

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 22nd September 2025

7.30pm

Novotel Edinburgh Park

Chair – Dr Andrew Forder

MINUTES

Attendees – Dr Andrew Forder, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Jenny English, Dr Fiona Ferguson, Dr Rebecca Green, Dr Alexander Kelly, Dr Hazel Knox, Dr Joanna Loudon, Dr Jane Marshall, Dr Ramon McDermott, Dr Douglas McGown, Dr Laura Montgomery, Dr Iain Morrison, Dr Rory O’Conaire, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Jeremy Chowings, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Catriona Morton, Dr Nick Payne, Dr Neil MacRitchie, Ms Tracey McKigen, Ms Alison McNeillage

Welcome – Eileen McGuire, *Senior Nurse, General Practice Nursing, NHS Lothian*
Pat Wynne, *Nurse Director, Community Nursing, NHS Lothian*
Jasmin Clark, *Nurse Consultant, Primary & Community Care, NHS Lothian*
Dr Anna Crosby (*GPST1, Linden Medical Practice*) (*observing*)

Chair opened the meeting and warmly welcomed committee members and guests.

1. Presentation: The Future of Nursing in General Practice

Representatives from Primary and Community Nursing attended the meeting to share future plans for nurses within General Practice. Detailed papers on the transforming roles were shared in advance, and it was welcomed that these included career pathways for Practice Nurses.

It was noted that student nurse numbers are dropping significantly in addition to nearly half of all GP nurses being over 50, with the overall result of a projected shortfall of 36,700 nurses across Scotland by 2030/31.

Committee raised a number of concerns around the structure of nursing training and its suitability for the specific needs of General Practice, highlighting the additional impact and cost to practices of the further training required to carry out the role within General Practice. This was acknowledged by the nursing team as an area for improvement.

The team welcomed any further Committee thoughts to be sent to Eileen McGuire or Jasmin Clark. The offer to visit individual practices was also given.

Committee thanked the team for attending.

2. Minutes of the last meeting 25th August 2025

The minutes of the previous meeting were approved.

3. Matters Arising / Actions from last meeting;

3.1 – (ONGOING) **Office** to discuss Management of Type 2 Diabetes with Primary Care Contracts Team. **Update:** Work is continuing, and further discussion will take place as part of agenda item 5.

3.2 – (ONGOING) **Office** to set up future meeting with the Adult Neurodevelopmental Pathway group to discuss further plans, following their meeting with RefHelp. **Update:** For discussion under agenda item 7. **CLOSED**

3.3 – (ONGOING) **JC** to provide further update on discussions with Endocrine Clinical Lead regarding post- cancer thyroxine monitoring. **Update:** Dr Chowings has asked the Clinical Lead of

Endocrine that no further discharges are sent to GPs for now, and they will meet to come to an agreement on a way forward. In the meantime, it was agreed that any further requests coming to GPs while the finer details are being finalised should be returned to Endocrinology. Further update to follow. **ONGOING**

3.4 – **JC** agreed to take further action to highlight that more transparency and accuracy is needed around secondary care wait times and initiatives, to provide much needed support to GPs and patients. **Update:** It was noted that there are inconsistencies in reported wait times and a number of ideas are currently being taken forward to rectify. A further update will come to committee. **ONGOING**

3.5 - **AL** to update the Clinical Work Across the Interface document to reflect the addition of Cinacalcet within the Endocrine section, and take to Lothian Interface Group for approval. **Update:** This is still in progress, awaiting updates from a number of other specialties.

3.6 - **AL** to feedback committee's decision on virtual clinic bloods to Haematology. **Update:** This has been done. The change is planned to come into effect in October and communicated to practices via the Weekly Distribution. Committee expressed their gratitude to Haematology colleagues for their collaborative working. **CLOSED**

3.7 - **Office** to feed back to GP Prescribing Committee (GPPC) that the Mexiletine or Evolocumab SCAs were not approved by GP Sub-committee. **Update:** Done. **CLOSED**

3.8 - **Office** to feed back committee's decision on the updated pathway for Unscheduled Bleeding on HRT to RefHelp team. **Update:** Done. **CLOSED**

3.9 - **Office/PCCO** to discuss next steps for developing a guidance framework for practice Emergency/Business Continuity Plans. **Update:** PCCO team are carrying out some initial work and a further update will come back to committee. **ONGOING**

3.10 - **TM** to provide a detailed update on the routine colposcopy waiting times. **Update:** A briefing from Colposcopy was included in the Weekly Distribution of 4th September. A further update on the wider position within Gynaecology is also being sought. **ONGOING**

4. Facilities SLA update

It was noted that there has been very little progress since the previous update.

Committee remain concerned that the next scheduled increase from 50% to 75% of the revised SLA costs is due to come into effect from 1st October and while this has been raised with and is being considered by Neil Gray, Cabinet Secretary for Health and Social Care, this date is now very close. This is very concerning for practices, and they are encouraged to make plans for this increase.

5. Proposed Pre-Diabetes LES

Following on from discussions earlier in the year around the projected levels of overall Enhanced Services (ES) spend as a result of the simplified package of ES introduced for 2025/26, Committee were reminded of NHS Lothian's agreement to allocate any underspend of the overall ES funding envelope that occurred.

The Deputy Medical Director of Primary Care, NHS Lothian, informed Committee that practices were now carrying out less Warfarin and DMARD work which has resulted in an underspend in the overall ES budget. In order to ensure no underspend at year end, work is underway to produce a Pre-Diabetes Local Enhanced Service (LES) which will be introduced in-year and will look to formalise the considerable work already being carried out within many practices.

While the proposed LES is still being finalised, it was noted that there will be no cap on claims, with payment being based on the number of patient diagnoses.

While Committee welcomed the commitment to full ES budget spend, concerns were raised around the point that funding would only apply to new diagnoses of pre-diabetes, with concern that any historical diagnoses made since the start of the current ES year would not be eligible. It was noted that a number of practices may be disadvantaged as a result, and it was therefore agreed that further consideration and investigation of data should be carried out to determine if this is the case.

AP – JC to investigate potential disadvantage to practices if historical pre-diabetes diagnoses are not retrospectively funded as part of the proposed Pre-Diabetes LES.

Questions were also raised regarding whether the original decision to remove the previous Type 2 Diabetes LES was the correct one.

6. **ICON**

Committee were informed that Scottish Government have directed all Boards across Scotland to implement ICON, an evidence based intervention aimed at reducing significant head trauma caused by shaking in infants. This will come into effect within Lothian during September, and the ICON team will attend the October meeting to provide more details.

It is expected that this will form part of the 6 week baby check and that the overall ask of GPs for this important work is small.

7. **Adult Neurodiversity Pathway RefHelp Guidelines**

Following on from an earlier presentation at the May GP Sub-committee meeting, revised RefHelp pathways were shared with Committee in advance for their review and comment.

A number of changes were highlighted and it was noted that additional detail was added to the functional questionnaire to assist GPs who may not be as experienced in this area.

Committee were supportive of the updates to these very helpful RefHelp guidelines and thanks were given to Dr Catriona Morton for her work on this.

AP – Office to feedback Committee's support of revised Adult Neurodevelopmental RefHelp Pathway to CM to allow RefHelp to be updated.

During the discussions, Committee raised concerns around the wider position within Psychiatry, the ongoing challenges being experienced within General Practice and impact on patients as a result, and the lack of any clear direction or solution.

It was also noted that Dr Jane Marshall is the only GP representative on the NHS Lothian Neurodevelopmental Pathway Sub-group, and it was agreed that greater GP involvement was needed.

AP – Office to look into the level of GP representation on the NHS Lothian Neurodevelopmental Pathway Sub-group.

8. **Weekly Distribution and Educational Meetings That May Be Sponsored**

Committee's views were sought on whether educational events that have an element of sponsorship should be advertised and shared with practices via the Weekly Email Distribution.

Following some discussion, it was recognised that some of these events would not be able to happen without the support of sponsors and the general view was that this would be acceptable if it was non-promotional, e.g. the sponsor was not named in the event materials and they had no involvement in setting the agenda, contributing to or influencing the content of the event, etc. Instead, the Weekly Distribution would simply state that the event was sponsored.

It was agreed that the office team would discuss this further and propose an approach that encompasses the various views.

AP – Office to discuss and propose Committee stance and approach for sharing sponsored educational events via the Weekly Email Distribution.

In the meantime, it was agreed that any event which includes the name of a sponsor would not be included in the Weekly Email Distribution.

9. **GPAS**

The August report was shared with committee in advance and was taken as read.

10. **Medical Directors Business**

None

11. **AOCB**

11.1 – **Practice Embedded Research Unit (PERU)** – Committee were informed that representatives from the PERU project will attend the October meeting to hear Committee's views on their plans to set up Pathfinder practices across Lothian with a view to having more practice involvement in medical research.

It was noted that the PERU team attended the last LMC/GP Sub-committee Executive Group meeting, where the Group were supportive of the principle of research while having a broad mix of views on both the process and the commercial involvement.

A paper is expected shortly and this will be circulated to Committee as soon as possible to allow sufficient opportunity for consideration.

11.2 – On behalf of Committee, Chair expressed thanks to Dr Joanna Loudon who is standing down as GP Retainer representative and wished her well for the future.

Meeting closed.

Date of next meeting - **Monday 27th October 2025 on MS Teams**

2025 Meeting Dates:

Monday 24th November

Monday 15th December (3rd Monday) - **Novotel**