

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 24<sup>th</sup> April 2023

**7.30pm**  
MS Teams

Chair –Dr Iain Morrison

## MINUTES

**Attendance:** Dr Iain Morrison, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Stuart Blake, Dr Peter Cairns, Dr Jenny English, Dr Andrew Forder, Dr John Hardman, Dr Clementine Johns, Dr Alexander Kelly, Dr Hazel Knox, Dr John Magill, Dr Maria Marecka, Dr Jane Marshall, Dr Colin McArthur, Dr Douglas McGown, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Catherine Smith, Dr Shelagh Stewart, Dr Debbie Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Jeremy Chowings, Ms Jenny Long, Dr Hayley Harris, Ms Alison McNeillage, Ms Alisson Stewart, Mrs Nicola Smith

**Apologies** – Dr Rebecca Green, Dr Fiona Ford, Dr Gordon Black, Ms Tracey Gillies, Dr Elizabeth Strachan

**Welcome** – Dr Guy Millman, *Consultant Paediatrician, RHCYP*  
Dr Debbie Strachan, *newly appointed East Lothian representative*  
Ms Denyse Aitken, *Primary Care Service Manager, Midlothian HSCP*  
Mr Jamie Megaw, *General Manager for Primary Care Services, East Lothian HSCP*  
Mr David White, *Primary Care Strategic Lead, Edinburgh HSCP*  
Dr Douglas McGown, *newly appointed HSCP CD, West Lothian*

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

### 1. **Presentation: Child Death Review Process (Scotland)**

Dr Guy Millman gave a short presentation to Committee on the Child Death Review (CDR) Process in Scotland which was launched in October 2021. (*A copy of the presentation slides will be circulated with the approved minutes*).

It was noted that Scotland has the highest mortality rate for under 18s than any other Western European country, with over 300 children and young people dying every year (70-80 per year in NHS Lothian, of which around half are neo-natal.)

The CDR states that every child and young person has the right to a review in the event of their death that should be of an agreed minimum standard. Reviews should be conducted on the deaths of all live born children up to the date of their 18<sup>th</sup> birthday, or 26<sup>th</sup> birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death.

All deaths, expected or unexpected, should be reviewed, with the health board of residence responsible for carrying the review. Key individuals/teams that have been involved in the child or young person’s care will be invited (eg GP/paediatrician, Health Visitor, Social Care, CHAS, etc), and the parents are invited to submit questions as part of the review.

The review meeting itself is usually held a number of months after the death and is led by an independent chair who hasn’t been involved in the care of the child or young person.

Dr Millman asked that, if invited to attend a review meeting, GPs try to attend where possible or send a colleague. If neither is possible, a short report can also be submitted.

Feedback from GPs who had already been involved in these meetings was that they are supportive and non-accusatory, with a focus on getting clarity on what happened in each case and identifying learning points, etc.

It was also highlighted that the current demand/capacity mismatch across GP practices would make it very challenging for GPs to attend these meetings without resource being available to cover absence. This was acknowledged and there was agreement that it would be good to get around this hurdle if possible.

## 2. **Minutes of the last meeting 27<sup>th</sup> March 2023**

The minutes of the previous meeting were approved.

## 3. **Matters Arising / Actions from last meeting;**

3.1 – **(c/f) AMcN** to review the GP Assignment Policy with regards to allocating out with practice boundary and also the process for re-allocating assigned out of boundary patients. **Update:** There have been a number of good informal discussions regarding assignments and a paper will be taken to the next Primary Care Joint Management meeting for discussion. A draft proposal on the assignments and removals policy is currently underway, and a further update will come to Committee. **CLOSED**

3.2 -**TG** offered to take back any comments or concerns relating to the national cervical screening exclusion audit to Public Health. **Update:** This has been done. There are multiple concerns over this that we will continue to raise. **CLOSED**

3.3 - **Office** to contact Pat Wynne to ensure district nurses are represented in Essential Users Parking Permit discussions. **Update:** Done. **CLOSED**

## 4. **PCIP Trackers v6**

Representatives from each of the 4 HSCPs summarised v6 of their PCIP Trackers (circulated in advance of the meeting), ahead of the approval process at the LMC meeting following.

There was universal agreement that the format of the Tracker template resulted in very misleading pictures of the level of delivery for various elements of the contract and fails to accurately reflect the reality of the current position.

### **Edinburgh**

The levels of delivery across Edinburgh were summarised, with Vaccination largely complete and Pharmacotherapy and CTACs providing a partial and useful service to the majority of practices.

Partial Urgent Care and MSK services are in around 50% of practices, with Mental Health services at around 30%. Approximately 60% of practices have Community Link Workers with around half of these having the government prescribed level and the remainder choosing to use some of their PCIP allocation for a link worker.

Activity has focussed on allocating PCIP funding to fill capacity gaps, however it was acknowledged that full implementation within the current levels of funding was not possible. It's estimated that the level of funding would need to double to achieve the required resource targets.

It was noted that recent Scottish Government guidance has hinted that additional resources will go into Pharmacotherapy and CTAC, however while that would be useful, the

absolute priority would be to replace the mental health care teams money that was promised.

Strong concerns were raised over the lack of any increase to PCIF funding to reflect the impact of significant population growth, currently resulting in a £1 million deficit for Edinburgh, and with similar impacts across the rest of Lothian.

The supporting IJB report circulated with the Edinburgh HSCP tracker was very well received by Committee, and it was suggested that a similar report giving a Lothian-wide picture would be powerful in any feedback to Scottish Government.

Concerns were also noted over the general direction of travel by Scottish Government, which could result in the current constructive relationships between HSCP and local GP teams changing to the detriment of all.

### **East Lothian**

It was noted that Mental Health activity numbers were still to be added to the tracker - this was expected later in the week and sign-off would be requested from local GP Sub reps.

Rather than 15 practices having a partial and useful level of CTACs Phlebotomy service, the actual numbers and levels of service provided across East Lothian are very limited however the format of the template makes this very difficult to present accurately.

It was highlighted that the Directors of Pharmacy have requested that HSCPs do not include workforce projections for full delivery of Pharmacotherapy as it is described in GMS 2018 at this time.

The Link Workers Service is partly funded from PCIF and not at 100% as currently described. This will be amended for the final return.

HSCP are currently working with GP Sub colleagues on how best to estimate the costs for full delivery of CTAC services as defined in the 2018 contract.

East Lothian are currently forecasting on overspend for 2023/24 (current forecast of £3.98m against a budget of circa £3.5/6m), although it is expected that this will be managed in-year by the HSCP to be in balance by year-end.

Similar concerns were raised regarding the lack of uplift in PCIF funding to reflect the population growth in East Lothian, with a fairly substantive gap growing.

Premises continue to be a concern, with difficulties being experienced in trying to find space, particularly PCIF colleagues.

**AP – EL HSCP** to achieve final PCIP Tracker sign off by East Lothian GP Sub reps following the agreed updates.

### **Midlothian**

Approximately one quarter to one third of practices have any/limited access to Acute Prescribing. Similar challenges exist across many of the other services due to insufficient staff numbers.

Challenges experienced in gathering data around the various CTAC services were highlighted, and this was due in part to Vision coding not allowing for this. It was also noted that while there is a gap when looking at available CTAC appointments, there is equal access to the service across all practices.

Committee requested that the comments around Pharmacy workforce comments were removed from the tracker, and that the forecast Pharmacy workforce numbers remain.

Concerns were raised around the capacity and demand mismatch which appears to show that there is more capacity than demand, which goes against the experience in practices.

There appears to be an underspend in Midlothian and Committee asked that this be looked at urgently and proactively to address.

It was also requested that additional comments be added within the "Funding Profile" section to reflect the reality that the 2023/24 funding allocation falls significantly short of requirements.

**AP – Midlothian HSCP** to review the capacity/demand mismatch shown on v6 of the PCIP tracker, urgently look at and address any expected underspend shown, and add additional comments under "Funding Profile" to reflect that the current funding allocation falls significantly short of requirements. For Pharmacy, the forecast workforce numbers are to remain in the tracker, and the additional comments removed.

### **West Lothian**

All practices have access to good levels of CTACs services. Every practice has some level of Pharmacotherapy service, with the main limitation to this being lack of staff, however it is difficult to identify the actual % being delivered to each practice.

HSCP have fully taken over all vaccination services in West Lothian.

A level of Physiotherapy/MSK service is provided to all practices, however the service is undermanned. Mental Health services are provided by a mix of staff in practices plus a Hub model and is currently at approximately 50% delivery.

There is currently no delivery of Urgent Care Service despite a number of different options being tried.

West Lothian are currently forecasting an underspend of approximately £0.5 million, and are looking to overstaff in areas where staffing is available, while also considering some premises redesign and IT opportunities.

Committee welcomed the additional transparency and supporting comments of the tracker, feeling it was more representative of the current position.

Committee thanked the HSCPs for their work on the trackers, and added that feedback will be provided to each HSCP following the discussions at LMC.

It was agreed that it would be advantageous to produce a collaborative response to Scottish Government, co-signed by Lothian Health Board, GP Sub Committee, HSCP Clinical Directors and LMC, to highlight the key concerns and demonstrate the lack of transparency of the report templates.

**AP** – Produce a collaborative response to Scottish Government, highlighting the concerns and lack of transparency from the most recent PCIP trackers (v6).

It was also noted that discussions around changing the approach to PCIF allocation from NRAC (NHS Scotland Resource Allocation Committee) to SWF (Scottish Workload Formula) were being included in a forthcoming discussion between the Director of Primary Care and Scottish Government.

## 5. **Patient Registrations/Virtual Practice update** (Standing item)

Edinburgh HSCP is continuing to work on building a Capital Expansion Team, and once a proposal is formed it will be brought to Committee.

It was agreed that the standing agenda item should be amended to "Patient Registrations update" going forward.

## 6. **Vaccine Transformation Programme Review SLWG update**

The working group is looking at the wider vaccinations process, including concerns raised to date with the aim of making the experience easier for all involved. The option for patients to self-refer for some vaccinations is also being considered.

Outputs are expected in late May/early June and will be brought to Committee.

## 7. **GPAS**

The March report was shared in advance of the meeting.

There has been a bit of fluctuation throughout March, however overall the picture is marginally better than in February.

Committee once again thanked everyone for taking the time to complete returns for their practice.

## 8. **Medical Directors Business**

### 8.1 – **Representative movements & vacancies;**

#### i) **East Lothian representatives**

- Dr Andrew Forder has been re-elected for another 4 year term
- Dr Debbie Strachan has been elected as the new EL representative (replacing Dr John Hardman following his appointment as Clinical Director, East Lothian HSCP)

#### ii) **South West Edinburgh representative**

- Dr Nick Payne has been re-elected for another 4 year term.

#### iii) **Area Drugs & Therapeutics Committee (ADTC) – 2 VACANCIES**

- These vacancies were highlighted again to Committee members, and anyone interested should contact the office.

#### iv) **Clinical Director, West Lothian HSCP**

- Dr Douglas McGown appointed as new CD for WL HSCP (wef 1<sup>st</sup> May), following Dr Elaine Duncan's retiral.

## 9. **AOCB**

### 9.1 – **Bonnyrigg Legionella outbreak**

Committee were made aware of a Legionella outbreak in the water supply at Bonnyrigg Medical Centre which houses 3 Midlothian GP practices. This resulted in the practices being notified shortly before midday on Friday that from 6pm that day there would be severely restricted access to the building for the next 4 weeks. This consisted of only 6 consulting rooms (2 rooms per practice) with no space for management or reception staff (this has since been expanded to 3 consulting rooms each and limited space for management and reception staff. There is no water in the building, portable toilets and

there has been very limited support from IT and Estates. Meanwhile, all HSCP staff within the same building have been re-housed in various other HSCP buildings.

It was noted that this particular Legionella strain, apparently first discovered in December, is not known to be harmful to humans and poses a very low risk.

The very limited notice of change and resulting lack of opportunity to best manage patients, in addition to the current position being unsustainable for the next 3+ weeks were highlighted.

It was suggested that a review of the process is needed to take into consideration the balance of risk versus the impact on services and also any potential changes to resilience/business continuity plans.

It was noted that the Health Board's statutory responsibilities of managing this event has resulted in these decisions being made. It was agreed that the Director of Primary Care would meet with a GP from one of the affected practices to discuss further.

**AP – JL & JE** to meet to discuss the actions and impact of the Legionella outbreak at Bonnyrigg MC, and agree any next steps needed.

It was noted that LUCS have considered potential contingency plans and how they can assist, however this again is not sustainable for any length of time.

## 9.2 – Agenda for Change Pay Award discrepancy

The ongoing discrepancy between Agenda for Change (AfC) staff and GMS staff was again highlighted, with GMS staff now paid 9% less than their AfC counterparts. This will have a significant impact on recruitment and retention within GP practices as similar positions in NHS will be more appealing, while adding to low staff morale.

9.3 – Committee thanked Dr Fiona Ford for her time on Committee as GP Retainer representative, and wished her well for the future.

Meeting closed.

Date of next meeting - **Monday 29<sup>th</sup> May 2023 at Novotel Edinburgh Park**

### **2023 Meeting Dates** (last Monday of each month unless highlighted)

Monday 19<sup>th</sup> June (3<sup>rd</sup> Monday)

**NO JULY MEETING**

Monday 28<sup>th</sup> August (**Novotel**)

Monday 25<sup>th</sup> September

Monday 30<sup>th</sup> October

Monday 27<sup>th</sup> November (**Novotel**)

Monday 18<sup>th</sup> December (3<sup>rd</sup> Monday)