

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 27th April 2026

7.30pm

MS Teams

Chair – Dr Andrew Forder

MINUTES

Attendees – Dr Andrew Forder, Dr Annie Lomas, Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Peter Cairns, Dr Michelle Downer, Dr Jenny English, Dr Fiona Ferguson, Dr Amy Fulton, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Katie MacKenzie, Dr Jane Marshall, 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 Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey McKigen, Dr Jeremy Chowings, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Debbie Strachan, Ms Tracey Gillies

Welcome – Dr Michael Gillies, *Medical Director Acute Services and Intensive Care, NHS Lothian*
Ms Angela Stirling, *Practice Manager, Prestonpans Medical Practice (observing)*
Dr Amy Fulton, *newly elected Midlothian representative*

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

Chair highlighted the code of conduct for all meetings, and for all contributions to the chat function to be professional and respectful.

1. Minutes of the last meeting 23rd March 2026

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **TM** to provide updates to committee on any waiting time initiatives underway in NHS Lothian. **Update:** Recent Dermatology outsourcing examples were discussed at previous meeting. TM & AL have met to discuss, further updates will follow. **ONGOING**

2.2 - **Office** to set up a meeting with relevant stakeholders to further discuss CAMHS in Lothian (*following on from CAMHS presentation at February meeting*). **Update:** A meeting has been arranged for 12th May. **CLOSED**

2.3 - **AF & JC** to meet to discuss recent Legionella case further. **Update:** On agenda for discussion at Informal GP Sub-committee meeting on 28th April. Committee also gave positive feedback on the recent water safety training provided to practices, and thanked PCCO for their role in enabling this. **CLOSED**

2.4 – **AF** to provide feedback to Pharmacy team on Long Acting Injectable Buprenorphine SCA proposal. **Update:** This has been done. **CLOSED**

2.5 - **TM** to share NHSL Walk-in Centre evaluation framework when available. **Update:** Draft currently being reviewed by the sub-group and will be brought to committee once agreed. **ONGOING**

2.6 - **Office** to consider best next steps for follow up discussions with Caroline Hiscox. **Update:** TM informed committee that Caroline will try and attend the quarterly in-person meetings where possible. **CLOSED**

3. **SLA update**

Committee were informed that work is currently underway to consider a number of changes to the Estate SLA contract, with the aim of achieving an outcome that is mutually acceptable to both GP practices and NHS Lothian Board.

This positive step was welcomed by committee.

4. **Enhanced Services 2026/27 Update**

A draft Frailty LES for 2026/27 was shared with committee in advance of the meeting.

Following some discussion, committee agreed that this was a positive direction of travel, with the overall aim of delivering treatment to patients in the most appropriate place and as close to their home as possible. A number of comments and suggestions were given on the draft and PPCO agreed to consider these further.

A move to increased monitoring/volume capture by data extraction was acknowledged, and the importance of coding correctly was highlighted.

It was noted that the £1.9m funding available for this Enhanced Service is restricted and therefore will need to be monitored closely.

Committee were informed that decisions were still to be made in respect of any Pre-diabetes/GLP-1 Enhanced Service and a further update will be brought to committee as required.

5. **GP IT Update**

An update on GP Information Technology (GP IT) was provided to committee.

It was highlighted that NHS Lothian faces a number of risks as a result of their continued reliance on outdated nationally-managed IT systems, with the problems caused by these legacy systems leading to compromised patient safety and restrictions to the delivery of digitally enabled care.

It was noted that HSCP Clinical Directors and NHS Lothian Digital Directorate recently wrote to NSS and Scottish Government to highlight their serious concerns pertaining to the underperformance of nationally supplied GP IT systems, however there was disappointment that the response received gave no indication of a plan to address this.

GP IT is a national clinical infrastructure, and while this brings standardisation and minimises risk, progress is significantly slower and Boards lose the opportunity to innovate locally.

It was highlighted that a roadmap for the rollout of the new Vision system is still not known, with practices currently working on a version of Vision considered outdated over a decade ago.

It was highlighted and requested that, when recording Significant Events within practice, if an element of IT has contributed to the event this should be detailed within the report in order to help raise awareness.

6. **Primary Care Improvement Programme (PCIP) Trackers**

In advance of the next submission to Scottish Government, committee reviewed the latest versions of PCIP Trackers for each of the 4 HSCP areas.

It was noted that Committee had not approved previous versions of the Trackers and that this was due to the format and significant limitations of the reporting template, rather than the details provided by individual HSCPs.

The most up to date working version/drafts were provided by each HSCP.

Midlothian. It was noted that this has been a very difficult process, particularly due to the current lack of HSCP Clinical Director. It is hoped that GP representatives will have an opportunity to discuss in more detail within the next week. The Physiotherapy service within Midlothian was acknowledged as good. Concerns around the apparent diversion of PCIP money away from the agreed purpose of being "in direct

support of General Practice” were noted, and it was agreed that this needs to be resolved locally, or otherwise escalated nationally.

East Lothian. Concerns were again highlighted regarding the very misleading picture derived from the reporting metric of “any access” rather than the actual % level of access available. It was acknowledged however that the HSCP have tried to reflect the actual position as accurately as possible within the format restrictions and that this was shared with GP representatives within the last week. It was highlighted that as CWIC is no longer part-funded by PCIF (now 100% core HSCP funding) it has not been included in the most recent version of the Tracker.

West Lothian. Similar concerns were raised regarding the inability of the Tracker to reflect the actual level of service provided - a small amount of everything but nowhere near enough of anything – and have also tried to reflect the challenges of PCIP usage and the ongoing impact of Agenda for Change. Other than the ongoing concerns with the reporting format, GP representatives feel that this is an honest reflection of the position in West Lothian.

Edinburgh – It was noted that a relatively small underspend has been proactively achieved, and this was welcomed. More detail is yet to be added, which will also include the Demonstrator Site.

Committee expressed their thanks to the HSCPs for their efforts in completing the Trackers.

Committee agreed that, while there have been some changes to the reporting format, the fundamental issues persist and, in the current situation, an emphasis on the narrative within these reports is more helpful than numbers.

It was proposed that, as representatives would be reviewing the final draft ahead of the submission date, that these representatives provide a brief summary of their view on their area’s Tracker, for including in the wider committee response to Scottish Government.

AP – Locality representatives to carry out final review with HSCP on Tracker, and provide brief summary to office.

AP – Office to write to Scottish Government to confirm the outcome of GP Sub-committee’s review of Trackers.

7. **ANP Referrals to Radiology**

Committee were informed of work currently underway to clarify the Radiology referral pathway for Advanced Nurse Practitioners (ANP) in NHS Lothian.

A number of challenges and concerns with the current process were discussed and acknowledged.

In the meantime, it was highlighted that ANPs referring for radiological investigations should include their name and role in the body of the clinical text, as this is the only section of the referral that transfers to all systems used by Radiology.

8. **Wound Care and Suture/Dressing Management**

Committee were made aware of a recent SBAR produced by Pat Wynn, Nurse Director for Primary and Community Care, NHS Lothian, which clarified that wound care, suture/staple removal and dressing management is now managed by CTACS across all areas of NHS Lothian.

The SBAR has been circulated to Nurse Directors and surgical colleagues across NHS Lothian for further cascade to their teams.

Committee welcomed the clarity and agreed that this is a positive step forward.

9. **GPAS**

The March monthly report was shared in advance of the meeting and it was noted that the overall position was largely unchanged from the previous month.

10. **Medical Directors Business**

10.1. Committee welcomed Dr Amy Fulton, the newly elected Midlothian representative in the additional locality seat which will run in tandem with Dr Iain's Morrison's current term as Chair of SGPC.

It was noted that vacancies in North West Edinburgh and North East Edinburgh will be advertised shortly.

11. **AOCB**

11.1 – **Neurodevelopmental (ADHD and/or Autism) Waiting List Validation.** The planned activity to validate all patients currently on Neurodevelopmental waiting lists for ADHD or autism in NHS Lothian, as communicated in the Weekly Distribution of 23rd April, was highlighted.

It was noted that committee's significant concerns around the increased risk to this specific cohort of patients, who are least likely to follow through on the validation process but are likely to be the most in need of assessment, was previously fed back to the speciality.

Committee's significant concerns around the discrimination and inequality towards this vulnerable patient group was noted, and it was highlighted that this approach seems to be considerably out of step with Scottish Government's aim to tackle "missingness".

The impact on GPs due to dissatisfied patients coming back to them after being removed from the list was also noted. It was shared that the office have also queried whether a patient-initiated route back onto the waiting list will be available. We await a response.

AP - Office to feed back additional concerns on the Neurodevelopmental Waiting List Validation exercise to the Neurodiversity Team.

11.2 – Committee were informed that, as he is no longer practicing within the North East Edinburgh locality, Dr Stuart Blake has stood down from his committee representative role with immediate effect. Stuart's considerable time on committee was acknowledged, and his excellent contractual knowledge and immense attention to detail were noted. Committee wished Stuart well for the future.

Meeting closed.

Date of next meeting - **Monday 25th May 2026 on MS Teams**