

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 29<sup>th</sup> April 2024

**7.30pm**

On MS Teams

Chair – Dr Iain Morrison

## MINUTES

**Attendance:** Dr Iain Morrison, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Colin McArthur, Dr Ramon McDermott, Dr Douglas McGown, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Suzy Scarlett, Dr Shelagh Stewart, Dr Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey Gillies, Ms Jenny Long, Dr Jeremy Chowings, Ms Alison McNeillage, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

### Apologies – /

**Welcome** – Dr Susannah Scarlett, *newly appointed representative for NW Edinburgh*

Chair opened the meeting and warmly welcomed committee members.

### 1. Minutes of the last meeting 25<sup>th</sup> March 2024

The minutes of the previous meeting were approved.

### 2. Matters Arising / Actions from last meeting;

2.1 – **JL** to explore provision of KPIs for the Flow Centre. **Update:** Call wait times continue to be measured, and these will be monitored during the transition to a Flow Navigation Centre. **CLOSED**

2.2 - **Office** to explore paramedics access to the Flow Centre. **Update:** Becky Cheeseborough is attending the next Executive Committee (of GP-Sub Group and LMC) meeting on 15<sup>th</sup> May to give an update on the Flow Navigation Centre, and an update will come to committee following. Conversations are also taking place with Ambulance Service colleagues in an effort to improve processes as it is recognised that, in aiming to give the best patient experience, paramedics sometimes call the GP requesting a referral rather than waiting a considerable time at hospital. Further updates will come to committee. **Ongoing**

2.3 - **Office** to raise concerns around lack of prescribing mentorship resource and also the perceived pressure on PCIP ANPs to become nominated prescribers with Pat Wynne. **Update:** Reply received from Pat Wynne, Margot McCulloch & Sharron Duffy (Prescribing Oversight Team). They are committed to ensuring the appropriate level of capacity and skills to support prescribing across primary and community care. Assurance was also given that no member of staff should be pressured into becoming a mentor particularly when they don’t have the capacity to do this, and that their current service provision shouldn’t be impacted in order for them to become a mentor. **CLOSED**

2.4 - **PC** to report back regarding the use of RAT (Regulating Anticoagulant Treatment) in other migrated areas, and the level of testing applied to the Vision Warfarin monitor. **Update:** Awaiting further details of the level of testing that was carried out. It was confirmed that, as RAT runs on the Microsoft Access database and as MS Access is not to be used in Lothian, with no plans for change in either area, RAT won’t be used in Lothian. **CLOSED**

**AP – Office** to feedback to practices who raised issues with RAT access following migration that this will no longer be available in Lothian as this runs on the MS Access database which is not being deployed in Lothian.

2.5 - **Office** to raise concerns around Health Visitors unwillingness to share patient information with wider practice team with Pat Wynne. **Update:** See agenda item 8. **CLOSED**

### 3. **Facilities SLA Cost Pressures update**

The cost pressures on Lothian GP practices resulting from the recent Facilities SLA cost recovery exercise continue to be a very live topic. Weekly meetings of the Short Life Working Group (SLWG) are ongoing and these have been productive in highlighting several ongoing issues and the need for a far more strategic approach to this process. Most recently, the SLWG have been working a disputes process for those practices who are challenging the charges levied.

In addition to the ongoing work on SLA costs, work has also begun to develop an exceptionality framework which will look to support practices where it is clear that they will struggle to meet these costs within their standard GMS income.

The next meeting will take place on 30<sup>th</sup> April and will look to progress cost itemisation, in addition to continuing to issue responses to the practices who have raised queries so far.

### 4. **West Lothian HSCP Finances**

It was highlighted to committee that there has been a significant underspend within West Lothian HSCP for the 2023/24 round of PCIP funding. This is a considerable loss to the West Lothian practices for whom this money was intended to support.

Committee's continued disappointment at Scottish Government's approach of clawing back any unused funds at the end of each financial year was noted, and it was hoped that lessons can be learned to ensure that this doesn't happen in future years.

It was noted that West Lothian HSCP have now produced a list of quick spend opportunities that can be used in future to ensure that any remaining funds are fully utilised.

### 5. **Post-Menopausal Ovarian Cysts**

Proposed changes to the Post-Menopausal Ovarian Cysts pathway were shared with Committee in advance of the meeting.

Committee were informed that this proposal was discussed by the Executive Committee (of GP-Sub Group and LMC) at their meeting in April where it was felt that this was a very agreeable, robust and realistic pathway, with increased ownership within the department. Committee views were sought.

Following some discussion, committee agreed to support the proposal and the resulting updates to RefHelp.

**AP – Office** to feedback to speciality that the proposed changes to the Post-Menopausal Ovarian Cysts pathway were supported by GP Sub-committee.

### 6. **Testosterone Prescribing During the Menopause**

Proposed changes to the pathway for the prescribing and monitoring of Testosterone during the menopause were shared with committee in advance.

The paper highlighted that use of low dose trans-dermal testosterone by menopausal women for loss of libido is off label, however the East Region Formulary Committee has accepted inclusion of testosterone for this indication as a 'specialist initiation' drug (a drug that can be provided by primary care under specialist advice, including the advice of a GP with special interest).

However, due to the limited number of appointments available to the Menopause Service (within the Lothian Sexual and Reproductive Health Service (LSRHS)) and the lack of sufficient funding to support either initiation or monitoring of testosterone, there is no possibility of increasing Menopause Clinic capacity in order to accommodate this. The paper therefore proposed that the Menopause Clinic could offer individualised specialist advice to support any GP or practice nurse who wishes to offer testosterone for this indication for their patient, with these advice referrals being made via SCI Gateway.

While committee was sympathetic to the resource challenges being faced by the LSRHS and their desire to protect core services, and also recognised that menopause services are becoming a much more common part of GP work, concerns were raised around an increase in the number of similar requests being made of GPs in the future by other specialist areas who find themselves unable to perform similar work due to

resourcing challenges. The over-riding view of committee was that General Practice cannot become the guarantor of service when a specialist service is inadequately funded.

More importantly, it was stressed that GP Sub-committee cannot over-ride medical governance and as this is a specialist off-licence medication it should therefore be reserved for specialists.

As a result, committee did not support the proposal and it was agreed that it was essential for LSRHS to continue to offer this service where they feel that it is warranted. It was also recognised that every GP can choose to provide such a service should this be within their level of competency, while accepting that this may lead to a postcode lottery of provision and potential inequalities.

**AP – Office** to feedback to LSRHS GP Sub-committee's decision that they cannot support the proposal for Testosterone Prescribing During the Menopause to be carried out by General Practice.

## 7. Evolocumab/Alirocumab Prescribing

A proposal from Dr Sara Jenks and Dr Jonathan Malo on behalf of the Lipid Clinic was shared with committee in advance of the meeting. The paper requested that;

- the current Shared Care Agreement (SCA) is amended to remove the recommendation for annual lipid profile checks, therefore removing the requirement for any monitoring in primary care following discharge from the Lipid Clinic, and
- if agreed, could GP Sub-committee re-consider its position on prescribing these 2 biologic treatments within primary care.

Committee expressed their appreciation that this proposal was reviewed from a realistic medicine perspective with the aim of finding an acceptable solution to all involved. It was also acknowledged that, as a result of decreased staffing levels and increasing levels of demand, it is unsustainable for the Lipid Clinic to continue providing their current level of service for all Evolocumab and Alirocumab patients.

Considerable discussion followed, and it was recognised that, while that was a move into biologics, this was a group of medicines that will be commonly used on a small number of patients within the next few years, whom practices are likely to be seeing anyway due to their needs.

However it was stressed that, as a committee there needs to be a consistent approach to this and similar requests that will be made, and whether committee should at any time agree to accept a clear shift of work from one area to another without the equivalent resource transfer. GPs simply don't have the capacity to deal with this extra workload, and agreeing to this request would go against the recent guidance to practices on ways to handle their current unmanageable workloads. When practices are currently unable to do the work that they're contracted to do, it's very difficult to argue they should be expected to take on this additional work.

Following a lengthy discussion, it was agreed to move to a vote. On the proposal that GP Sub-committee were happy to accept the request as put forward by the Lipid Clinic and take on prescribing of Evolocumab and Alirocumab (while recognising that GPs as independent contractors retain the right to carry out this work or not), the result was 10 FOR and 19 AGAINST.

It was therefore confirmed that GP Sub-committee did not approve this proposed approach and therefore the specialist service should ensure that there is service provision to meet this, however it is acknowledged that individual GPs may still choose to prescribe should they have capacity and it is within their level of competency.

**AP – Office** to feedback the outcome of GP Sub-committee discussion on the Evolocumab/Alirocumab prescribing proposal to the Lipid Clinic.

## 8. Health Visitor Access to Vision Notes

Committee were reminded that, as per the March GP Sub-committee meeting, Health Visitor access to Vision notes within practices has been discussed at the highest level and teams have been reminded that, in the interest of patient safety, Health Visitors can and should be accessing Vision notes.

Committee were made aware of a recent incident where the Health Visitor was happy to look at practice notes but had been instructed by their line manager not to do so. In such cases, practices should write to the line manager highlighting the agreed practice as detailed in the March GP Sub-committee minutes, copying in the office, Jeremy Chowings and Pat Wynne.

Committee were made aware of concerns where some Health Visitors have been hesitant about sharing information with the wider Multi-Disciplinary Team (MDT). Pat Wynne, Nurse Director for Primary and Community Care, has assured committee that the sharing of information with GPs and the wider MDT is key. Furthermore, all staff members are bound by patient confidentiality and all meeting attendees should be reminded of this should any further instances occur.

Committee were encouraged to hear that this is supported view. Should practices experience any further issues with this, please contact the office.

## 9. **Rebate of Additional Employers Pension Contribution**

Committee were informed that Scottish Government are yet to confirm whether they will reimburse practices for the cost of the additional Employers Pension Contribution that came into effect in April 2024. It was noted that the decision has already been made to cover these costs in England.

The ongoing absence of any direction continues to cause a lot of concern, with many practices carefully reviewing their spending in order to accommodate these costs. This could potentially have a major impact on the level of service practices can provide if the decision is made not to reimburse these costs.

A further update will be provided as soon as any information is known.

## 10. **GMS Oversight Contract Implementation Role**

Committee were informed that Edinburgh HSCP have funded an additional GMS Oversight Contract Implementation role which will be taken up by Dr Gordon Black who will represent Edinburgh HSCP alongside Dr Catriona Morton. Committee expressed their thanks to Edinburgh HSCP.

The current focus will be the progress of the Scottish Government funded Pathfinder/Demonstrator site work within Edinburgh, and updating committee on development of the PCIP.

## 11. **GPAS**

The March GPAS report was shared with committee in advance.

While the top-line status figures have remained relatively stable since the February report, committee's attention was drawn to the practice comments which showed the strains that they are experiencing, particularly pauses in recruitment as a result of the Facilities SLA charges.

Committee expressed their thanks as always to the practices who continue to provide this very helpful data.

## 12. **Medical Directors Business**

### 12.1 – **Representative Movements/Vacancies**

**NW Edinburgh representative seat** – Following the recent election, Dr Susannah (Suzy) Scarlett has been appointed to this seat.

### 12.2 – **Area Medical Committee (AMC) representative seat vacancies**

Committee were informed that GP Sub-committee has 5 representative seats on AMC, however 2 seats are currently vacant. Committee members keen to take up one of these seats were encouraged to come forward, and the opportunity for newer members to join this committee with the benefit of support from the other GP Sub-committee reps was highlighted. Meetings take place every 2<sup>nd</sup> month on a Thursday and attendance is remunerated. Anyone interested can speak to Dr Stuart Blake, as Chair of AMC, or one of the office team. Dr Blake took the opportunity to inform committee of his intention to stand down as Chair of AMC. Committee expressed their thanks to Dr Blake for his time as Chair.

**AP – All** to consider the vacant Area Medical Committee posts and contact the office if interested.

13. **AOCB**

**13.1** – Committee were updated on the recent interviews that took place for the new Maybury practice. This is now in the final stages of the appointment process, and a formal announcement will follow.

**13.2** – Committee were informed that an advert has been released for Gracemount Medical Practice, seeking expressions of interest from parties interested in providing independent contractor services in the area.

Meeting closed.

Date of next meeting - **Monday 27<sup>th</sup> May 2024 at Novotel Edinburgh Park.**

**2024 Meeting Dates** (last Monday of each month unless highlighted)

Monday 24th June

**NO JULY MEETING**

Monday 26<sup>th</sup> August - **(Novotel)**

Monday 30<sup>th</sup> September

Monday 28th October

Monday 25th November – **(Novotel)**

Monday 16<sup>th</sup> December (**3<sup>rd</sup> Monday**)