ann.forsyth@ggc.scot.nhs.uk (Admin Staff) to enquire about shifts and rotas.

The views and comments from the full LMC committee and the Executive will be put to the Board as we work towards finalising the Escalation Policy for the Community Pathway.

Updated GMC Guidance on Consent

The GMC has published updated guidance on decision making and consent which comes into effect on **9 November 2020**. It can be found here-

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>

With warm regards and all best wishes to you all.

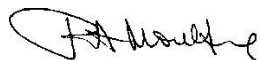
Yours sincerely,



Dr Alan McDevitt C.B.E.
Chair



Dr John Ip
Medical Director



Dr Patricia Moultrie
Medical Director



Mary Fingland
Business Coordinator

LMC Document Highlight List

Please be aware that this is NOT a comprehensive list of all the available guidance that has been sent to GPs. These are the current key documents which we feel are important to GP practices. Please make sure that your practice's generic NHSmail box is monitored daily.

From Week Beginning 12th October 2020

Shielding- CMO letter to new additions

- [Covering Letter Update Shielding list](#)
- [Shielding - Letter to new additions - During Pause - 1 October](#)
- [24th July - Annex B - Identification and Data Process Guidance](#)

Updated Scottish Government Guidance on Care Home Visiting

- [121020 CabSec letter to Sector - optimising care home visiting FINAL](#)

GGC Nursing Homes Update letter from Dr Jude Marshall

- [Care Homes Update Letter 06.10.20](#)

GGC Public Health- Pregnant Women Flu

- [Pregnant Woman Flu Vaccinations 13.10.20](#)

PHPU Update on QIVc Supply (9th October)

- [QIVc Supply](#)

From Week Beginning 19th October 2020

Information on Covid 19 Community Assessment Centres

- [Covid19 Community Assessment Centres Covering letter](#)
- [CACs who should be thereV2](#)
- [Important role of COVID assessment centres highlighted as Winter begins](#)

NHS GGC Flu Programme- Patient cohorts and which services doing the vaccinations

- [Cohorts on a page V3.0](#)

NHS GGC Media Statement on Flu Vaccinations

- [Flu vaccination programme - media statement](#)

CMO Letter on Adult Flu Programme and Hospice workers' eligibility

- [SDHD-CMO\(2020\)27 - Adult Flu Immunisation Programme 2020-21](#)

CMO Letter- Updated guidance on management of post- vaccination fever

- [Management of post-vaccination fever CMO letter](#)

Updated SG guidance on accompanying patients to outpatient and primary care appointments

- [Updated SG guidance](#)

NHS Education for Scotland- General Practice Covid 19 Spotlight 3

- [NES GP Covid 19 Spotlight Issue 3](#)

Royal Hospital for Children- Paediatric Medical Triage line

- [Medical Paediatric Triage Flyer](#)