

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 15th April 2019

7.15pm

Novotel Edinburgh Park Hotel, 15 Lochside Avenue, Edinburgh EH12 9DJ

Chair - Dr AD Begg

MINUTES

- 1. Apologies** – Dr Euan Alexander, Dr Carl Bickler, Dr Dave Cuthbert, Theresa Cameron, Dr Agata Dunsmore, Dr Helen Faulding-Bird, Miss Tracey Gillies, Dr Rachel Hardie, Dr Sarah Little, Dr Amy Small, David Small, Dr Laura Tweedie, Dr Nigel Williams, Dr David Wilson
- 2. Welcome** – Chair welcomed Dr David Maxwell (Referrals Adviser, NHS Lothian), Dr Alan Shand, (Consultant Gastroenterologist), Leone Bissett (dietician), and Kerry Yuill (dietician) and thanked them for attending the committee to give an oral update on the IBS test of change pathway.
- 3. IBS Test of Change Pathway & Referral Pathways** – Dr David Maxwell and members of the GI medical and dietetic team gave an oral presentation entitled 'IBS Care Pathway Redesign: NHS Lothian Test of Change'. Committee expressed general support for the pathways with the hope that these changes may contribute to improving access to GI services for patients with clinical need of Secondary Care input. Concern was expressed about potential guidelines for the Primary Care management of IBS which include the use of off license medication or medication very rarely initiated in Primary Care. DM noted this concern. There are no imminent plans to change the current guidance on ref-help.

The GI dietetic team intend to contact practices asking for feedback about the current provision of dietetic services in the community. The committee agreed to support the dietetic team in this data gathering process.
- 4.** Minutes of the last meeting held 11th March 2019 were approved.
- 5. Matters Arising / Actions from last meeting** – none

6. HSCP PCIP – high level review

Each HSCP presented updated PCIPs (see below) and highlighted to the Committee the work that had been done since the original plans were approved. Chair acknowledged the pressures that the HSCPs had been under to produce the updated plans in the timescales asked of by SG. Chair asked that the June updates include clear descriptions of predicted shortfalls in money or staff required to fully implement the original PCIPs with a recognition that this information was not currently available for scrutiny by the committee due to the previously mentioned time pressures.

West Lothian HSCP reported that there had been good local involvement in the process. An Implementation Group had been set up with representatives from all practices and meetings were held regularly and were well attended. West Lothian Committee reps agreed that discussions at these meetings were thought to be helpful and constructive. All practices had benefitted from the PCIP this year, though it had not been possible to provide total equality in access to funding. PCIF money had been used to support additional training for practice staff, to support additional TTL sessions and to support additional DN hours. Mental health hubs are due to open on the 24th June, 5 practices have received para-medical support for home visits, physiotherapists are working in 10 practices, 17/22 practices have some additional pharmacy support and pregnant women will now be receiving their pertussis vaccinations at SJH when they attend for their detailed scan at 20 weeks.

West Lothian representatives reported that there had been good engagement with the HSCP and the implementation strategy was broadly supported by West Lothian GPs. The difficulty in providing equity of distribution of resource was acknowledged but it was recognised that this was an ongoing process. The report was also praised by other committee members and there was discussion about the value of sharing the ideas and experiences from and between the different HSCP PCIPs.

Following a vote, the West Lothian updated PCIP was approved by the committee pending further scrutiny at the June GP-Sub Committee meeting.

East Lothian HSCP reported engagement with practices and patients. The Primary Care Change Board has 4 groups which are composed of colleagues from across the HSCP and each group is dealing with different work streams. There are plans to hold roadshows across the county in 6 different venues to provide PCIP updates. It was highlighted that there are differing needs across East Lothian with increased demand generally seen in the West of the county. The HSCP acknowledged that there had been frustration expressed at the pace of change but highlighted areas where benefits had been felt including the Care Home Team, the introduction of pharmacy support in some practices, the

introduction of Links workers and the role out of CWIC in Musselburgh and the proposed extension of this model of service. More information will be forthcoming in June about the other services which are currently in development including the introduction of physiotherapists, support for home visits, CTACs and the development of CWIC as a training base for physios and ANPs. It was highlighted that funding for the partnership with NHS24 had not come out of the PCIF.

East Lothian representatives emphasised that communication from the HSCP about the progress of the PCIP implantation was welcome and should be prioritised and improved. There were concerns expressed about the distribution of the PCIF funds in this first year and the apparent inequity of resource distribution. Concern was also expressed that this inequity was not acknowledged in the updated PCIP. East Lothian HSCP reassured committee that over the 3 years of contract implantation, equity of resource distribution would be achieved and the details of how this would be done would be forthcoming when the updated PCIP with full financial information was brought back to the committee in June.

Following a vote, the East Lothian updated PCIP was approved by the committee pending further scrutiny at the June GP-Sub Committee meeting.

Edinburgh HSCP reported that 80 additional staff had been recruited which was estimated to have freed up 240 medical sessions this year. 65 of the 70 practices in Edinburgh have received additional staff support including 29 practices with link workers, 19 practices with additional nursing support, 17 practices receiving mental health worker support and responsibility for the provision of childhood immunisations has been taken over from 29 practices. There are plans to establish the first CTAC at Sighthill and 63 practices have benefitted from investment in technology. Priorities for the next year exclude expanding and developing pharmacotherapy support for practices and ongoing practice stabilisation. The HSCP have communicated directly with 6 of the 8 Edinburgh clusters and also participated and led other public forums and meetings to encourage local engagement in the process.

Edinburgh representatives expressed recognition that there was an intention to distribute resource equally to all practices but there were some practices who had yet to see benefit from the PCIF. It was acknowledged that the contract implantation is a 3 year process and there was a need to see the funding intentions for the next year.

Following a vote, the Edinburgh updated PCIP was approved by the committee pending further scrutiny at the June GP-Sub Committee meeting.

Midlothian HSCP reported communication with practices through the monthly GP reps meeting which was attended by all practice PQLs. A well attended PLT

event, with updates on the implementation of the PCIP, was held for all practices in November. The HSCP hopes to make this an annual event. There had been an attempt to ensure all practices saw some benefit from the PCIP in this first year but there was acknowledgement that difficulties in recruiting additional staff had at times made this challenging. 75% practices now had designated physiotherapy time, all practices were now benefitting from the Wellbeing service, and all practices had pharmacotherapy support. There had been issues in recruiting and retaining trained pharmacotherapy staff, so current pharmacy staffing levels were less than intended. There is however, ongoing active recruitment and thus the plan remains to increase the level of pharmacotherapy support to all practices in the coming year. Provision of childhood immunisations has been removed from all practices, CPNs are in place in 4 practices where there are current trials looking at differing CPN models of care and support. There is ongoing work looking at the issue of frailty and the committee asked if this work could be shared with other HSCPs. The HSCP has underspent by £220,000 due to difficulties in recruiting staff and this money will be carried over in to the next financial year.

Midlothian representatives expressed the view that the implementation of the PCIP appeared to be going well, and there was a general feeling that all practices were seeing some benefit from the work done this year.

Following a vote, the Midlothian updated PCIP was approved by the committee pending further scrutiny at the June GP-Sub Committee meeting.

7. GMS Oversight group

Lothian VTP update Several papers were shared with the committee for information including a) reports of a study looking at public views on vaccination service delivery b) a report from the VTP Options Appraisal Workshop held on the 26th February c) Ruth Burns report for the NHS Lothian Vaccination Transformation Group reporting on progress between 14 January - 22 March d) Minutes of the NHS Lothian Vaccination Transformation Group held on 22 January e) guidance from SG about 'Good Practice for Travel Health'. Concern was expressed at the speed of progress with regard to the development of a travel health and vaccine service. Lothian GP Sub-Committee seek assurances that a nationwide service will be developed and that this service will be in place within the next 6 months. The GP Sub-Committee will scrutinise the use of PCIP funds with regard to a new travel service to ensure that funds are used only to provide direct support for General Practice.

8. GP Assignment Policy AMcN referred to the updated 'GP Assignment Policy' guidelines. Committee were informed that the issue of assignment of violent patients was not covered by this guideline and is being included in the current review of the services provided by the Challenging Behaviour Practice.

Committee asked for clarification about whether practices are obliged to carry out home visits for patients who have been assigned to their practice but live out with the practice boundary area. AMcN will seek clarification and report back at the next meeting. The policy document was otherwise accepted by the committee.

9. Dermatology Referrals

Chair asked for the committee's opinions on the letter from Dermatology (attached to the agenda) which Dermatology are proposing sending to all PMs for distribution to Lothian GPs. There was comment from many committee members, with broad recognition of the usefulness of the Dermatology Patient Pathways especially information on Ref-help. Concern was raised around the sentence in the Dermatology letter which states "Please be advised that referrals not adhering to Primary Care management as outlined in these guidelines will be cancelled and the referrer redirected to the Patient Pathways", and the concern about rejection of referrals from trainees and ANPs in particular. It was noted that Dermatology are the only speciality that do not accept referrals from trainees and ANPs. The pressure on the Dermatology service was acknowledged and there is ongoing dialogue with the Dermatology department about how best to manage the increasing demand. After discussion, the Committee voted to accept the letter in its current form. Chair will write to Dermatology and Joan Donnelly to inform them of the Committee's decision.

10. "Being Complained About" Guidelines

The attached paper was for information only.

11. Handling GDPR SAR Requests

The attached paper was for information only.

12. SSPC 2019 Conference

The attached paper was for information only.

13. AOCB –

13.1.1 LUCS update.

ST informed committee of the ongoing staffing problems faced by LUCS at the base at St John's Hospital, West Lothian. In the past month, a further 3 ANPs in West Lothian have left LUCS to work in day time practice and it is not possible, with current staffing levels, to keep the service fully operational. After review of the options available, it has been agreed to shut the SJH base from midnight, for 9 designated nights in May. ST briefed the Cabinet Secretary last week about the situation and Tim Davidson has also been

informed. West Lothian practices will be informed imminently. West Lothian will continue to have a designated car for house visits. Chair thanked ST for her update and restated our commitment to supporting LUCS.

14. Date of next meeting – Monday, 13th May 2019

15. Future meeting dates

Monday, 10 June

Monday, 12 August

Monday, 9 September

Monday, 14 October

Monday, 11 November

Monday, 9 December