

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 28th February 2022
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

MINUTES

Attending – Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, 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 Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Ros Wight, Ms Sandra Allan, Dr Hayley Harris, Ms Jenny Long, Ms Alison McNeillage

Apologies – Dr Carl Bickler, Dr Jon Turvill, Dr Laura Tweedie, Ms Tracey Gillies

Welcome - Miss Gina Gilmartin, *Edinburgh University Medical School*

Mr Chris Callaghan, *Edinburgh University Medical School*

Dr Catherine Ainscoe, *newly appointed GP Retainer representative*

Dr Hannah Lunniss, *GPST3 Durham Road Medical Group (observing)*

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

1. **Psychotherapy input to GP Practices**

This agenda item has been rescheduled to the March meeting.

2. **GP Practice Data Presentation**

Chris Callaghan and Gina Gilmartin from Edinburgh University Medical School presented to Committee on the use of general practice activity data to facilitate data-driven service management decisions. The slides were issued in advance.

The presentation was well received and feedback from the committee highlighted the current lack of available data to evidence activity within practices. There was widespread acknowledgement of the need for useable data of this nature and committee thanked the presenters for highlighting this issue.

Chair thanked the presenters for attending.

3. **Minutes of last meeting 24th January 2022, for approval**

The minutes from the previous meeting were approved.

4. Matters Arising/Actions from last meeting

4.1 – **TG** agreed to discuss potential solutions to private bariatric patient follow-up further with the Bariatric service, in addition to discussing the urgent need for clear public messaging with Public Health colleagues. **Update:** No update available, although live discussions are ongoing. **C/F**

4.2 - **LMC office** to restart anti-psychotic monitoring discussions with Andrew Watson and the Mental Health team to try to get a sustainable model. **Update:** Met on 24th Feb and are looking to set up an all-stakeholder meeting, including senior mgt, pharmacy and psychiatry with the aim of agreeing a definitive and pragmatic solution to this. **CLOSED**

4.3 - **LMC office** to raise paediatric phlebotomy and any potential opportunities within CTACS at next CTACS meeting on 27th January. **Update:** Pan-Lothian CTACS meetings have restarted, with phlebotomy due to be discussed at the March meeting.

It was noted that there is a lack of national guidance regarding service provision delivery within CTACs. This is reflected in the different approaches taken by the HSCPs with regard to delivery of phlebotomy services. We believe that guidance will be issued soon and will include minimum standards of phlebotomy provision.

An update on current phlebotomy provision through CTACS was given by each of the HSCP representatives at GP Sub.

West Lothian – Adult phlebotomy for Chronic Disease Monitoring is currently in all practices. There are a number of considerations to offering a paediatric service – the need to train large numbers of people at RHCYP or SJH (and can these venues cope with the numbers), the level of training needed for them to be confident, how are their skills developed and maintained considering the low volumes of small children needing bloods taken in a month. Taking all of this into consideration, it was felt it would make more sense for increased provision to be based at RHCYP or SJH.

Midlothian – Adult phlebotomy is in a number of practices as part of the CTAC model, a treatment room is in another 2 practices and Penicuik have an additional phlebotomist. Paediatric services haven't been considered due to the concerns highlighted by West and further evaluation would be needed if this was to be considered.

East Lothian – Adult phlebotomy is provided for pre-chemo & haematology bloods only, approx 100 per month. Currently not in position to offer for children under 11 due to staffing of the CTAC model. No plan for this going forward at the moment.

Edinburgh – Adult phlebotomy is not currently offered to all practices. There are training issues relating to paediatric phlebotomy however could consider offering this service to older children if these could be resolved.

It was noted from a recent PLIG meeting that RHCYP have reached out to ask if practices would be interested in paediatric phlebotomy training. While recognising the challenges with the initial training and maintaining of skills, the challenges of patient travel to RHCYP or SJH, particularly within deprived areas, was highlighted.

AP - LMC Office to take forward the feedback on phlebotomy provision through CTACS and feed into the relevant meetings.

4.4 - **TG** agreed to contact Dermatology to get clarification on the correct process for phototherapy referrals. **Update:** It was clarified that phototherapy referrals should not be referred as urgent as standard, although it was recognised that, due to current wait times, unless it's an urgent case it's unlikely the patient will receive treatment in the near future. **CLOSED**

5. COVID/Flu Vaccine Programme Update

Work is ongoing to make the COVID vaccination workforce substantive.

Discussions are currently ongoing regarding the delivery of Paxlovid, a high-risk oral COVID antiviral medicine for a small cohort of patients, with a focus on agreeing the best mechanism for delivery. It was noted that SGPC have made a very clear statement that this work should not be carried out by General Practice.

6. USOC Colorectal/QFIT Pathway

Committee were updated on a recent presentation to LMC Executive Group by Farhat Din, Malcolm Dunlop, Lorna Porteous and others on recent changes to the USOC Colorectal/QFIT pathway.

The changes have introduced double qFIT testing on all USOC pathway referrals. This is carried out by a centralised Lothian hub that receives GP referrals, organises testing and chases results.

Non-responders are also chased as evidence in Lothian has shown that those who don't respond are at a higher risk of cancer than those who do return their test.

This was recognised as a very positive approach by Lothian compared to other Boards where there is more responsibility on General Practice to carry out and follow up the initial testing.

The overall approach to this work and the high levels of involvement by the project team was recognised as a good example of the positive results of working collaboratively across the interface.

AP – LMC office to share the USOC Colorectal presentation slides with Committee once received.

7. Teledermatology update

Committee were updated on a recent teledermatology presentation to LMC Executive Group by Claire Pedder.

Following an early pilot, significant concerns have been raised around the feasibility of approach, specifically relating to IT governance issues – e.g. only one dermatoscope per practice, to be used by one named GP account to take and then send the image and no ability for this device to be shared.

Other Boards do use other IT solutions and we remain hopeful that this situation can be revisited and a more suitable solution found. It was noted that teledermatology is to become integral to dermatology training and it's therefore key that there is a workable approach in place.

Discussions continue and Committee expressed their thanks to Claire for her continued work across the interface and RefHelp.

8. Revision of Enhanced Services 2022/23;

Committee were asked to review the 3 revised Enhanced Services circulated in advance of the meeting and to consider if they were happy to approve the changes from a professional delivery perspective.

8.1 - Drug Dependency NES: Approved

Committee recognised the national change in direction with this service and it was noted that this may have an impact on the requirements of the NES going forward.

8.2 - QI and Safety in Primary Care SESP: Approved

8.3 – Influenza Vaccination – GPs and Practice Staff LES: Approved

Further discussions on these Enhanced Services revisions will take place at the LMC meeting immediately following GP Sub.

9. PSA Testing Update

Current discussions on this topic are predominantly based on PSA testing post-prostatectomy and the questions raised around where the responsibility for monitoring lies and what can be done to make it safer for this relatively small group of patients with specific requirements.

A recent update from PLIG highlighted that up to 28% of patients will have a PSA relapse within 10 years of a radical prostatectomy procedure, and those with a PSA of greater than 0.2 should be seen again by Urology.

There are concerns around the identification and PSA monitoring of these patients occurring solely within Primary Care. Meetings have taken place with Alan McNeil and Sara Jenks to look to identify and code the patients requiring follow-up. It's hoped that funding can be made available to enable this identification and ongoing patient contact to be made by Urology.

A centralised model would be beneficial, and the current pilot being run in Ayrshire & Arran may be explored further as a group.

Work continues and Committee will be updated on any further developments.

10. Medical Directors Business

10.1 – Psychiatry/Neurodevelopmental Assessment update

Committee were updated on a recent meeting that took place with psychiatry colleagues to look at the current high number of patients on the ADHD assessment waiting list – over 1700 in Edinburgh alone with most being on the list for more than 2 years. Referral rates have risen throughout the pandemic with Edinburgh currently receiving approximately 100 per month versus their 30-40 capacity.

While it had been suggested that it would be helpful for GPs to do a more in-depth assessment before referring on, there was agreement that this was not the most appropriate solution to the capacity issue.

The service is limited and therefore wants to provide for those most in need while also assisting those requiring a diagnosis. Acknowledging that the psychiatry service may not need to see everyone, the potential to involve the 3rd sector to help with assessment of those with less severe issues in order to get earlier treatment and also manage the wider waiting list was discussed. This would also help those requiring specialist psychiatry input the treatment that they need in a more timely fashion.

There was general agreement on what might be a way forward and we will keep Committee updated on progress.

11. AOCB

On behalf of Committee, Chair expressed his thanks to Dr Nigel Williams who retired earlier in the week after 12 years as Medical Director of Primary Care.

Thanks were expressed from both GP Sub Committee and LMC for Nigel's work advocating for the profession, in addition to the personal support he gave to many GPs through his role on the Lothian GP Support and Advisory Group.

We are very grateful to Nigel for his support over the years and we wish him well in his retirement.

The meeting closed.

Date of next meeting – Monday 28th March 2022, 7.30pm