



GLASGOW LOCAL MEDICAL COMMITTEE LIMITED

COVID PRACTICE COMMUNICATION NO 13

3rd July 2020

To All GPs and GP Practices

It's been a fortnight since our last newsletter and much has happened since. Locally and nationally we have seen progress in suppressing the numbers of Covid cases. The gradual easing of lockdown allows the return of some public and private sector services as well as the lifting of certain social restrictions. We know that practices are working hard to deliver GP services despite all the challenges, and we are grateful that you continue to feedback to us about any problems. This allows us to raise and address those issues in our involvement with local and national groups. Please use the [Contact Us form](#) on the LMC website.

Flu Programme

The flu immunisation programme for this year will undoubtedly be the most challenging yet to deliver. Social distancing with PPE requirements will mean a marked reduction in practice capacity. Expansion in the eligible cohort this year is anticipated with the 55-64 year group likely to be added as well as social care workers and household members of shielding patient.

We are working closely with Board and HSCP colleagues to develop a comprehensive plan across GGC that will deliver the programme in an effective way for all of us. We all know that it cannot be "business as usual" this year and that new ways of working, innovative solutions will be needed. We will keep practices up to date with any developments in this area.

Workload Redirection from Acutes

It is clear from the many contacts we have had from practices that, despite our protestations at many meetings and assurance that this should not happen, secondary care colleagues continue to redirect unagreed work to general practice.

We will continue to work collaboratively with senior secondary care clinicians to agree temporary Covid pathways and new ways of working to assist NHS recovery through the recently relaunched interface group. However we cannot allow this situation to continue. Secondary care must utilise its own resources and new ways of working to manage its workload and not seek to shift this burden to General Practice.

Before Covid hit it was acknowledged that workload in General Practice was unsustainable and that resulted in the New Contract and investment in services to support practices- services which have as yet barely touched the sides of what is required.

As General Practice now grapples with hugely reduced capacity through need to social distance, PPE requirements, reduced staffing due to Covid, and the need to restart long term condition management and cervical screening, it is inconceivable that practices also pick up unagreed transfer of work from secondary care.

We will continue to raise this through the many opportunities we have both within HSCP and Board forums and seek solutions which respect each other's needs - making clear that General Practice has its own work to do, is very busy doing that work, and is not available to secondary care as an alternative to their making arrangements to manage their own workload.

To assist practices in safely rejecting these attempts to redirect work we are in the process of developing template letters which practices can use. We hope to be able to make that available very shortly as we appreciate that this is an urgent situation.

Secondary Care Bloods

New arrangements have been put in place for people attending clinics to have their blood tested in so-called [Acute Phlebotomy Hubs](#). This allows bloods to be done away from the main hospital clinic areas helping to reduce the footfall in hospital clinics. This is a welcomed development. **We know that practices are grappling with the challenges of their own phlebotomy workload and there is no expectation that acute sector work will be shifted into practices.** This was made clear in a [letter from Deputy Medical Directors for primary care and acutes](#)- Drs Neylon and Davidson on Thursday.

Community Treatment and Care Service Survey

The Community Treatment and Care (CTAC) service is one of the core parts of the [2018 GP Contract](#) to reduce workload in practices. Even before Covid-19, we were frustrated with the lack of progress in delivery. It is clear now that the pandemic makes implementation of CTAC more complex and challenging. To assist us in our negotiations with the Board and HSCPs, we have developed a short survey for GPs and practice managers.

We want to know your views on questions such as whether CTAC should be practice or central hub based, are you able to accommodate CTAC staff such as phlebotomy and nursing, and booking systems for CTAC.

Face Coverings and Public Transport

Face coverings was made mandatory on public transport from 22 June 2020. Practices have had many queries from patients about this and requests for exemption letters. [Transport Scotland has comprehensive guidance for the public in this issue.](#)

Section "On your journey – staying safe" states-

You must wear a face covering when using public transport in order to prevent the transmission of the virus. For children under 5 years of age or those with particular health conditions who cannot put on, wear or remove a face covering because of any physical or mental illness or impairment or disability or without severe distress an exemption applies. There is no requirement to obtain evidence in the form of a letter from a doctor or government that you are exempt. If you have a condition which means you cannot wear a face covering you need only advise if asked that you cannot wear a face covering because you are exempt for one of the reasons listed above.

Prescribing in the Pandemic

We have been in discussions with the Board about the Serial Prescribing work (Medicines Care Review- MCR) that had been proposed for pharmacotherapy staff. The LMC had expressed concerns about this and the impact on practice workload as well as the pharmacotherapy services in practices.

We are currently working together to agree a joint proposal- the “Pandemic Annual Medication Service (PAMS)”. This will be a voluntary initiative for practices which will allow for year long prescriptions with set (4 or 8 week) dispensing intervals without the administrative burdens of Serial Prescribing.

New Referral Pathways

We have been working closely with colorectal specialists and cancer leads to revise the Colorectal referral pathway. The new Colorectal Referral Pathway has now been agreed and this will be implemented soon.

This is the first of many referral pathways that will be reviewed and updated in light of the pandemic. We are working towards a set of principles with Board and secondary care colleagues as part of the Interface group that will ensure collaborative working and joint production of new pathways. We continue to be mindful of workload pressures in general practice and the need for all sectors of the NHS to adapt to ensure that patients receive safe and effective services for their clinical needs.

Wellbeing

PROMIS (the national H&SC wellbeing hub: <https://www.promis.scot/>) & NHS Education for Scotland offers free coaching for wellbeing specific to the current COVID-19 situation. This takes the form of either one hour of focused coaching for individuals who want to be more active in caring for their own health and wellbeing or up to three hours for those who are also supporting other colleagues or team members.

With warm regards and all best wishes to you all.

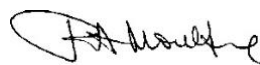
Yours sincerely,



Dr Alan McDevitt C.B.E.
Chair



Dr John Ip
Medical Director



Dr Patricia Moultrie
Medical Director



Mary Fingland
Business. Coordinator

LMC Fortnightly 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 22nd June 2020

Primary Care Clinical Strategy Group: The Pathway for Non Covid Presentations in patients who are Covid infection Risk

- [Pathway covering letter 23rd June](#)
- [COVID19NCPStrategyPaperv9](#)
- [COVID19GPNCPathwayv4b&w](#)

Shielding Updates

- [NHSGGC Shielding Update 23 June 2020](#)
- [Removal process - letter to Boards and clinicians](#)

Supporting General Practice in Recovery document and form for reduction or withdrawal of primary care services

- [Primary Care Update Letter 19 June](#)
- [General Practice Recovery June 2020](#)
- [PCA\(M\)\(2020\)02 - COVID-19 GGC Form](#)

NHSGGC Core Brief (19 June 2020) with link to [Risk Assessment Form for BAME Staff](#)

- [144 - Core Brief - 19 June 2020](#)

CMO letter on Use of Serology Testing In Scotland (23 June 2020)

- [CMO letter - SGHD\(2020\)16](#)

Charity Support services for patients

Macmillan Telephone Buddies. Weekly call to patients from support volunteers

- [Macmillan Telephone Buddies - Health professionals letter June 2020](#)
- [Telephone Buddies - English Version](#)

Chest Heart & Stroke Scotland- The Kindness Project. Volunteers supporting patients with telephone chat, shopping and dog walking

- [Kindness Partners - Information for Frontline Teams_\(002\)](#)

From Week Beginning 29th June 2020

CMO Letter to GPs- Testing & Test and Protect

- [Test and Protect - Letter to GPs from the CMO - 22 June 2020](#)

CMO Letter- Childhood Seasonal Flu vaccination programme 2020/21

- [CMO letter - SGHD-CMO\(2020\)17 - Immunisation Programmes - Childhood Flu](#)

Letter from Drs Neylon and Davidson about Acute Phlebotomy

- [Acute phlebotomy](#)

Community Assessment Centre summary documents to be sent electronically to GPs

- [CAC Covering note](#)
- [CAC patient summary report example](#)

Health Improvement Scotland- Remobilising General Practice resource pack

- [Remobilising GP Introductory Letter](#)

[CBT based self-help materials for stress resilience and sleep For GPs](#)