

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 28th August 2023

7.30pm

Novotel, Edinburgh Park

Chair – Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Annie Lomas, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr Clementine Johns, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Shelagh Stewart, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Neil MacRitchie, Dr John Hardman, Ms Alison McNeillage, Dr Jeremy Chowings, Ms Tracey Gillies, Dr Catherine Smith, Dr Euan Alexander, Ms Alisson Stewart, Dr John Magill

Welcome – Mr Jamie Megaw (*deputising*) *EL HSCP representative*
Dr Jessica Hunter (*observing*) *GP, Newbattle Medical Practice*
Ms Elaine Weir (*deputising*), *PM representative*

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

1. Minutes of the last meeting 19th June 2023

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 – (c/f) **CM** to feedback Committee’s comments on the proposed changes to CAMHS Eating Disorders RefHelp guidance to the Eating Disorders team, and bring back a final draft proposal to GP Sub when available. **Update:**– **Ongoing**

2.2 - **Office** to circulate Psychiatric Emergency Plan Review meeting template to all Lothian practices. **Update:** - This will be issued to practices along with approved June meeting minutes. It was also requested that practices send a copy of any report to Dr Jane Marshall (jane.marshall@nhslothian.scot.nhs.uk) in her role as Mental Health lead for Edinburgh HSCP and GP representative on a number of Psychiatry meetings. **CLOSED**

2.3 - **TG** to discuss the ongoing delays to re-implementation of paediatric elements to eLJF (Lothian Joint Formulary website) clinical with Formulary Team. **Update:-** There has been a small reintroduction of dosing for paracetamol & ibuprofen, but delays are being experienced as they are looking to get agreement over 3 Health Boards, not just Lothian. Pleasing to hear that this is valued by general practice and striving to do this as quickly as possible although they have very limited resource. Significant safety concerns while this remains incomplete were also highlighted. **CLOSED**

Following further discussion, it was highlighted that changes to diabetes data made approximately 2 months ago weren’t yet reflected in eLJF, and Committee asked how quickly eLJF was updated to reflect changes.

AP – Office to liaise with key stakeholders to look to expedite updates to eLJF to reflect clinical changes.

3. **SCI Gateway Issue**

The recent SCI Gateway R21 update was discussed by Committee.

This national update took place over the weekend of 12th & 13th August, however following a failure with the update, the SCI Gateway service was severely impacted across Scotland. The level of impact across practices varied, with many experiencing little or no service throughout the week. The resulting workarounds issued to practices are extremely impractical and create a very real risk of misfiling.

While the level of effort by NSS in resolving the issues was acknowledged, Committee raised serious concerns around the overall planning of the update and the apparent lack of any robust back-out plan should the update fail to complete. These concerns have been raised with Scottish Government, and it is critical that learning is taken from this to ensure that future system updates have robust testing, installation and contingency plans in place.

While NSS have issued assurances that the majority of the identified issues have now been resolved, they are keen to hear of any ongoing issues.

Committee's concerns around the lack of communication following the failure and also the lack of GP IT involvement in the testing of the change were also highlighted.

4. **Monitoring Position Update**

4.1 – **Post-prostatectomy monitoring**

Committee were informed that a process is now fully in place within Urology for the follow-up monitoring of patients post-prostatectomy. This may mean patients are sent labels for PSA bloods that are taken in practices, however the results would go back to Urology to interpret and therefore the follow-up decisions are not the responsibility of the practice.

It was acknowledged that wider communication of this change hasn't been made, and this will be considered.

AP – Office to consider any additional communication to practices regarding the follow-up monitoring of post-prostatectomy patients by Urology team.

4.2 – **Ovarian Cyst monitoring**

The recent significant increase in the number of practices receiving requests to carry out blood monitoring and recall monitoring for ovarian cysts was highlighted. This has identified a clear gap in service and we continue to work with colleagues in Gynaecology to identify a clear process for this work which eliminates the risk of patient harm. In the meantime, practices are reminded that they are not obligated to carry out this work.

5. **PCIF Allocation 2023/24**

Committee's extreme disappointment in the recent *Primary Care Improvement Fund: Annual Funding Letter 2023-24*, issued by Scottish Government on 9th August was shared. The need for all colleagues within Lothian's tripartite group, who are working towards delivering the new contract, to be aware of the position was also stressed.

It was clarified that the staff expenses element to the GMS uplift to fund the staff pay uplift as recommended by the DDRB is still awaited. It was however noted that, while in the past the DDRB uplift has matched the Agenda for Change increase, last year was the first time that it didn't. Should this happen again, the discrepancy between practice employed staff and Agenda for Change staff will increase, creating further challenges for practices.

6. District Nursing Pressures

Committee were made aware that Lothian's district nurse (DN) population are currently facing many of the same challenges as GPs, with many nearing retirement and ongoing difficulties recruiting new staff having an impact on patients, particularly in Edinburgh HSCP.

Suggestions around how to relieve the district nursing workload were welcomed. It was noted that the level of paperwork associated with the role was considerable, and any opportunity to reduce this would have a positive impact on the time available to treat patients in addition to making the job more appealing. It was also acknowledged that district nurses are now responsible for a larger proportion of palliative care.

It was also highlighted that TWOC (trials without catheters) are often requested of the DN team, however the Urology nurses often advise that a bladder scan is required to do this accurately, and the DN team do not have access to this. Revisiting this pathway could perhaps ease the pressure for the DN team.

AP – Office to considering feeding back any suggestions on how to relieve the district nursing workload to Pat Wynne.

7. GPAS

The July GPAS report was shared with Committee in advance.

It was highlighted that practice return rates have dropped slightly over the last few months, recognising that there may be some practice fatigue and that there may also be a feeling of a lack of remedial action. However, the importance of continuing to submit these regular returns was highlighted so that we can evidence the movements in practice workload, particularly as we move towards winter, and also to ensure that the Board are fully aware of the position and have factual evidence of the issues. These monthly reports are also being shared wider across NHS Lothian and Scottish Government. It was agreed that communications will be issued to practices to help them understand what happens with the outputs from these returns, and to highlight the importance of continuing to submit their weekly returns. Committee representatives were also asked to reach out to their constituents to share this message.

AP – Office to communicate with practices to help with understanding the importance of the GPAS data, and to ask them to continue submitting their regular practice returns.

Possible IT opportunities to make it easier to gather this data were suggested, and it was agreed that this would be investigated further.

AP – Office/PC to consider possible eHealth support/automation opportunities to assist with gathering of GPAS practice data.

8. PCITOB Minutes

Minutes from the most recent PCITOB meeting were circulated ahead of the meeting and taken as read.

9. Radiology Primary Care Interface Group update

A summary of the most recent Radiology Interface Group meeting was given to Committee.

The current delays in both booking x-rays and receiving results was highlighted. This is mainly due to a significant increase in both the volume of requests (1700 in June 2019, 2600 in June 2023), and also the number of urgent requests made. The number of Radiographers and

consultants has increased, with recruitment continuing, and Radiology continue to look for ways to improve the position.

It was noted that urgent referrals previously accounted for approximately 20% of requests, however this percentage is now considerably higher. This has resulted in the urgent slots becoming significantly over-subscribed, leading to the downgrading of a number of requests. It was noted that, due to lack of resource, the department may not inform GPs that their referral has been downgraded, other than for USOC cases. However it was highlighted that while they may not need to inform GPs, the department do need to manage the patient's expectation while they are waiting.

Committee queried how many referrals were upgraded from routine to urgent, and it was agreed that this would be raised at the next meeting.

AP – KR to ask how many x-ray referrals are upgraded from routine to urgent at next Radiology Primary Care Interface Group meeting.

10. **Medical Directors Business**

10.1 – **GP Sub Chair.** The current 3 year Chair term is due to end in September. While the current incumbent intends to stand for re-election, we will soon issue a request to all elected members of Lothian LMC Committee for self-nominations to this position. A further update will come to Committee.

11. **AOCB**

It was agreed that, moving forward, a request for agenda items for consideration will be issued to all Committee members 2 weeks prior to the meeting date. Once the agenda has been finalised, only exceptional items will be taken as AOCB.

11.1 – **Emailing Lab Results to GP Surgeries**

The current process for urgent lab results that need same day action is for the lab to phone practices with the results, however this often results in the lab going through lengthy practice messages or waiting for a considerable time due to busy phone lines. The lab has therefore requested that practice clinical mailboxes be used to provide urgent or abnormal results,, possibly with a read receipt.

Following extensive discussion at a recent Primary Care and Laboratory Interface Group (PLIG) meeting, it was felt that a move to emails was a sensible solution for both practices and lab, but rather than a read receipt there would be an agreed cut off time for sending the results through to practices (read receipts were deemed not possible from a lab perspective).

Following some discussions it was agreed that from both an audit and clarity perspective, emails would be better than phone-call, and that a 5pm cut off time would be the most workable approach. A communication from PLIG should be issued in due course updating practices.

11.2 – **Premises Expenses Claims Process**

Concerns were raised regarding the current process for expenses reclaim, specifically pertaining to practices who lease their premises from Lothian Health Board. A number of examples were given;

- Land and Buildings Transaction Tax (LBTT) not being covered by Health Board
- Split-ownership of building (e.g. part occupied by HSCP) but GPs liable for full building running costs

- Health Board requesting that practices get 3 quotes for any work to be carried out, which in the current climate is very difficult to achieve

It was agreed that when occupancy of a building is shared, the costs should be proportionately split between the occupiers. Jenny Long offered to look into the issues raised.

AP – JL to look into the challenges with the expenses claim process for practices.

11.3 – MMR Patient Letter from Public Health Scotland

Committee were made aware that Public Health Scotland (PHS) are currently issuing letters to patients/carers highlighting the recent increase in measles cases and encouraging vaccination. The letter advises anyone, including adults, who doesn't know their measles status to request a copy of their vaccination record from their GP. The letter makes no mention of the Central Immunisation Service for historic record enquiries (0800 030 8013) and appears unaware that GPs are no longer responsible for vaccinations.

We have raised our concerns at a national level, however please contact the office (lmc@nhslothian.scot.nhs.uk) if you receive any enquiries.

11.4 – Referrals Advisor Position

Committee were made aware of a referrals advisor vacancy that is due to be advertised shortly. Any Committee member who may be interested can speak to Catriona Morton for more information.

Meeting closed.

Date of next meeting - **Monday 25th September 2023 via MS Teams**

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

Monday 30th October

Monday 27th November (**Novotel**)

Monday 18th December (3rd Monday)