GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 18th December 2023
7.30pm
On MS Teams

Chair – Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Neil MacRitchie, 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 John Magill, 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 Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Debbie Strachan, Ms Alison McNeillage

Welcome – /

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of the last meeting 27th November 2023

2 changes to the minutes were proposed;

i) Item 7: Clinical Work Across the Interface – to add *(words in italics)* to the penultimate paragraph to read;

"It was also agreed that there should not be a 2-tier system. *The Director of Primary Care outlined that if this is a document to support work across the interface then it should be balanced to reflect secondary care workload pressures and the key messages within the document agreed with secondary care colleagues*."

ii) Item 9: Gender Shared Care Agreement – to add *(words in italics)* to read;

"However it was highlighted that for Local Enhanced Services (LES), NHS Lothian has more flexibility to uplift these*, and this discretion has been applied in the past with approximately £7M more in the enhanced service pot than Scottish Government directly fund. The current financial climate means any further flexibility is significantly constrained*."

Following agreement of both changes, the minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 – **IM, JC, JL & AL** to meet with Caroline Whitworth (LIG co-Chair) to discuss and agree a final "Clinical Work Across the Interface" document that will have corporate agreement and support. **Update:** This meeting has been arranged for 19th Dec, and a further update wil come back to the meeting after this. **CLOSED**

2.2 - **ALL** to send any further comments on the Perinatal and Infant Mental Health Referral Guidelines to the office by Tuesday 5th December. **Update:** No further comments. **CLOSED**

2.3 **ALL** to send any further comments on the Ovarian Cyst RefHelp Guidance to the office by COP Tuesday 5th December. **Update:** Updated flow charts and a helpful explanatory document were circulated ahead of the meeting, and these were accepted. It was clarified that GPs should be able to future-date advance scan requests, acknowledging that Radiology have been very helpful with these in the past. Recent improvements in wait times were also noted and welcomed. **CLOSED**

3. PCIP Demonstrator Sites

Following the recent request for applications from HSCPs who wished to be considered for Scottish Government's Primary Care Phased Investment Programme, committee congratulated Edinburgh HSCP who have been successful in being one of the 4 bids accepted. The other 3 are Ayrshire & Arran, Borders and Shetland.

Edinburgh are awaiting their first formal meeting with Scottish Government to understand the finer details, and will keep committee updated on progress.

Concerns around potential destabilisation in neighbouring practices were acknowledged, and it was welcomed that Edinburgh HSCP will continue to work closely with the GMS Oversight Group and look to share any learning from this programme in an effort to help all areas.

It was asked whether Edinburgh HSCP would be happy to share the details of their bid with committee for information.

AP – IM to contact David White to ask if Edinburgh HSCP's PCIP Demonstrator site bid could be shared with GP Sub Committee.

4. Facilities SLA Cost Pressures

Committee were made aware of the recent cost-recovery exercise carried out by NHS Lothian Estates and Facilities and their resulting proposal which looks to recover the actual costs NHSL is incurring in providing Facilities Management (FM) services under the Service Level Agreement (SLA) contract. This includes the provision of Hard FM (essential services relating to the building's physical structure, e.g. statutory compliance checks, maintenance and repairs to heating, ventilation, and air conditioning, electrical systems and landscaping), Soft FM (cleaning, including windows, and consumables), plus utility provision, to practices.

The cost-recovery exercise identified a gap of £1.9 million for 2023/24, of which £200,000 is clinical waste collection which will not be passed onto practices, leaving a bill of £1.7 million across the impacted Lothian practices.

It was intially proposed to recover the full amount across the current financial year – a massive risk to a number of practices who have already committed their budgets for the year. However, following considerable discussions and negotiation, a transition plan to move to full cost recovery has been agreed;

- 2023/24 - an uplift of 6.5% on the previous year's costs
- 2024/25 - practices will be expected to meet 50% of the gap between the charge for 2023/24 and the actual cost of all services
- 2025/26 - practices will be expected to meet 75% of the gap
- 2026/27 – practices will be expected to pay full cost recovery from 1st April 2026.

While these transitionary arrangements are considerably better than the initial proposal from Estates & Finance, they represent an average 170% uplift in a small number of practices and remain extremely challenging and worrying for a lot of Lothian practices, with a significant gap between income and expenditure. It was noted that practices may want to look to other providers of services going forward.

Letters will be issued shortly to all impacted practices which will include a detailed costing, with the level of impact across practices varying significantly. LMC will also be writing to all practices.

It was noted that there may be some cases of backdating costs for previous years where practices haven't made payment or received invoices, however reclaim of these costs needs to be fair and reasonable.

It is anticipated that many practices will want to dispute the costs and there will be a clear dispute resolution process in place, and HSCP Clinical Directors, GP Sub-committee and LMC will look at ways to support practices who may have challenges in meeting these costs over the next 2-3 years. In addition, the need for better quality assurance of the level of services provided, and the ability for practices to appeal when these aren't being met, was also stressed.

These considerable increases will inevitably have an impact on ongoing clinical services, with many practices needing to make the diffficult decision to halt recruitment or cut the number of sessions offered as a direct result of this. NHS Lothian Board have been made very aware of these risks, having met with both the Chief Executive of NHS Lothian and NHS Lothian's Director of Estates and Facilities, highlighting the

real term impact of this £1.7 million cut from GMS services, with no move to reinvest this into services elsewhere.

It was noted the that Director of Primary Care shares the same concerns and has also raised these points. An internal working group has been set up to work through these issues and look to recognise the wider impact of this action.

The risk of a quiet exodus across the profession was acknowledged.

Chair was hugely thankful of the support being given by Jenny Long, Jeremy Chowings and the HSCP Clinical Directors during this difficult time.

5. Enhanced Services Review

Thanks were extended to all those involved in the recent review of Enhanced Services which is now nearing completion. A lot of very useful information has been gathered, although it was acknowledged that much of this will feed into a vision for the future due to the current financial position. Other changes that are not funding dependent will be worked into the Enhanced Services ahead of the review by committee early in the new year.

It was hoped that a Frailty LES may be possible in future if the neccesary funding was available.

Concerns around the continued lack of uplift in payment to practices for delivering Enhanced Services was raised, and it was suggested that practices may need to consider reducing this workload going forward, particularly in light of the significant increase in facilities costs recently announced.

While it was acknowledged that Enhanced Services weren't subject to the wider 3% efficiency challenge, it was recognised that this doesn't compensate for the lack of uplift in past years.

6. Clinical Work Across the Interface

As covered in agenda item 2.1, a meeting is taking place on 19th December which it is hoped will advance the position. A further update will follow.

7. BMA Safe Workload Guidance

It was acknowledged that, as a result of the severe workload challenges currently being experienced, a number of practices may look to implement elements of the BMA Safe Workload Guidance previously circulated Safe workload guidance for GPs in Scotland (bma.org.uk)

The importance of safe working levels within general practice was stressed, while it was also acknowledged that it is in the interests of everyone to have functioning systems across the wider service.

Work is currently underway to produce a joint communication from LMC and PCCO that will help practices to implement the BMA guidance in a safe, productive and pragmatic way while also mitigating wider system harms.

Work is also being done to make some changes to the practice telephone message informing patients that they have reached their capacity for the day, to include more helpful information for patients of the triage process and to better manage their expectations.

It was acknowledged that we are in a period of decline, with Boards needing to make cuts and many practices having to mirror this. With most practices already running as efficiently as they can, there is little opportunity to make further change or improvement.

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8. GMS Oversight Meeting update

The PCIF financial forecasts (v6.5) for each of the 4 Lothian HSCPs were shared with committee for information only.

It was noted that recruitment will have a big impact on how these progress, and that overall progress will be monitored closely through GMS Oversight Group to ensure that full funding is used to support services wherever possible.

The level of spend on the West Lothian tracker was queried as it appeared to show an underspend when it was thought that full spend was planned.

AP – DM to clarify spend levels for WL PCIF, as v6.5 tracker appears to show an underspend, whereas it was thought that full spend was planned.

9. Eating Disorder Guidance

The final draft of proposed changes to RefHelp guidance was shared with committee in advance, and it was noted that RefHelp has now been updated to reflect these although further changes can be made if requested by committee.

It was highlighted that CAMHS will now see all referrals within 2 weeks. However, patients who are very high risk due to being metabolically unstable (see Guidance for specific markers) should be referred as an emergency to A&E.

For high risk cases referred to A&E, practices are asked to still do a SCI Gateway referral to CAMHS, highlighting that the patient has been referred to A&E.

Committee thanked Catriona Morton for the work done on this.

10. Blood Borne Viruses on RefHelp

Proposed changes to the RefHelp pages for Hepatitis B, Hepatitis C and HIV testing were shared in advance.

It was highlighted that there is an aim to achieve zero transmission of these blood-borne viruses (BBV) by 2030, and with this in mind, it is proposed that patients who have risk factors or clinical features that could suggest an underlying BBV are tested when they join practice, and while the reasons for this are understood, this brings in a new area of work to practices that this currently unfunded.

In addition, it's proposed that patients with Hepatitis who don't wish to be referred or don't attend for treatment should be offered a annual bloods in general practice, resulting in further unfunded workload.

It was agreed that while it is good practice to do all of the proposed work, the additional ask of GPs needs to be carefully considered. It was acknowledged that the increase in workload in deprived practices will be higher than that in less deprived areas, and there were also concerns that the proposed approach may still fail to reach the patients with greatest need.

It was agreed that this would be taken to GP Sub and LMC Executive Committee to discuss further and a further update will come back to committee.

AP – Office to add Blood Borne Viruses proposal to agenda for next GP Sub and LMC Executive Committee for discussion.

11. Radiology Primary Care Interface Group minutes

A summary of key points from the most recent Radiology Primary Care Group was given.

It was noted that improvements to ultrasound wait times had been made across all areas, and this was welcomed by committee. It was noted that the standard operating procedure is to triage all referrals and any that are deemed to be urgent will be upgraded if required. Progress has also been made on a likely online booking system for Radiology, and further updates will follow when more is known.

With regards to Physician Associates being unable to directly request ultrasounds, it was acknowledged that this is due to Physician Associates being unregulated. The numbers of these requests are very low and therefore a workaround is in place which requires the request to be made from a GP account, with GP supervision of the request.

12. GPAS

The November GPAS report was shared with committee ahead of the meeting, and it was noted that there was no significant change in position from the previous month.

Thanks were extended to all the practices who submit regular returns, and committee members were asked to encourage colleagues, particularly those in areas of lower rates of return, to submit returns as this helps to give the most accurate reflection of the position across Lothian.

It was requested that the weekly information was added back into the monthly report.

AP – Office to include weekly information in the monthly GPAS report (from December report).

13. Medical Directors Business

13.1 - **Best Start Implementation Group**

A vacancy has become available for GP representative on the Best Start Implementation Group. Anyone interested should contact the office or speak to AJ Kelly for more information.

14. AOCB

14.1 – Committee were informed of some changes discussed at the most recent Primary Care Laboratory Interface Group (PLIG)

It has been agreed that Oncology will cover the cost of the purple bags required for pre-chemo bloods.

Any urgent blood results received after 5 o'clock are fed back to practices by telephone, however the service have asked if they could have access to practice bypass numbers and eliminate any long practice phone messages. This was agreed.

Chair closed the meeting by wishing all GP-Sub-committee colleagues a Merry Christmas, and hoped that they would all find some time to rest over the festive period.

Meeting closed.

Date of next meeting - **Monday 22nd January 2024 (3rd Monday) on MS Teams**

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

Monday 26th February – **(Novotel)**
Monday 25th March
Monday 29th April
Monday 27th May – **(Novotel)**
Monday 24th June
NO JULY MEETING
Monday 26th August - **(Novotel)**
Monday 30th September
Monday 28th October
Monday 25th November – **(Novotel)**
Monday 16th December (3rd Monday)