# GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 28<sup>th</sup> April 2025 **7.30pm** MS Teams

Chair - Dr Andrew Forder

#### **MINUTES**

**Attendees -** Dr Andrew Forder, Dr Neil MacRitchie, 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 John Hardman, 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 Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Jeremy Chowings, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies - Ms Tracey Gillies, Ms Tracey Mckigen, Ms Alison McNeillage

**Welcome** – Mr Niall Carey, Clinical Service Manager, Flow Navigation Centre Dr Rebecca Cheesbrough, Clinical Lead, Flow Navigation Centre Dr Edward James, Consultant, Flow Navigation Centre

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

## 1. Presentation – Flow Navigation Centre REACH model

Ed James, Rebecca Cheesbrough and Niall Carey gave a short presentation to Committee covering the pilot project of the Flow Navigation Centre (FNC) REACH model which started on 22<sup>nd</sup> April.

It was noted that in most cases, the day to day process should not feel any different from normal, with the vast majority of calls being dealt with as before. For a small number, consultants will now work with GPs to look at alternatives to admission or ED attendance and getting patients to the best place, with the FNC taking a lot of this additional burden from GPs and thereby freeing up GP time from this sometimes considerable requirement.

Committee viewed this as an overall positive change, however the importance of this resulting in no increase in workload for GPs or increase in the time to get patients to the right place was highlighted, and a requirement for the key aims of this model to be closely monitored by the project team.

The project team invited feedback from GPs on this change, and this should be emailed directly to the individual team members. The project team agreed to provide a short summary for inclusion in a future Weekly Distribution to update practices.

It was agreed to make contact in a few months to review progress.

**AP – Office** to arrange review meeting with Flow Centre project team in a few months to review progress.

Committee thanked the team for attending and their efforts to communicate and engage with GPs is appreciated.

## 2. Minutes of the last meeting 24<sup>th</sup> March 2025

The minutes of the previous meeting were approved.

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

3.1 – **Office** to discuss the provision of practice guidance on UN Rights of the Child legislation with Primary Care Contracts Team. **Update:** This has been issued to practices through the Weekly Distribution on 10<sup>th</sup> April 2025. **CLOSED** 

3.2 - Office to discuss Management of Type 2 Diabetes with Primary Care Contracts Team. Update: There have been a number of discussions but, recognising the restrictions within individual practices, there is still no clear point of agreement. The PCCO team are continuing to monitor this and are keeping in contact with Endocrinology Team. This is also being monitored from an Interface perspective. Ongoing

### 4. Facilities SLA update

The recent Estates letter to impacted practices setting a deadline for sign up to the new NHS Lothian Estates SLA contract was noted. This had not been particularly well received, with practices finding this quite worrying.

A number of practices are currently awaiting independent legal advice and this is something that we would recommend practices do.

## 5. **GP Enhanced Service Programme 2025/26**

The recent communication out to practices on 11<sup>th</sup> of April informing them of the increased funding to a number of Enhanced Services (ES) and highlighting the opportunity for any practice not yet signed up to these newly increased ES to do so, was acknowledged. New contracts reflecting these increased payment amounts are due to be issued to practices imminently.

It was confirmed that , where PCIP and APP staff carry out work such as phlebotomy on behalf of a practice, practices can claim for this work provided it is done within the practice rather than in a centralised hub elsewhere.

It was queried whether, in respect of the new Cardiovascular Disease DES, practices could use APP/CTAC staff to assist with the biometric capture. Following the meeting, it was confirmed by the Deputy Medical Director of Primary Care that NHS Lothian has no plans to limit the resources that GP teams use to deliver the DES.

### 6. Notification of Private Scripts to Practices

The ongoing concern from practices regarding the high volumes of requests from private prescribers, informing practices that they are prescribing certain medications for a patient and asking that practices inform them if there are any contraindications or concerns with this, was raised.

There was a desire to provide support to practices on how best to deal with these requests and, as joint data controllers, it is hoped that this could be backed by NHS Lothian.

Despite being debated a number of times with several different approaches considered, this continues to prove difficult to resolve due to the Medical Defence Union's position.

It was agreed that this would be discussed further with PCCO at the next Informal GP Sub-committee meeting in the hope that a suitable approach can be found.

**AP – Office** and PCCO to discuss how best to support practices in dealing with requests from private providers asking practices to confirm that there are no contraindications to their proposed prescribing.

## 7. Hyperemesis Gravidarum RefHelp Proposed Changes

Details of a proposed change to the Hyperemesis Gravidarum RefHelp guidance were shared in advance.

The proposed changes were viewed as a step forward and an overall helpful, user friendly document for the GP community.

A number of items of feedback were provided, and this will be given to the RefHelp team.

**AP – Office** to provide committee's feedback on Hyperemesis Gravidarum RefHelp guidelines to RefHelp team.

### 8. **GPAS**

The March report was shared in advance of the meeting.

A fairly static picture continues across most areas. It was noted that return rates have dropped recently however it is hoped that these will see an increase following some recent focus on this.

Individual practice comments continue to be key to highlighting the pressures that are being faced across the area, particularly around workforce and finance.

Thanks were given to practices for completing their returns each week.

#### 9. Medical Directors Business

9.1 - Executive Committee update

Following the recent request for self-nominations and subsequent elections, the following Executive Committee positions have been confirmed;

- Edinburgh Dr Catriona Morton & Dr Gordon Black
- Midlothian Dr Jenny English
- West Lothian Dr Annie Lomas
- East Lothian Dr Debbie Strachan
- Other Field of Practice Dr Laura Montgomery

Thanks were given to everyone who stood for these positions.

#### 10. **AOCB**

### 10.1 - Additional Radiology Funding

Committee were informed that, following a recent Scottish Government directive stating that no one should wait longer than 6 weeks for a scan, NHS Lothian Radiology Department submitted a funding bid and have been successful in securing an additional £4.5 million. This is very positive and encouraging news considering the considerable wait times that have been faced in this area.

Meeting closed.

Date of next meeting - Monday 26th May 2025 on MS Teams

### 2025 Meeting Dates;

Monday 23rd June - Novotel
NO JULY MEETING
Monday 25<sup>th</sup> August
Monday 22<sup>nd</sup> September - Novotel
Monday 27th October
Monday 24th November
Monday 15<sup>th</sup> December (3<sup>rd</sup> Monday) - Novotel