

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 15th December 2025

7.30pm

Novotel Edinburgh Park

Chair – Dr Andrew Forder

MINUTES

Attendees – Dr Andrew Forder, Dr Annie Lomas, Dr Gordon Black, Dr Stuart Blake, Dr Michelle Downer, Dr Jenny English, Dr Alexander Kelly, Dr Hazel Knox, Dr Katie MacKenzie, Dr Jane Marshall, Dr Ramon McDermott, Dr Douglas McGown, Dr Laura Montgomery, 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, Dr Jeremy Chowings, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr John Hardman, Dr Peter Cairns, Dr Iain Morrison, Dr Euan Alexander, Dr Fiona Ferguson, Dr Neil MacRitchie, Ms Tracey McKigen, Ms Alison McNeillage, Dr Hayley Harris

Welcome - Dr Katie Overend (*GPST1, Blackhall Medical Practice*) *observing*

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

1. Presentation - Endocrinology

This presentation was carried forward to a future meeting.

2. Minutes of the last meeting 24th November 2025

The minutes of the previous meeting were approved.

3. Matters Arising / Actions from last meeting;

3.1 – (ONGOING) **TM** to provide a detailed update on the routine colposcopy waiting times and wider position within Gynaecology. **Latest update:** Committee raised concerns around the continued distress for colposcopy patients resulting from national standard letters stating an 8 week timescale for appointment, despite the current position in NHS Lothian being significantly longer than this. This has been raised and work is believed to be underway to look to resolve this. A number of particularly concerning recent examples were shared and TM agreed to feed these back to the relevant people. It was agreed that this action would remain open until we have a definitive position. **ONGOING**

3.2 - **TM** to provide updates to committee on any waiting time initiatives underway in NHS Lothian. **ONGOING**

3.3 - **Office** to contact GP Prescribing Committee to confirm the outcome of Committee’s review of Semaglutide and Tirzepatide Shared Care Agreements. **Update:** This has been done. **CLOSED**

3.4 - **TM/AF** to meet with key stakeholders to discuss the publishing of unsupported SCAs on East Region Formulary. **Update:** Ongoing. It was noted that the additional step of bringing proposed Shared Care Agreements to GP Sub-committee for agreement was introduced specifically to ensure that both clinical and resource aspects were jointly considered before publishing, however this is not being followed. It was noted that GP Prescribing Committee (GPPC) are also writing to Area Drugs and Therapeutics Committee (ADTC) to highlight the issue.

AP – Jeremy Chowings, Joanna Smail & Andrew Forder to arrange a meeting with stakeholders to discuss further

3.5 - **Office** to provide formal response to PCCO on draft Pre-Diabetes LES. **Update:** This has been done. **CLOSED**

3.6 - **TM** to raise concerns around the recent use of NHS email accounts by a private company with the Information Governance team. **Update:** As the originating Board area, this has been referred back to the Data Governance team within NHS Highland. **CLOSED**

3.7 - **Office/PCCO** to discuss the ongoing concerns with CAMHS waiting times at the next GP Sub Informal Committee meeting. **Update:** This is on the agenda for the next meeting in January. **CLOSED**

4. **Facilities SLA update**

Committee were informed that NHS Lothian are conducting an internal audit which will identify and review their financial risks. It was noted that the unresolved Facilities Service Level Agreement (SLA) discussions between NHS Lothian Estates and a number of Lothian practices is likely to be one of the risks identified.

It was noted that the GP Sub-committee Chair recently met with the auditor to highlight the ongoing position and the concerns of many practices. It was highlighted that, while Scottish Government's recent announcement regarding funding restoration for GP practices will look to reduce the risk to practices for non-staff expenses such as this, it is likely to be some time before more of the details of this are known, making it difficult to move forward in the meantime.

It was noted that the audit process is likely to complete around February or March 2026, with any recommendations then being taken to NHS Lothian Board for consideration.

5. **Draft Enhanced Services 2026/27**

A number of the proposed Enhanced Service contracts for 2026/27 were circulated to Committee in advance. Committee were informed that Scottish Government are now more involved with most of the remaining contracts and these are expected to be available early in the new year.

While the entire Enhanced Service offer needs to be considered in totality, early sight of those that were available was welcomed, and a preliminary discussion around those took place.

A number of small changes to the Drug Dependence and Minor Surgery contracts were highlighted, and it was noted that most others remain unchanged.

Committee welcomed the progress being made towards data extraction of returns data and, while not yet fully transferred, it is an improvement on previous years.

During the discussions, a number of questions were raised;

- Lead Practice for Carer Homes – concern around lack of payment for any other practice other than lead practice
- Phlebotomy – request for an uplift in payment to be fully considered. The volume of work carried out by practices on behalf of secondary care continues to increase with no corresponding increase in funding. While acknowledging the Phlebotomy clinic work currently underway would remove a lot of this work, this is some way off. It was agreed that, once the results of the data collection exercise currently underway are known, a decision can be made around any funding requirement and where this would come from.
- Minor Surgery – discussion was held around the possibility of exploring inter-GP referrals for such. PCCO confirmed they would be willing to explore if there was sufficient interest. It was agreed that this would be discussed at the next Informal GP Sub-committee meeting.

AP – Office to add “Minor Surgery Enhanced Service proposal” to next Informal GP Sub-committee agenda

Chair thanked PCCO team for providing these contracts for review, and invited any further comments on the drafts to be sent into the office ahead of the next meeting on 26th January.

AP – ALL to submit any further comments on the draft Enhanced Services to office ahead of 26th January meeting.

6. **Digital Dermatology**

Slides from the Centre for Sustainable Delivery which gave nationwide examples of positive patient stories as a result of digital images being provided by primary care, in addition to slides showing Lothian Digital Dermatology usage data, were shared with Committee in advance.

It was noted that Digital Dermatology is a national priority.

The number of dermatology referrals within Lothian with a digital image attached (provided either by patient or practitioner) is increasing, although currently for only 14% of all referrals. It was however acknowledged that the percentage of referrals with digital images specifically for lesions is likely to be significantly higher.

The need to educate the wider GP community, and particularly sessional staff, was highlighted and JC agreed to consider possible options.

It was noted that there is a desire both nationally and within NHS Lothian for it to become a mandatory requirement for all dermatology referrals to include a digital image, however Committee Chair has fed back to the relevant parties to inform that Lothian GP practices are not yet in a position to be able to do this.

7. **Discharge Process**

While there has historically been a small number of issues around patient discharge from secondary care such as early discharge, no discharge letter being sent to the practice, late discharge letters, etc, it was highlighted that there has been a concerning increase in the number of these issues recently.

A number of examples have been provided to the office team and Committee were asked to provide any further examples to the office in order to understand if this requires further discussion with NHS Lothian Board.

8. **GPAS**

The overall Lothian-wide assessment for November has deteriorated to OPEL3.

The overriding themes of staff shortages due to sickness and/or inability to recruit, in addition to unmanageable workload are again the main issues highlighted by practices. The resulting impact on practice staff continues to be extremely worrying.

9. **Medical Directors Business**

None.

10. **AOCB**

10.1 Flu Guidance. Following the recent Speed Read item advising of urgent precautionary actions to protect against flu, the Chair has been in further discussions with PCCO team to check on the position for GP practices. TM is meeting with Public Health and we await a response as to whether NHS Lothian will supply PPE to practices to enable them to enact the guidelines, and whether firmer guidance for practices, including the responsibilities of practices around testing and care homes will be made available. A further update will follow as soon as more is known.

10.2 Endoscopy Reports. Committee were asked whether practices would be happy to receive Endoscopy reports that have been ordered by an Endoscopist or a Nurse Endoscopist in the Emergency Department. Following some discussion, this was supported. This decision will now return to the Lothian Interface Group for further process discussion.

10.3 Walk in Centres. Following Scottish Government's announcement of the introduction of GP Walk in Centres, each Board area has been requested to submit a bid for funding.

Lothian have submitted a bid for £1.6 million for a proposed service consisting of 1 GP, 1 Advanced Nurse Practitioner and 1 Physiotherapist, to be based at Wester Hailes Healthy Living Centre, and it was noted that this will only be open to patients within that cluster initially.

It was noted that Primary Care leads from across Scotland have robustly responded to Scottish Government to raise concerns with the proposed approach and to offer to work with them to look at the most efficient ways to use the available funding to improve services. Committee's disappointment that no Primary Care representative was included in discussions ahead of the announcement was also noted.

Meeting closed.

Date of next meeting - **Monday 26th January 2026 on MS Teams**