

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 26th August 2024

7.30pm

Novotel Edinburgh Park

Chair – Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Ms Jenny Long, Ms Alison McNeillage, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Neil MacRitchie, Dr Nick Payne, Dr Douglas McGown, Dr Laura Tweedie

Welcome – Dr Laura Jack, *GPST3, Pentlands Medical Practice (observer)*
Dr Olivia Foster, *GPST3, Tyne Medical Practice (observer)*
Dr Joanna Smail, *newly elected East Lothian representative*
Dr Kim Rollinson, *newly appointed Sessional GP representative*

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

1. Minutes of the last meeting 24th June 2024

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **Office** to raise extremely worrying and lengthy Adult ADHD wait times during next regular meeting with Associate Medical Director of Psychiatry. **Update:** Due to annual leave there hasn't been a further meeting since the last GP Sub-committee meeting, however this is on the list of discussion points for the next meeting with Psychiatry. **CLOSED**

2.2 - **JC/PCCO** to provide clarity to practices on how to proceed with the new workload request to offer Hepatitis C blood test to specific patients and to capture blood transfusion information for all new patients. Clarity around whether this is covered by the existing Hepatitis C LES is also required. **Update:** Jeremy Chowings emailed practices 25/6 which covered a suggested approach to carrying out the testing and also confirmed that payment for this would be covered under the Hepatitis C LES. Following some discussion around the claims process, it was suggested that a further email to practices clarifying how they make this claim would be beneficial. **CLOSED**

AP – JC. Following on from email of 25th June, JC to email practices clarifying the claims process for the Hepatitis C blood tests for blood transfusion patients.

Chair expressed his thanks to PCCO for making this mid-year LES adjustment.

2.3 – **GP Health Visitor Interface update (Matters Arising).** Following on from discussion at the June meeting, a number of practices continue to report concerns with the agreed approach. In a number of cases, while Health Visitors are happy to look in the patient notes for information, it was shared that the directive from some line managers is that they should not be doing this. This is resulting in increased practice workload and reduced patient safety, particularly for high risk patients.

Following some discussion it was noted that, as communicated by Pat Wynne (Director of Nursing), there is no issue with Health Visitors accessing the practice patient notes if they need to know patient information, however they are not required to and should not record in it. Health Visitors should only be recording within TRAK which is the dedicated system for record keeping for

community staff. It was suggested that a further update/reminder to Health Visitors may be beneficial. Committee continue to express concern around patient safety.

AP – JC to discuss with Pat Wynne whether a further update/reminder to Health Visitors and Health Visitor Leads is needed to reconfirm the position with accessing practice patient notes.

It was highlighted that GPs should already have access to Clinical Viewer which gives “Read Only” access to TRAK, however it was also acknowledged that the current position does carry an element of risk and we look forward to further IT development.

2.4 – GI RefHelp Proposal update (Matters Arising). Following on from discussion at the June meeting and feedback given to GI team, this was very well received and the updated RefHelp pages and new pathways are due to go live on 21st August. Details of the changes were issued to practices via the Weekly Email Distribution of 22nd August. This has been a good piece of collaborative work and thanks were given to all involved. **CLOSED**

3. **Facilities SLA Cost Pressures update**

An update on recent activity was provided.

It was noted that a huge number of Lothian practices remain in dispute with NHS Lothian’s Estates team regarding the level of charges being applied to their practice. Work continues to progress these through the appeals process, with most Level 1 appeals now being complete and practices receiving a letter from Estates confirming progress. If practices are not satisfied with the outcome stated within the letter, they are encouraged to respond to Estates to confirm that they do not accept the position and wish to move to Level 2.

Many practices are understandably unwilling to sign up to any new agreement without seeing the updated Service Level Agreement. This is currently with the Central Legal Office following earlier feedback from the GP community, Lothian LMC and lawyers Davidson Chalmers and we await a redraft. It’s hoped that we will achieve an agreed document that will assist practices in their decision making and evaluation process.

A number of meetings are scheduled to review Level 3 appeals, which is the first point in the appeals process that LMC are involved in.

It was highlighted that all practices who’ve received an update from Estates on their position are encouraged to reply to make their position clear.

4. **GP Registration and Assignment Procedure**

The proposed GP Registration and Assignment Procedure was shared with committee in advance of the meeting and it was noted that this has been agreed at Primary Care Joint Management Group, subject to GP Sub-committee approval.

It was highlighted that patients will be assigned as far as possible within the same HSCP area and that any assignments across HSCP boundaries will be agreed by the relevant HSCP Clinical Directors and PCC.

Practices were also reminded that they should keep a register of all out of area allocations, as if they need to remove any out of area allocations, they must remove them all.

A query was raised regarding whether practices were able to charge tourists for prescriptions, and it was confirmed that this was not allowable, with all visitors being treated in the same way as residents.

5. **ME-Chronic Fatigue Syndrome**

Committee views were sought on the proposed RefHelp pathway for ME-Chronic Fatigue Syndrome which was shared with committee in advance of the meeting.

It was noted that, while historically GPs could refer these patients to the Infectious Disease department, general referrals to this area haven’t been accepted for a number of years. As the ID consultant who had a specialist interest in ME-CFS has now stood down from post, the ID speciality team would only view an infectious cause as potentially their remit, otherwise no speciality is viewing this as their area of expertise.

As a result there is no current referral pathway and, while there is acknowledgement of the gap in service provision, GPs should not become the specialist. The increased risk to GPs was also acknowledged.

Committee agreed that this was a very important document that will be very useful to GPs, particularly in light of the recent report of the death of an ME patient in England. The lack of a specialist referral pathway is very disappointing.

It was proposed that further details around the position across Scotland were sought.

AP – Office to look into what referral pathways are in place across Scotland for ME-Chronic Fatigue Syndrome patients.

6. **SCA Ratification Process**

An update on the SCA Ratification Process was provided, and it was noted that this has been tentatively agreed by Pharmacy colleagues and once their further response is received this will come back to committee for information.

Committee were informed that the current ratification process is based solely on clinical grounds without consideration of any resulting resource requirements within primary care. The revised process will now include GP Sub-committee representation who will either agree to the proposed SCA or otherwise bring to the full GP Sub-committee for further discussion and decision.

7. **Failed Electronic Secondary Care Letters**

Thanks from Paul Leonard, Clinical Lead for Digital, were extended to practices for their work in response to this issue. It was noted that almost all of the previously failed letters had an electronic stamp applied which meant they were directly filed to medical records, and only a small number of letters required practices to take further action. As at the date of the meeting, no new issues had been raised by GP colleagues in respect of these letters.

It was noted that Paul Leonard and Jeremy Chowings are currently looking at a number of very old letters related to Allied Health Professionals and a further update will come to committee if any further action is needed.

It was also noted that NHS Lothian Board will accept the liability for any issue resulting from a failed letter that is more than 1 year old.

8. **Radiology Wait Times**

It was noted that the Radiology Newsletter/guidance document was circulated to practices on 15th August.

Committee raised further concerns with the extremely lengthy wait times for routine scans which were previously discussed at the June GP Sub-committee meeting.

The current 6 month wait for a scan could result in serious harm to patients as no diagnosis can be given during this period, and this is a significant clinical risk. In addition, the extended wait times significantly impact GP productivity as the referrals become more complicated as time goes on and patients continue to re-consult at general practice level

It was acknowledged that the recent letter from Jim Crombie, NHS Lothian Board, stated that budget savings were being made with the aim to minimise impact to patients, however it has been clear from public NHS Lothian Board meetings that in order to meet the significant financial challenge there will be impact to patient services. It was noted that the decision to halt locum spend and other waiting list initiatives across the board is particularly affecting Radiology.

It was suggested that this decision is fed back to Scottish Government to provide evidence of the true impact of budget decisions. Jenny Long agreed to check the details of this decision before agreeing any next steps.

AP – JL to look further into the details/decision to halt Radiology wait time initiatives and how this fits with Jim Crombie's earlier statement that budget savings were being focussed on non-clinical areas.

It was proposed to look into how the current position can be improved.

9. **District Nurse Referral Service**

Committee were informed of the District Nurse (DN) service review that is currently taking place. As part of the review, a new referral process was proposed for all referrals to DN which would involve filling out a lengthy, un- pre-populated form before emailing to the relevant DN mailbox.

Following a meeting with Pat Wynne, we have agreed an alternative approach for GPs where they will be exempt from this form and will instead email their local DN mailbox with;

- patient name, CHI and address
- history of problem (attaching a GP summary where possible).

One DN mailbox will be set up per HSCP area, with the central hub within each of these distributing to the relevant area.

The aim is for the process not to be too cumbersome while also maintaining a clear audit trail, and it was noted that this process shouldn't take away from the very helpful corridor conversations that currently happen in shared buildings.

As at the date of meeting, this process is not yet live. Once operational, Jeremy Chowings would welcome any feedback on how this is working.

It is hoped that the process may move to SCI Gateway in future.

10. **Reduction in Hours for Agenda for Change Staff**

The recent decision from the Agenda for Change (AfC) pay negotiations to reduce AfC staff working hours by 30 minutes per week was highlighted.

Concerns were raised that practices will be left to suffer the impact of this change to staff working hours despite not directly employing these AfC staff. And while the initial impact is 30 minutes per week, this will increase to 90 minutes once the full change is implemented. The additional potential for ill-will between AfC staff and practice-employed staff who may not be on the same Terms & Conditions was also highlighted.

This decision yet again exposes the lack of specification in the contract and the detrimental impact of not directly investing in practices. However, as this is a national Scottish Government decision, this is something that cannot be changed locally.

11. **Practice Panic Alarms & Security**

Committee were informed of a recent safety incident which brought to light that a NHS-installed panic alarm which was previously linked to the police but had been unknowingly de-activated 2 years ago.

While it was agreed that practices should have processes in place to ensure staff safety, it was agreed that this is site specific and is the responsibility of each practice to ensure appropriate plans are in place.

It was agreed that further clarity should be issued to practices, particularly those whose alarm systems were previously linked to the police, in order to make them aware of the current position and to allow them to make appropriate arrangements.

AP – Office to issue communication to practices in order to make them aware that some safety alarms may no longer be linked to the police, and allow them to make appropriate arrangements.

12. **RICOH Multi-function Printers SOP**

A number of practices have raised that, when needing new equipment, they have been instructed by eHealth that they need to sign up to a rental agreement with RICOH which is a considerably more expensive option than simply purchasing hardware. At a time of austerity, this is very detrimental to practices who should be able to have greater control over their expenses.

It was highlighted that as a multi-function printer is essentially a computer, the requirements are more complex than simply plugging in a stand-alone printer or other similar device. However it was agreed that

this could be discussed further between NHS Lothian's Digital team and Primary Care Contracts team to look to find a more suitable solution.

AP – PC to start discussions between NHS Lothian Digital Team and PCCO to look into acceptable alternatives to the current RICOH rental agreement for practices who are looking to procure new multi-function printing devices.

13. **Practice Manager Vocational Training Scheme Funding**

Practice Managers attending a recent meeting were informed that the Practice Manager Vocational Training Scheme (PMVTS) isn't being held this year and that future years are also believed to be under threat. This is very disappointing as this is a very popular and worthwhile course for new Practice Managers.

It was also noted that NES training is also being reduced for practice staff.

This is a concern for both Practice Managers and other practice staff, while also acknowledging that NES have their own significant budget challenges.

Jeremy Chowings agreed to pick this up further with NES.

AP – JC to contact NES to discuss the cuts/proposed cuts to Practice Manager Vocational Training Scheme and also NES training for practice staff.

14. **Items for Information;**

14.1 – **RHCYP Phlebotomy**

Committee were made aware that the Royal Hospital for Children and Young People (RHCYP) are currently running additional phlebotomy clinics for hospital patients every Friday, which has created more GP phlebotomy slots. Good progress is already being made on waiting times, with some GP slots being available towards the end of August (as at 9th August).

Committee welcomed this good news and the significant reduction in outpatient waits as a result, and thanked RHCYP colleagues for their work.

15. **GPAS**

The June & July reports were issued to committee in advance.

It was noted that the reporting position has remained largely static over the last 2 months, with very little movement in the reporting position in each constituency.

A request to encourage all practices to continue to contribute to the Lothian-wide picture was made.

16. **Medical Directors Business;**

16.1 – **Representative movements;**

- **GP Sub-committee & LMC Chair**

Following recent election, Dr Andrew Forder has been elected as the new Chair of Lothian LMC and Lothian GP Sub-committee, and will take on this position from 1st September.

- **Midlothian seat**

As Dr Iain Morrison steps down from Chair at end August, he will take up his previous Midlothian representative seat. In addition, the extra representative seat allocated in the Chair's constituency to run alongside their tenure will end, which unfortunately means that Dr Colin McArthur will step down with effect from end of August.

- **Sessional GP seat**

Dr John Magill has stood down from committee. Dr Kim Rollinson has now taken on the role of Lothian Sessional GP representative.

- **Retainer GP seat**

Dr Polly Dunne will take up a salaried position in September and is therefore stepping down from the Retainer representative role. We await confirmation of the new representative from the Retainer community.

17. **AOCB**

17.1 – Thanks for Representatives Standing Down

Chair extended his thanks to those committee members standing down from committee and thanked them for their time and valued contribution.

17.2 – Dr Iain Morrison’s Last Meeting as Chair

In his last meeting as Chair of GP Sub-committee, Dr Iain Morrison expressed his thanks to all, and in particular those members of committee who would not be attending the LMC meeting following.

Committee expressed their thanks to Dr Morrison for his strong direction through some very difficult times as Chair, and wished him well in his next challenge as Chair of Scottish GP Committee.

Meeting closed.

Date of next meeting - **Monday 30th September 2024 on MS Teams.**

2024 Meeting Dates (last Monday of each month unless highlighted)

Monday 28th October

Monday 25th November – **(Novotel)**

Monday **16th** December (**3rd Monday**)