GP SUB-COMMITTEE OF

NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 19th April 2021
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

MINUTES

Attending – Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Paul Currie (EL HSCP), Dr Elaine Duncan, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, Dr Clementine Johns, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Hamish Reid, Dr Katherine Robertson, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Ros Wight, Ms Sandra Allan, Dr Hayley Harris, Ms Alison McNeillage, Mr David Small, Dr Nigel Williams

Apologies – Dr Carl Bickler, Ms Tracey Gillies, Dr Jon Turvill, Dr Laura Tweedie

Welcome – Dr Shelagh Stewart, *newly elected LMC representative for East Lothian*
Dr Waheed Mahmood, *GPST3 at Ladywell Medical Centre (East) (observer)*

Chair opened the meeting and warmly welcomed committee members, along with Dr Shelagh Stewart and Dr Waheed Mahmood.

1. **Minutes of last meeting 15th March 2021, for approval**

   The minutes from the previous meeting were approved.

2. **Matters Arising/Actions from last meeting**

   2.1 – **TG** to raise Committee concerns regarding Children's phlebotomy service and wait times with specialist area at Royal Hospital for Children and Young People. **For discussion under agenda item 4**

3. **COVID Vaccine Programme Update**

   An update on the vaccine delivery programme across Lothian was provided.

   The GP 2nd dose programme is progressing well, and all practices should have now received most, if not all, of their required vaccine supply. The expectation is that by 1st May all practices will have contacted all remaining patients, and after this guidance will be issued to patients not contacted to get in touch with their GP practice.

   The wider vaccine programme is now moving into cohort 10 (>45s) with appointments starting to be issued within the next week.

The high level of traffic concerning the Oxford AstraZeneca vaccine was recognised. It was noted that shielding patients in the <30 age group who received their first dose AZ vaccine from their GP and had no adverse reaction are safe to receive their second AZ dose.

A concern was raised regarding under-utilisation of vaccinators in the EICC mass vaccination centre. This is due to the current position with lower supplies of vaccine and the prioritisation to GP practices and 2nd doses – this has meant that the bigger venues have been running at much lower than normal vaccine supply while also having to maintain a core staffing level. However this should start to turn around from May when higher volumes of vaccines come in. Committee thanked the COVID Vaccine Programme Board for their ongoing hard work.

4. **Children's Bloods Service at Royal Hospital for Children & Young People**

The Children's phlebotomy service at RHCYP (and previously at RHSC)is regarded as a very valuable service by GPs. Concerns raised by practices in respect of the significant increase in wait times for appointments to this service were discussed at a previous GP Sub Committee meeting.

Tracey Gillies is continuing to look into this. It appears that the service was not allocated direct funding and has grown over time as people have tried to be helpful.

LMC office continue to view this issue as a high priority area of concern and will continue to work to engage with the Royal Hospital for Children and Young People to find a solution as the current status quo is neither acceptable or, at times, safe. Further updates will follow as needed.

5. **Meeting Structures Going Forward**

Throughout the pandemic, while many of the individual GMS meetings were put on hold, the Primary Care Tactical Group and GMS Remobilisation Group have met fortnightly on alternate weeks. However, while GMS Remobilisation Group has encompassed much of the previous GMS meetings, we are now re-launching the earlier format of meetings;

- Primary Care Joint Management Group (PCJMG)
- GMS Oversight Group
- Main workstreams as identified by Scottish Government (reporting into GMS Oversight);
    - Community Treatment and Care Services (CTACs)
    - Pharmacotherapy
    - Vaccine Transformation Programme (VTP)

The need to focus on Premises and Quality was also noted, along with the potential for further considerations following the update to the Memorandum of Understanding, expected soon.

6. **Private Clinic Patient Follow-up**

The letter raising concerns around the provision of NHS GP follow-up services to private clinic patients, issued to Committee in advance, was highlighted.

It was recognised that this is a common issue both locally and nationally, and with the expectation that the private workload will increase significantly due to increased waiting list sizes and the increased ease of virtual appointments, more clarity is sought on the provision of follow-up care for these patients.

Additional concerns around the use of non-formulary drugs and investigations that don't follow normal protocol were also highlighted.

The BMA ethics guidelines are clear that patients are entitled to ongoing NHS management of a condition, irrespective of where any initial treatment occurred.

It was agreed that while each case needs to be considered individually, if the patient need is a reasonable generalist expectation then GPs have a duty of care to their patients to provide this. However if the patient need is of a specialist nature, or the GP does not have confidence in the advice given, this should be referred to a local specialist.

Additionally, specific guidelines following some treatments should also be followed. For example, the British Obesity and Metabolic Surgery Society (BOMSS) guidelines state clearly that patients undergoing bariatric surgery require specialist (non-GP) follow-up for the first 2 years after their procedure.

We continue to look for a clear national statement on this matter.

7. **Secondary Care Inter-Referrals**

A concern was raised regarding an increasing trend of hospital colleagues assessing patients, and then requesting GPs make a referral for this patient to be seen by a different speciality.

As previously discussed at both Medical Directors Group and Lothian Interface Group, RefHelp is available to all clinicians, not solely GPs, and should be used by secondary care as a tool to guide inter-speciality referrals. If no further clinical assessment is needed, the referral should be done by the assessing secondary care clinician.

However it was recognised that there are occasions where GP opinion/assessment was needed to ascertain the appropriateness of a referral. In these cases, communication from secondary care should make it clear that a GP opinion is being requested.

It was also highlighted that secondary care may not be as familiar with community-based services and if this was a requirement these referrals may need to come via the GP.

Committee agreed that this should be taken to LIG for discussion with the new RefHelp lead, and also to improve awareness/education within secondary care (including nurse specialists).

AP – **AL** to raise Secondary Care referrals process/RefHelp at next LIG meeting to improve awareness/education within secondary care (including nurse specialists).

8. **Realistic Medicine – Vitamin D**

Current guidance from the Chief Medical Officer is that everyone in Scotland should consider taking OTC vitamin D during October - March, with those at a higher risk of a vitamin D deficiency taking it year round.

GPs currently receive numerous requests from specialties to check vitamin D levels, with requests also increasing recently as a result of COVID-19. The cost of the current approach of testing, phlebotomy and any follow up is significantly more than the estimated £5 cost per winter supply per person.

The BMJ has published a very useful piece which describes different approaches to vitamin D testing and supply https://www.bmj.com/content/372/bmj.n484.

Committee views were sought on the proposed approach of patients in general being advised to take vitamin D during the winter months (at their own expense), with vitamin D testing only being carried out if the GP feels there is a specific vitamin D disorder, and prescribing only if there is a clear indication to do so.

The need for vitamin D to be made available through pharmacy minor ailments scheme for those unable to afford the cost of the supplement was raised.

It was recognised that buy in from secondary care was needed in order for this to happen, and it was agreed that this should go back to PLIG to think about the detail of the ordering process.

AP – AL to raise proposed changes to vitamin D testing and ordering process at next PLIG meeting.

9. **Area Medical Committee (AMC)**

The Lothian Area Medical Committee (AMC) is a professional advisory committee with an important statutory function. However, it is recognised that the AMC is currently suffering from a lack of buy-in from secondary care colleagues and not functioning as it should be. Some functions of AMC have also been taken on by Lothian Interface Group (LIG), with both committees being complimentary of each other.

As a sub-committee of the AMC, Committee are keen to re-energise the AMC and are therefore re-introducing the annual election of GP Sub Committee representatives onto the AMC as per the GP Sub Committee constitution.

There are 5 elected seats available on the AMC from GP Sub Committee. An e-mail to Committee inviting self-nominations will be issued shortly and self-nominations from current incumbents and all others who are interested are invited.

The AMC has historically met every 2 months on Thursday afternoons, however this is amenable to change, and a sessional rate of payment is made for attending meetings. Please contact Stuart Blake if you would like any further information on the AMC.

AP – **LMC office** to send out e-mail to Committee requesting self-nomination to AMC.

10. **Medical Directors Business**

10.1– **LMC Executive Committee elections / GP Sub Committee representatives**

Following the recent elections, Committee approved the newly appointed LMC Executive Committee;

- Edinburgh – Dr Ramon McDermott & Dr Catriona Morton
- Midlothian – Dr Drummond Begg
- West Lothian – Dr Annie Lomas
- East Lothian – Dr Andrew Forder

- Non-HSCP seat – Dr Laura Montgomery
- LMC Office Bearer seats – Dr Iain Morrison, Dr Jenny English & Dr Neil MacRitchie

The LMC Executive positions will be held for the length of the current Chair's term.

The GP Sub Committee representative positions are for a 12 month term.

10.2 – **East Lothian LMC representative**

Following the recent election, Committee warmly welcomed Dr Shelagh Stewart, Prestonpans Group Practice.

10.3 **– LUCS representative on GP Sub & LMC**

Committee thanked Dr Kate Hill, LUCS representative, who has informed Committee that she will not return after her maternity leave. Following communication with LUCS interim clinical director Hayley Harris, it was announced that Dr Jane Sweeney, who has been covering the LUCS representative position during Kate's leave, will remain as LUCS rep on Committee going forward.

10.4 – **3rd Sector Access to Records**

Current issues with GDPR and access to medical records for link workers within a practice who have been sub-contracted by the 3rd sector (not employed by practice, Health Board or HSCP) were discussed. It was agreed that these data controller issues should be discussed with Tracey McKinley, Information Governance and Security Manager for further advice.

AP – LMC office to raise data controller issues/3rd sector access to records with Information Governance team / Tracey McKinley.

11. **Outsourcing**

A number of MRI scans, mainly from West Lothian, are currently being outsourced to the Golden Jubilee hospital, however incompatibility between systems means that West Lothian teams are unable to access the results resulting in extra manual typing which is both labour intensive and open to human error.

Tracey Gillies has raised this and updated Committee that a technology solution isn't feasible, however NHS Lothian is moving the reporting back in-house, and only using GJH for off-site scanning due to COVID restrictions on space.

It was noted that Radiology have been asked to safety net the current process.

12. **New Whistleblowing Standards**

The National Whistleblowing Standards letter issued to all independent contractors on 16th March 2021 was highlighted. This covered the new standards which came into effect on 1st April and included a specific section on Primary Care. Independent contractors need to familiarise themselves with the standards and how they affect them, including the requirement for all primary care providers to have their own policy and procedure in place that meets with the requirements of the standards.

The Whistleblowing group within NHS Lothian led by Ruth Kelly and Janis Butler is meeting within the next week and more information will come out to practices following this meeting.

13. **Vulnerable Children & Adults / COVID-19 Wider Child Health Impacts**

The data analysis on Children's Health during COVID-19 issued in advance of the meeting was highlighted to the Committee for information.

14. **AOCB**

14.1-**Phlebotomy Requests from Secondary Care**

Committee approval was sought on a new letter from LIG co-chairs which, in addition to giving clarity on where the different aspects of phlebotomy work should be directed, also highlights the need for continued collegiate working and an awareness that we're all busy.

Committee approved. The letter will be issued to colleagues in both primary and secondary care shortly.

14.2-**Formal thanks to Dr Morgan Flynn**

Having spent many years on Committee, Dr Flynn passed on his best wishes to all for the many big challenges that lie ahead in the remobilisation of a very weary workforce. Committee expressed their thanks to Morgan and are very grateful for his contribution over the years.

The meeting closed.

Date of next meeting – Monday 17th May 2021, 7.30pm