

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 27th February 2023

7.30pm

Novotel Edinburgh Park

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 Elena Del Vescovo, Dr Jenny English, Dr Morgan Flynn, Dr Fiona Ford, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Clementine Johns, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Ros Wight, Ms Tracey Gillies, Dr Jeremy Chowings, Ms Jenny Long, Ms Alison McNeillage, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Hayley Harris, Dr Catriona Morton, Dr Maria Marecka, Ms Alisson Stewart, Dr Elaine Duncan, Mr David Weller

Welcome – Mr Calum Campbell, *Chief Executive, NHS Lothian*
Ms Elaine Weir, *deputy Practice Manager representative*

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

1. **Update from Calum Campbell, Chief Executive, NHS Lothian**

Calum Cambell gave a short presentation to Committee which acknowledged the very challenging 2022/23 winter and the extreme pressures that are continuing to be felt across the whole system.

Recognising that workforce and funding positions are unlikely to get much better in the short term, Calum was keen to engage in conversations to look at what is within our control to change and get in place ahead of next winter, and asked Committee for their thoughts on what can be done to support GPs, primary care and the whole system.

Committee shared their initial thoughts with Calum;

- Following many years of under investment, many Lothian practices premises are severely constrained, with SE Edinburgh in particular now reaching breaking point and the resulting impact is also being felt by wider neighbouring practices. Annual population growth in Lothian is between 7000-8000, roughly the equivalent of 1 average practice patient list, however there has been a significant gap in primary care premises investment over the years.

Calum shared that 83% of all Scottish population growth over the next few years is predicted to be within Lothian however Lothian hasn’t always received their fair share of capital investment and work is currently underway to look at this in more detail. It was also noted that the Lothian Capital Investment Group are not considering any other investments at the moment

- How can we better manage patient expectation and the patient experience? The majority of staff in the acute sector are unaware of the challenges being faced within primary care and therefore their instruction to patients to contact their GP for tests, or

requests to practices to carry out work that doesn't form part of GMS services results in increased patient frustration.

Calum acknowledged this concern, and he is keen to look at this in more detail to consider what is fair and reasonable. His belief is that the Health Service will need to go through significant transformation in the next few years as it's not sustainable in its current format.

- NHS Lothian communications during winter focussed heavily on the pressures at Accident & Emergency, the "front door", however the biggest front door across Lothian is the 118 GP practices. GPs were under unprecedented pressure and felt that there could have been stronger, more supportive comms from NHS Lothian throughout the winter.

Calum is keen to issue communications ahead of next winter, agreed with GPs in advance, to give a more balanced picture and highlight alternative patient pathways.

- How can we improve and maximise our digital capabilities, particularly within secondary care although there is room for improvement across the whole system.

Calum offered to pick this up further with Peter Cairns, Committee rep and PCITOB member to consider what improvement can be made, and the opportunities to do this at scale.

- What efforts can be made by NHS Lothian to help with the current extremely low levels of staff morale right across the system?

Calum asked Committee to contact him with any thoughts or suggestions they have on this.

AP – ALL to feed back any suggestions of ways to help with current extremely low staff morale to Calum Campbell.

Current challenges with hospital admissions and discharge were also highlighted. Examples of lengthy ambulance wait times of 6 or more hours when patients are within GP surgeries were also highlighted, and Calum agree to raise this with SAS.

Calum thanked Committee for their contributions and added that he is keen to find the best way to engage with GPs, possibly by meeting in smaller groups.

AP – Agree the best approach for Calum Campbell to engage with GPs going forward.

Committee warmly thanked Calum for attending.

2. **Minutes of the last meeting 23rd January 2023**

The following proposed change to agenda item 3 (Patient Registrations/Virtual Practice), 4th paragraph, was approved;

from "Committee sought clarity around the process for allocating staff to the waiting list for this service."

to "Committee sought clarity around the process for allocating *patients* to the waiting list for *practice assigation*."

Following this change, the minutes of the previous meeting were approved.

3. **Matters Arising / Actions from last meeting;**

3.1 - **AMcN** to share the patient assignment policy with Committee. **Update:** The “GP Assignment Policy” was issued to Committee on 23rd February. Further clarity was sought around the processes for allocation out with a practice boundary and also for re-allocating assigned patients, particularly where a patient’s nearest practice has re-opened for registrations. It was agreed that this would be looked at further. **OPEN**

AP – AMcN to review the GP Assignment Policy with regards to allocating out with a practice boundary and also the process for re-allocating assigned out of boundary patients.

3.2 - **CM** to inform JC & PC of the current position with Health Visitors being unable to view practice records, JC and PC to then look to resolve. **Update:** Following discussion with the Director of Nursing, Pat Wynn, and the Lead Health Visitor, it was confirmed that there was no governance issue around Health Visitors viewing practice records, and that the importance of child safety is paramount. The issue is specifically due to IT issues restricting the ability of Health Visitors to access the data in some locations and Martin Egan, Director of Digital has been asked to look for a solution that will allow Health Visitors to view the required details for the patients/practices that they cover. **OPEN**

It was requested that an email is sent out to practices to clarify the position.

AP – JC to issue an email to practices confirming the position with Health Visitors viewing practice records.

4. **Patient Registrations/Virtual Practice**

Committee were given a brief update on current progress.

The virtual Citywide Practice as previously discussed is currently on hold, and an alternative approach of a city-wide team is currently being considered.

This would involve identifying a number of city practices who are interested in growing their list, and working with Edinburgh HSCP to recruit the required number of PCIP staff to increase practice capacity to the agreed level. These new staff would then become permanent within the practice rather than move off to the next practice who want to grow their list.

Committee questioned the longer term financing of this approach, particularly if the need to increase practice capacity in this way requires more funding than is currently available. This is being discussed with Scottish Government.

There were also concerns that practices who are in a good position and able to consider growing their list could potentially benefit more from this approach, whereas practices who are struggling could be more disadvantaged as PCIF becomes an increasingly decreasing resource.

It was agreed that these points would be considered in the ongoing discussions.

5. **Vaccine Transformation Programme Review SLWG update**

Following postponement of the most recent meeting, this group is due to meet fortnightly going forward. Previous feedback to Lothian Interface Group has stressed that this is a pan-system issue rather than a GP-only issue. Further updates will come to Committee.

6. **Blood Pressure Monitor Ordering**

Committee were informed that, while many Lothian practices are currently reliant on the Florence (Flo) Home Blood Pressure Monitoring Service, the funding for blood pressure monitors will cease at the end March 2023. It was acknowledged that there may be some devices in stock, however these stocks won't be replenished and it will now be the responsibility of patients and practices to meet the shortfall, further increasing health inequalities.

Committee expressed their frustration at this removal of support of what is a proven, effective pharmaceutical procedure. Concerns were also raised around the likelihood of similar future innovations being introduced without the agreement of associated long term funding.

The possibility of making BP monitors available on prescription was also discussed.

The office team agreed to raise this issue where they can.

7. **GPAS**

The January report was issued in advance of the meeting.

It was acknowledged that the latest report gives an accurate reflection of recent practice experience, with extreme challenges at the turn of the year but some slight improvement later in January.

Committee extended their thanks again to everyone who continues to provide a practice return, and the increased awareness and visibility of the report was noted, with this now being shared in Scottish Government.

8. **Lothian Interface Group minutes**

The latest minutes from Lothian Interface Group were shared in advance of the meeting for information and were taken as read.

9. **Medical Directors Business**

9.1 – **Representative movements & vacancies;**

i) **GP Prescribing Committee (GPPC) - VACANCY (Funded)**

- As Laura Montgomery is now GPPC Chair, a vacancy has become available for the GP Sub rep position. Anyone interested can speak to Laura for more information.

ii) **Area Drugs & Therapeutics Committee (ADTC) - VACANCY (Funded)**

- As Laura Montgomery now sits on ADTC as GPPC Chair, a new GP Sub rep is needed. Anyone interested can speak to Laura for more information.

9.2 - **GMS Oversight Group update**

A presentation on the use of Physician Associates was given at the most recent GMS Oversight Group.

There was increased frustration at the continued lack of Scottish Government guidance on CTACS, Pharmacotherapy and Urgent Care, fully recognising that

these services are scheduled to become the legal responsibility of Health Boards from 1st April.

10. **AOCB**

10.1 – Committee expressed their thanks to Dr Ros Wight for her contribution over the years and wished her well ahead of her imminent retirement.

Meeting closed.

Date of next meeting - **Monday 27th March 2023 virtual via MS Teams**

2023 Meeting Dates (last Monday of each month unless highlighted)

Monday 24th April

Monday 29th May (**Novotel**)

Monday 19th June (3rd Monday)

NO JULY MEETING

Monday 28th August (**Novotel**)

Monday 25th September

Monday 30th October

Monday 27th November (**Novotel**)

Monday 18th December (3rd Monday)