

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 22<sup>nd</sup> August 2022  
**7.30pm**  
At Novotel, Edinburgh Park

Chair –Dr Iain Morrison

## MINUTES

**Attendance:** Dr Iain Morrison, Dr Jenny English, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Andrew Forder, Dr Rebecca Green, Dr Kerri Greene, Dr John Hardman, Dr Hazel Knox, Dr Annie Lomas, Dr John Magill, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Kath Robertson, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Ros Wight, Ms Tracey Gillies, Ms Jenny Long, Dr Jeremy Chowings, Ms Alisson Stewart, Mrs Nicola Smith

**Apologies –** Dr Hayley Harris, Dr Neil MacRitchie, Dr Colin McArthur, Mr Jamie Megaw, Dr Suzy Scarlett

**Welcome –** Dr Rebecca Green, *Pathhead Medical Practice, newly appointed Clinical Director, Midlothian HSCP*  
Dr John Magill, *newly appointed LASGP representative*  
Ms Alisson Stewart, *Tranent Medical Practice, newly appointed Practice Manager rep*

Dr Farhat Din, *Colorectal Consultant, NHS Lothian*  
Professor Malcolm Dunlop, *Colorectal Consultant, NHS Lothian*  
Dr Gail Masterton, *Consultant Gastroenterologist, NHS Lothian*  
Dr Colin Noble, *Consultant Gastroenterologist, NHS Lothian*  
Dr Lorna Porteous, *GP Lead for Cancer & Palliative Care, NHS Lothian*  
Dr Ian Penman, *Consultant Gastroenterologist, NHS Lothian*

Professor Tim Walsh, *Chair of Critical Care, University of Edinburgh, and Head of Dept, Anaesthesia, Critical Care & Pain Medicine, University of Edinburgh*  
Mr Jack Francis, *Operations Director, Pogo Studios*

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

1. **Presentation – GI & Endoscopy Pathways** (*Farhat Din, Colin Noble, Gail Masterton, Ian Penman, Malcolm Dunlop, Lorna Porteous*)

Presentations on the qFIT, Dysphagia and Iron Deficiency Anaemia pathways were shared with Committee.

The pathways were very well received. The team’s considerable work and liaison with the RefHelp team was acknowledged and the level of consideration into minimising work for Primary Care colleagues was very much appreciated. This was recognised as a great example of interface working and Committee expressed their thanks to everyone involved.

2. **Presentation – Long Covid Pilot** (*Tim Walsh & Jack Francis*)

A presentation on the digital Long Covid pathway was shared with Committee. This covered the digital pathway, progress of the pilot and future roll out plans.

The presentation was very well received, and Committee thanked the team for the work involved to date.

3. **Minutes of the last meeting 27<sup>th</sup> June 2022**

The minutes from the previous meeting were approved.

4. **Matters Arising / Actions from last meeting;**

4.1 - **IM** to clarify with Peter Harrison that due to the low numbers of Hepatitis B serology screening tests, clear instruction will be given to GPs when they're informed of and asked to engage with a patient. **Update:** Peter Harrison has confirmed that details of the pathway will be provided whenever a GP is asked to carry out these tests. **CLOSED**

5. **Monkeypox**

Scotland continues to report only a small number of cases.

The current national shortage of vaccines was noted.

6. **Ukrainian Refugees**

The recent GMS Contract email to practices (12<sup>th</sup> August) was highlighted. This recommends that GPs conducting baseline health checks for Ukrainian refugees under the LES issued on 1<sup>st</sup> July 2022 should routinely offer patients a full blood borne virus (BBV) screen. This is a result of hepatitis C and HIV rates being higher in Ukraine than in the UK, and this approach will reduce stigma and improve overall performance.

It was noted that there has been no progress with Scottish Government regarding a formal approach for Temporary Residents. All refugees who register with a practice are eligible for the LES and practices were encouraged to apply for this.

GPs raised concerns around the lack of information they receive on the refugee population, with practices feeling very exposed as a result. It was noted that the main communication channel is through local authorities who feed out through HSCPs, however there is currently a lack of information being passed from the Home Office to the local authorities, and difficulties are also being experienced in obtaining further information from Scottish Government.

7. **Patient Registrations/Virtual Practice** (*standing item*)

The ongoing patient registration pressures within General Practice in Lothian were highlighted, with Lothian continuing to experience significant population growth compared to the rest of Scotland.

Discussions are currently ongoing in respect of a Capital Medical Practice, a short-to-medium term solution run by Edinburgh HSCP for patients unable to register with a local practice.

While no definitive model or start date has been agreed, this is likely to be a virtual practice with a separate physical hub or hubs model to provide GMS services to all patients. The need for a fair and transparent model to re-introduce patients back into general practices within the community was highlighted. Discussions are continuing and further updates to Committee will follow.

Committee also commented that this model will not provide an equivalent service to that provided by local practices and there were concerns expressed at the direction of travel adopted for addressing the population pressures in Edinburgh. However committee also

expressed thanks to Edinburgh HSCP and PCCO for their work trying to provide a solution that's safe for patients and also workable within the profession.

## 8. **Scottish Government PCIF Announcement**

The "Primary Care Improvement Fund: Annual Funding Letter 2022-23" issued by Scottish Government on 11<sup>th</sup> August 2022 was shared with Committee in advance of the meeting.

The key message from the letter is that HSCPs have until November to spend any remaining 2021-22 funds in order to secure 30% of the 2022-23 funding.

The shared disappointment of the tripartite working group in Lothian was noted. This is a very ambitious ask of HSCP colleagues due to the current workforce markets. It was also noted that while Lothian's population has grown over the last number of years, our PCIF allocation has not.

It is expected that this will be a major topic for discussion at the next GMS Oversight meeting scheduled for 25<sup>th</sup> August and any further updates will be brought back to committee.

## 9. **LUCS/Adastra**

Committee expressed their thanks to LUCS and eHealth colleagues who worked hard to find a solution following the recent UK-wide outage of Adastra which resulted in GP out-of-hours records not being automatically transferred to practices.

An immediate workaround was adopted where LUCS and GP Out of Hours were sending the relevant information by email to practice clinical inboxes, however a TRAK solution is now in place.

Any practices still experiencing issues should email the LUCS Admin team ([admin.lucs@nhslothian.scot.nhs.uk](mailto:admin.lucs@nhslothian.scot.nhs.uk)) for further assistance.

## 10. **GPAS**

Committee were informed that Lothian LMC are planning to roll out the General Practice Alert System (GPAS) to Lothian practices during September. GPAS has been very successful within general practice in England and is a very useful tool in helping to highlight areas of particular need. Lothian will be the first to go live in Scotland and all practices are encouraged to engage.

Practices will return a short weekly form providing information on current demand levels and their alert status based on their ability to serve their patients. This information is anonymised and returned to LMC office for aggregation and reporting to key stakeholders for awareness and action. The key stakeholders group is still to be identified, but will include HSCPs and reporting back to GP Sub Committee at the appropriate level.

## 11. **Children's Services Website**

Committee were made aware of the updated Children's Services website, a very useful resource providing information for parents, carers and children. <https://children.nhslothian.scot>

## 12. **Medical Directors Business**

### 12.1 – **Notification of new Chair of GP Support and Advice Group**

Following ratification by LMC at the June meeting, Committee were informed that Dr Rachel Wood has been appointed as the new Chair of GP Support & Advice Group, Lothian.

#### **12.2 – Midlothian HSCP Clinical Director Appointment**

Committee formally welcomed Dr Rebecca Green, the newly appointed Clinical Director of Midlothian Health & Social Care Partnership.

#### **12.3 – Midlothian Representative**

Committee were informed that Dr Colin McArthur is the newly appointed Midlothian representative on GP Sub Committee & LMC.

#### **12.4 – LASGP Representatives**

Committee formally welcomed Drs John Magill & Elena Del Vescovo, the newly appointed LASGP representatives on GP Sub Committee & LMC (shared role).

#### **12.5 – Practice Manager Representative**

Committee formally welcomed Ms Alisson Stewart as the newly appointed Practice Manager representative on GP Sub Committee.

### **13. AOCB**

#### **13.1 – MSK Advice Line**

East Lothian MSK Advice line recently advised that they are no longer able to accept patients accessing the service who require an interpreter due to the excessive wait times for Big Word. They have been reminded about the need for equality and access for all and we hope to see this decision rescinded.

#### **13.2 – Direct Patient Referral to Mental Health Assessment Service**

Edinburgh Mental Health team have recently advised that they are no longer able to accept self-referrals to the Mental Health Assessment Service and that practices should no longer give their number out to patients. It was noted that self-referral is still provided elsewhere in Lothian.

**AP – Office** to discuss the removal of MHAS self-referral in Edinburgh with Andrew Watson at next meeting.

#### **13.3 – Cervical Smear Training Requirement**

GPs raised concerns around the new requirement for anyone in Primary Care performing cervical screening to undertake training every 3 years to ensure competency is maintained (weekly email distribution of 18<sup>th</sup> August). Many of these smears are carried out by GPs opportunistically on women who haven't engaged in routine recall and losing the contribution of these GPs will exacerbate health inequalities. If this is mandated by Scottish Government, support for protected learning time should be provided.

**AP – TG** to discuss the requirements for 3 yearly cervical smear training with Rosemary Millar. Is this mandated and does it apply to GPs?

#### **13.4 – GP IT Re-provision**

Cegedim (Vision) GP IT Clinical System will be assessed on a 'direct award' basis between the 15<sup>th</sup> and 22<sup>nd</sup> Sept. Following these assessments, arrangements will be made to canvas our Lothian GP IT Decision Group as to whether Vision should become our preferred GP IT solution, or whether we should hold out for the possibility of comparing Vision against a GP IT solution from EMIS.

Meeting closed.

Date of next meeting - **Monday 26<sup>th</sup> September 2022 via MS Teams**

**2022 Meeting Dates** (4<sup>th</sup> Monday of each month unless highlighted)

Monday 24<sup>th</sup> October

Monday 21<sup>st</sup> November (3<sup>rd</sup> Monday) (**Novotel**)

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