

**GP SUB-COMMITTEE OF
NHS Lothian Area Medical Committee**

Monday 13th December 2021

7.30 pm

Virtual meeting via MS Teams

Chair - Dr Iain Morrison

MINUTES

Attending – Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Hamish Reid, Dr Katherine Robertson, Dr Susannah Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Mr Ryan Addison, Ms Sandra Allan, Dr Hayley Harris, Ms Jenny Long, Ms Alison McNeillage, Dr Nigel Williams

Apologies – Ms Tracey Gillies, Mr Iain Gorman, Dr Shelagh Stewart

Chair opened the meeting and warmly welcomed Committee members.

1. Minutes of last meeting 15th November 2021, for approval

The minutes from the previous meeting were approved.

2. Matters Arising/Actions from last meeting

2.1 - **LMC Office** to clarify if OOH pharmacists can apply for the NES funding to support GP clinical pharmacist framework training. **Update** – It was confirmed that this funding isn’t open to OOH pharmacists, however pharmacy training lead has offered to work with OOH on other assistance where they can. **CLOSED**

2.2 - **LMC Office** to work with the appointed reps for all 4 HSCP areas to review v4.5 of the PCIP trackers and raise any concerns following due process. **Update:** All HSCPs have submitted v4.5 of their PCIPs and these have been received by the appointed reps “for information”. These are currently being analysed, and any comments will be fed back to the relevant HSCP for consideration/inclusion in v5 of the trackers. **CLOSED**

2.3 - **LMC office** to raise the need for Booster and 3rd vaccine doses to be included in the NHS Scotland Vaccine Status system urgently, and to feed back to the National Helpline that GPs are unable to help with these requests. **Update:** This came in effect on 9th December. **CLOSED**

2.4 - **TG** to feed back to Secondary Care that requests for COVID vaccine 3rd doses should not be sent to General Practice. **Update:** This has now been circulated. Anyone still receiving these requests should let the office know. **CLOSED**

2.5 - **JL** to provide a timeline for the next telephony upgrade, and confirm that this will resolve the current issues with the GP hotline. **Update:** A permanent solution should now be in place which provides a priority line for GPs. No further issues were highlighted at the meeting, and committee fed back their gratitude to those involved in resolving this. **CLOSED**

2.6 - **TG/LMC office** to discuss the next steps on how private surgery follow-up and monitoring should be dealt with (following on from bariatric surgery follow up discussion) **Update:** No further update. **ONGOING**

3. **COVID/Flu Vaccine Programme Update**

The recent announcement of the extension of the COVID booster programme has come as a bit of a surprise, and discussions around the possible distribution of boosters within practices are taking place.

The need to step up and support where we can was strongly acknowledged, however the logistical challenges of setting up the successful delivery of booster vaccinations at individual practices across Lothian within a very short time window was a serious concern. In addition, the likelihood of increased confusion for patients around where they need to go for their vaccine and the increase in call volumes into practices were also highlighted.

Committee strongly encouraged GPs to focus on doing the activities that only GPs can do by working within general practice or consider supporting OOH if they have spare capacity. There is a wider group of people who can vaccinate, and any practice staff with spare capacity were encouraged to join the workforce in the mass vaccination centres as these will remain the main venues for delivery of the vaccine.

The governance challenges which hamper the easy movement of GPs and practice staff to mass centres were discussed, and the need to make these less restrictive while in the midst of a national emergency in order to encourage and enable more volunteers was stressed.

This is a very live issue and significant priority is being placed on it. Discussions continue and an update to Committee will be provided as soon as any more is known.

It was noted that the flu vaccine campaign has improved although progress remains slightly behind where it would normally be, however it was acknowledged that the current focus is on delivery of the COVID booster.

4. **Infection Control Guidelines and Practice Action Plan**

The latest version of the Practice Action Plan, including the updated Infection Control Guidelines, has been circulated across Lothian practices, acknowledging that this is guidance as a number of the guidelines are very difficult to adhere to for some practices.

It was noted that the self-isolation policy for healthcare staff who are household or passing contacts of positive cases of COVID-19 including the Omicron variant has now been confirmed. Staff are exempt from the 10 day self-isolation requirement and can return to work providing they;

- are double-vaccinated and have received a booster;
- are and remain asymptomatic,
- undertake a PCR test (which returns a negative test result before returning to work), and;
- undertake daily LFD testing for the remainder of the 10 day period.

Ongoing concerns around the considerable number of patients who remain unwilling to wear a mask in practice settings was noted, and the need for further public messaging on this matter was highlighted.

5. **Scottish Government Sustainability Payment to GP Practices**

The GP Practice Sustainability Payment recently announced by Scottish Government was welcomed as a very positive show of support for GPs from Scottish Government. This payment includes the transitional payments for CTACS and Pharmacotherapy with transitional payments for other parts of the contract still under discussion.

It was noted that the Sustainability Payment is separate and in addition to the Winter LES payment previously agreed with NHS Lothian. These additional support payments are very welcome within general practice as they continue to be stretched and are likely to remain so for some time.

6. **Sexual Health Service Group update**

An update on the most recent Sexual Health Service Group meeting was given.

Sexual health service is back to 80% pre-covid activity with the deficit largely due to locality clinics remaining closed. There are concerns that young people are still not accessing the service, with only 60% of pre-pandemic rates of 16-18 year olds attending. There has been some success with an outreach pilot to catch the younger population but work still needs to be done. Chalmers walk-ins restarted in October and they are looking at how to make their “front door” more welcoming. The service is still attempting to make the £200K saving the partnership has requested, this includes redesigning all referral services and looking at direct access and walk-ins.

Locality clinics. Bathgate, Howden and Leith remain closed, although the hope is that Howden will reopen 3 days a week in January (Tues/Thurs/Fri). A late night evening sexual health and family planning clinic is being considered for Leith Links surgery, and a young person clinic is due to open in Pennywell, with similar interest in a Dunbar practice. The West Lothian addictions team are considering piloting syphilis tests, with sexual health services providing the kit and training needed to do this.

LARC services are almost back at pre-covid levels however the waiting list remains long due to the 1 yr extension to both IUD and Implanon use. IUD referrals have gone up 200% - training clinics have resumed but are not yet back to previous levels. The online booking portal is proving popular with all appointments usually filled within 24 hrs. Consideration is currently being given to extending LARC services into the community with some GPSI clinics.

Abortion services rates continue to rise, particularly in older age groups.

Pharmacy service. The progestogen-only pill can now be prescribed by community pharmacy for 3 months.

7. Cervical Screening Data

Anonymised health board data showing the levels of cervical screening activity carried out across NHS Lothian since August 2020 was shared with Committee and it was noted that throughout this time, Lothian has consistently delivered the highest level of screening across Scotland. Committee expressed their thanks to all the practice teams for their continued hard work during this time.

8. Medical Directors Business

8.1 – Post Prostatectomy PSA Follow Up

Committee were made aware of a recent concern raised with the office where post-prostatectomy PSA results sent to the GP appear normal but in fact are not and should therefore be actioned. This has led to a couple of episodes where recurrence has been missed and as a result a number of practices are concerned about the responsibility they are carrying.

It was noted that work is currently ongoing within the labs to highlight and flag ranges in the results, removing some of the risk from GPs, and it's hoped that this will be implemented shortly.

Discussions with Urology are also continuing in the hope that a suitable outcome that works for everyone across the system and is as failsafe as possible will be achieved. It was not felt that the patient being told to check result was normal would absolve clinicians from responsibility for follow up here.

9. AOCB

9.1 Gender Identity Wait Times

The current 3 year wait time for paediatric referral to the Gender Identity clinic in Glasgow was raised as a significant concern.

Gender dysphoria is a challenging and emergent service, with paediatric patients in particular requiring timely access to specialist expertise (within 3-6 months). The current excessive wait times increase the likelihood and risk of these patients accessing private providers and also results in GPs being put in the difficult position of monitoring these patients

This has been escalated to the highest level within Edinburgh HSCP & Lothian Health as a significant risk to patients although funding pressures are acknowledged and it's unknown if further funding will be made available. However as a national service, what can be done at a national level to raise the importance of this and change the current position?

Lothian LMC recently raised this as a question for the Cabinet Secretary for Health and Social Care during the Scottish LMC conference, and although this wasn't asked during the conference, all questions are being sent to the Cabinet Secretary for further response and we await the Cabinet Secretary's reply to this question.

AP – LMC office to look into raising Committee concerns around the excessive wait times for the national paediatric Gender Identity service.

Chair closed the meeting by reflecting that at this point last year, we welcomed 2021 as the dawn of a new era, but it now feels very similar to last winter. However, we are in a better position and things will get better. Chair thanked everyone on Committee for their continued hard work and is looking forward to working together in 2022.

The meeting closed.

Date of next meeting – Monday 24th January 2022, 7.30pm