GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 25th August 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 Rebecca Green, 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 Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey McKigen, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Fiona Ferguson, Dr Jeremy Chowings, Ms Alison McNeillage, Dr Caroline Whitworth

Welcome – /

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of the last meeting 23rd June 2025

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 – (ONGOING) **Office** to discuss Management of Type 2 Diabetes with Primary Care Contracts Team. **Update:** Work is continuing, however there was no specific progress to report. Carry forward to September meeting. **ONGOING**

2.2 – (ONGOING) **Office** to set up future meeting with the Adult Neurodevelopmental Pathway group to discuss further plans, following their meeting with RefHelp. **Update:** The draft RefHelp pathway is expected to be brought to GP Sub-committee in September, following discussion at September's Executive Committee. **ONGOING**

2.3 – (ONGOING) **JC** to provide further update on discussions with Endocrine Clinical Lead regarding post- cancer thyroxine monitoring. **Update:** Dr Chowings has asked the Clinical Lead of Endocrine that no further discharges are sent to GPs for now, and they will meet to come to an agreement on a way forward. Further update to follow. **ONGOING**

2.4 – **JC** agreed to take further action to highlight that more transparency and accuracy is needed around secondary care wait times and initiatives, to provide much needed support to GPs and patients. **Update:** Some work is underway, further update to come back to September meeting. **ONGOING**

2.5 - **AL** to update the Clinical Work Across the Interface document to reflect the addition of Cinacalcet within the Endocrine section, and take to Lothian Interface Group for approval. **Update:** This is still in progress, awaiting updates from a number of other specialties. **ONGOING**

2.6 – As agreed at the May meeting, the office wrote to Scottish Government to express committee's ongoing concerns with the format of the PCIP Tracker and to inform them that, as a result, Lothian GP Sub-committee did not approve the latest version of the Tracker. A response from Scottish Government has now been received which recognises the concerns raised by a number of other LMCs and are looking at some alternative approaches. Further details will be shared when known. **CLOSED**

3. Facilities SLA update

Following on from the discussion at the February meeting, it was highlighted that Scottish Government's agreement to fund a 6 month pause on the increase to 75% of total costs is due to end in October. Recognising the current negotiations that are taking place regarding non-staff costs, it is acknowledged that it is unlikely that any change could be implemented before the pause on the increase runs out. The office therefore wrote to Scottish Government asking that the pause be extended until the end of the financial year. A response from Scottish Government has recently been received which states that they are currently in discussions about non-staff cost reimbursement, and they will explore what this means in terms of the pause and will provide a further update when able to do so.

Concerns around repeated inaccurate invoices and claims from Estates were highlighted, in addition to the large amount of time required from both practice managers and partners to investigate and evidence each of these. The duplication of this time requirement across numerous practices in Lothian, and the resulting impact on the resource available to patients, is very concerning.

It was noted that NHS Lothian Estates team are currently in the process of drafting an Occupancy Agreement for sharing with impacted practices

4. Haematology Virtual Clinic Bloods

Committee were updated on ongoing discussions in respect of blood tests undertaken by GP practices on behalf of virtual haematology clinics.

It was noted that historically Haematology provided a form and label with their request which allowed the results to go straight back to Haematology for review and action. The current process however requests via an Outpatient letter which practice phlebotomists then process via ICE which, in addition to auditing the volumes of requests, sends the results back to the practice. In addition to the increase in unresourced work that's created, GPs are also obligated to review all blood results that come through their system despite a number of these results being beyond the competencies and knowledge of an average GP.

Following some discussion, it was agreed that the previous option with Haematology-provided labels worked well, and it was therefore agreed that, other than Systemic Anti-Cancer Therapy (SACT) bloods which would continue to be ordered through ICE, all other requests should revert to the previous process where a label is provided.

Committee thanked colleagues in Haematology for their helpful discussions.

AP – AL to feedback committee's decision on virtual clinic bloods to Haematology.

5. Mexiletine and Evolocumab Shared Care Agreements

Proposed Shared Care Agreements (SCA) for Mexiletine and Evolocumab were shared with committee in advance. It was noted that, while an SCA for Evolocumab has been on the Lothian Joint Formulary for some time, this updated version was being brought to committee for formal decision as per the SCA review process.

Committee discussed both documents at length and it was noted that, for Mexilitene in particular, this involved a very small number of patients. As per the General Medical Council's Shared Care guidance, anyone prescribing based on the recommendation of another healthcare professional must be satisfied that the prescription is needed, appropriate for the patient and within the limits of their own competence. The prescriber is also responsible for making sure that the prescription is appropriate, necessary and safe, and therefore ultimate responsibility lies with the prescriber rather than the recommending clinician. As a result, it was felt that prescribing of rarely used drugs should remain the responsibility of specialists rather than GPs.

Committee voiced their ongoing concerns around the unmanageable workload within practices, with many struggling to provide a service for existing SCAs, and with no improvement to these workload challenges, it was therefore very difficult to see how practices would be able to take on any additional unresourced work. This reflects earlier discussions around the possibility of GP prescribing of COVID anti-virals and GLP1-RA Weight Management drugs, and committee highlighted the importance of maintaining a consistent approach to this type of request.

As a result, Committee did not approve these SCAs.

AP – Office to feed back to GP Prescribing Committee (GPPC) that the Mexiletine or Evolocumab SCAs were not approved by GP Sub-committee.

It was noted that, while a number of SCAs exist that have not been approved by GP Sub- committee, SCAs are not contractual and practices can decide whether they are able to take on this work on not.

6. Unscheduled Bleeding on HRT

A draft of an updated RefHelp pathway for Unscheduled Bleeding on HRT was shared with committee in advance. It was noted that this had previously been reviewed by the LMC Executive team and following some further amendments was being brought to GP Sub-committee for decision.

Committee approved the updated pathway, and thanked Gynaecology and RefHelp colleagues for their collaborative working.

AP – Office to feed back committee's decision on the updated pathway for Unscheduled Bleeding on HRT to RefHelp team

7. Practice Emergency Contingency

Committee discussed whether there was appropriate practice support and contingency plans in place in the event of an emergency situation within a practice.

A recent example of flooding within a practice building was shared. It was noted that senior Estates staff were on site very quickly, and patients were not allowed into the building until the safety of the building was established. It was also noted that while a buddy practice arrangement was in place, this was within the same building and therefore couldn't be utilised, and a small room within a nearby pharmacy was eventually used to see patients.

While most practices will hold some form of Business Continuity Plan and buddy practice arrangements, this example highlighted the need for these plans to cover the possibility of being unable to access the practice building, and also that of their buddy practice.

While recognising the differences between practices, Committee agreed that a guidance framework which clearly states the level of service required within the first 24, 48, 72 hours, etc, is needed in order to help practices construct robust plans to enable them to remain operational where possible during emergency events. It was suggested that a Short Life Working Group be set up to learn from recent examples and to agree a practice framework.

AP – Office/PCCO to discuss next steps for developing a guidance framework for practice Emergency/Business Continuity Plans.

A number of additional concerns regarding insurance cover were also raised, particularly for premises with an NHSL Service Level Agreement, and it was noted that the current lack of clarity around this and the potential practice exposure is extremely worrying for GP partners.

8. GPAS

The July report was circulated in advance of the meeting. It was noted that return rates in some localities are lower than others, acknowledging that this is often a reflection of workload demand, however committee representatives were asked to reach out to their locality practice where possible as this robust data is extremely helpful in evidencing the pressures within General Practice.

This data is shared regularly with NHS Lothian Board and also Scottish Government to keep them informed of the challenges that practices are facing, although there is some frustration at the lack of action being taken as a result to improve the position.

9. Medical Directors Business

None

10. AOCB

10.1 – **X-ray Waiting Times**. Concerns were raised regarding excessive waiting times for plain film x-rays at Edinburgh Royal Infirmary. Radiology have provided an update on the position and, while acknowledging that several sites have been impacted by room closures and also some staffing issues, waiting times at RIE should be no more than a few weeks for non-urgent GP plain film. It was highlighted that there is often capacity at other sites (St John's, Western, Midlothian Community Hospital, East Lothian Community Hospital) and patients who are willing to travel can be directed there, and teams are encouraged to promote these where clinically appropriate.

Work continues to make further improvements including recruitment of radiographers and consultant radiologists across the city however it will take time to see this reflected in improved waiting and reporting times.

10.2 – **Gynaecology Waiting Times**. Concerns were raised regarding the current 44 week wait time for routine colposcopy (should be 8 weeks), while also noting that no change is being made to the patient letters and therefore the patient will expect their appointment within 8 weeks. Comparisons to a similar position in another Board area previously were made and it was noted that the Cervical Screening Programme Board are writing to NHSL Board to ask that this is put on Lothian's Risk Register. Lothian is the worst performing Board in Scotland for this procedure, with the 2nd worst performing Board having a 19 week wait time, and Committee asked at what point NHSL would look to other Board areas for assistance.

AP – TM to provide a detailed update on the routine colposcopy waiting times.

10.3 – **Mounjaro Price Increase**. Following recent reports in the media of an expected increase in the list price of Mounjaro by up to 170%, it was noted that there may be an impact on GPs from patients who currently self-fund this medicine for weight management as this may no longer be affordable. It was noted that weight management drugs are not currently prescribed within NHS Lothian, and GPs may want to consider directing patients to the NHSL Weight Management website which is being kept up to date with the latest information.

10.4 – Committee were very saddened to hear of the recent death of Dr Jon Turvill, a past committee member and previous Clinical Director for East Lothian HSCP.

Meeting closed.

Date of next meeting - **Monday 22nd September 2025 at Novotel Edinburgh Park**

2025 Meeting Dates:

Monday 27th October
Monday 24th November
Monday 15th December (3rd Monday) - **Novotel**