

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 26th February 2024

7.30pm

Novotel Edinburgh Park

Chair – Dr Annie Lomas

MINUTES

Attendance: Dr Annie Lomas, Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr Alexander Kelly, Dr Hazel Knox, Dr John Magill, Dr Ramon McDermott, Dr Douglas McGown, 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, Ms Tracey Gillies, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Iain Morrison, Ms Alison McNeillage, Dr Laura Tweedie, Dr Colin McArthur, Dr Laura Tweedie, Dr Jane Marshall

Welcome – /

Chair opened the meeting and warmly welcomed committee members.

1. Chief Executive’s Update

Unfortunately the Chief Executive was unable to attend the meeting and sent his apologies in advance. Tracey Gillies delivered the Chief Executive’s presentation on “Delivering Financial Sustainability” in his absence which covered NHS Lothian’s response to the Scottish Government’s 2024/25 budget, announced in December 2023. A copy of the slide presentation will be circulated with the approved meeting minutes.

The current financial plan for 2024/24 forecasts a considerable gap of £133 million, which equates to approximately 7% of NHS Lothian’s total budget, and would require savings of £365k per day to be made over the next year.

In order to meet these savings, 2 specific approaches to cost reduction have been agreed;

- 3% Efficiency savings – doing the same with less (eg removal of waste, reduction in unit cost, etc). It’s assumed that the system only has the capacity to deliver a 3% saving through efficiency.
- 4% Service impact – doing less for less (eg reduction in services and activity that we currently carry out). This will have an overall impact on levels of service delivery.

It was acknowledged that this will be a very difficult time across the healthcare system and we will all need to support each other and work cohesively to get through it.

The need for clear and transparent messaging to both staff and patients was stressed, and that once Scottish Government’s plan is agreed, the message should be absolutely clear that the decisions around reduction or removal of service have been made centrally by Scottish Government and Health Boards and not GP practices/secondary care.

2. Minutes of the last meeting 22nd January 2024

The minutes of the previous meeting were approved.

3. Matters Arising / Actions from last meeting;

3.1 - **JC** to make final amendments to Clinical Work across the Interface document and circulate to IM, AL & CW for agreement. **Update:** Done - see agenda item 5. **CLOSED**

3.2 - **JC** to make final amendments to Safe Workload Guidance communication and arrange for wider distribution. **Update:** Done – see agenda item 6. **CLOSED**

3.3 - **JM/Office** to feed back Committee comments on Psychiatric Emergency Plan to the project team.
Update: As this was the final draft of the document and Karen Ozden has moved on from the project, the opportunity to feed back is limited. The over-riding principle is that GP involvement should be exceptionally rare, and we would encourage all GPs who are involved in emergency detentions to feed back to the office on their experience. **CLOSED**

3.4 - **JM** to look into whether any data is available to quantify the overall workload impact of the current high level of rejected referrals into community mental health services. **Update:** c/f

3.5 - **IM** to raise concerns around CAMHS directing ADHD patients to their GP for alternatives during current ADHD medicine shortages. **Update:** IM will raise at the next meeting with Andrew Watson. **CLOSED**

4. **Facilities SLA Cost Pressures update**

It was noted that all impacted practices should now have received their detailed letters from Finance which were issued on Friday 23rd February via email.

The 3 month notice period in place for practices that don't wish to continue their Facilities contract with NHS Lothian was highlighted, and the importance of practices notifying their intentions within this time was stressed. It was however confirmed that practices based in NHS Lothian-owned buildings must continue to receive their Hard Facilities Management services through NHS Lothian.

Practices are reminded that the office team will support in any way they can. There will also be further conversations around this subject at the LMC Roadshow event taking place on 14th March.

5. **Clinical Work across the Interface update**

Following some further amendments as requested at the January GP Sub-committee meeting, the Interface document was agreed by all stakeholders and circulated to both Primary and Secondary care colleagues at the end of January.

There have been a number of queries since, however these are encouraging discussions and are also continuing a joined-up approach to working together in order to find solutions.

It's hoped that colleagues have found this document helpful. Thanks were again extended to all of those who worked on the production of this document.

6. **Safe Workload Guidance update**

Following the final amendments as requested at the January GP Sub-committee meeting, the Practice Pressures communication was issued to all practices at the end of January.

The need for practices to be able to protect their workforce was stressed. These guidelines allow practices to make clinical decisions around how best to use their resource and it's hoped that practices feel more empowered to use this approach where needed.

It was acknowledged that there has been no increase in Out of Hours volume since this guidance was issued.

Committee thanked Jeremy Chowings and Jenny Long for their collaborative work and support on this,

7. **Draft 2024/25 Enhanced Services Review**

The draft Enhanced Services contracts for 2024/25 were circulated in advance for review. The role of the GP Sub-committee review is to confirm whether the ask of practices within each of the contracts is reasonable and within the professional duties of GPs.

Thanks were extended to Committee members who were involved in the review groups for these, which was a considerable piece of work.

The comments on each of the draft contracts were as follows:

- **QI & Safety:** It was felt that the annual workshop requirement was excessive. Rebecca Green agreed to look into this further.

- High Risk and Monitoring (*formerly DMARDS*): No comments
- Minor Surgery: No comments
- Hepatitis C : No comments
- Anticipatory Care: It was noted that a change to the payment structure is being considered for next year, to more accurately reflect the levels of turnover within care homes.
- VLARC: Following a recent change to the licence for the Mirena coil (moved from 5 years to 8 years for contraception only), it was queried whether an uplift to payment could be applied. However, as it is very difficult to know what percentage of patients this would apply to, it was deemed too risky to increase the payment in the current financial climate. The Primary Care Director highlighted that concerns around the level of payment have also been raised with Scottish Government.
- Type 2 Diabetes: It was confirmed that the payment thresholds were based on 70% & 85% of checks. Concerns were raised that the proposed contract wouldn't adequately fund what is needed for patients, and may create bigger health inequalities. The option to include exception coding was offered, however this would result in a higher target percentage for the upper payment threshold. It was felt that the proposed contract involved a workload shift as it would no longer pay GPs to deal with new diagnosis of diabetes. It was however noted that the earlier QOF funding for this work was now included within core GMS funding as part of the 2018 contract agreement, with the expectation that GPs would continue to do this work where needed for their patients. It was also acknowledged that, as part of the 2018 contract agreement, there was an expectation that CTACs would take on a considerable amount of this Chronic Disease Management (CDM) work, although this is not currently the position.

Following the review, Committee agreed that the clinical ask of GPs was reasonable. Further discussion regarding the acceptance of the Enhanced Services would follow at LMC meeting.

8. GPAS

The January report was circulated in advance of the meeting, and it was noted that while there has been a slight decline more recently, the overall position is mainly stable.

Following the circulation of the Practice Pressures guidance (agenda item 6), an additional question has been added to the weekly return form to help gauge how often it is implemented by practices. In the 4 weeks since the guidance was issued, the message has been used 26 times by the practices who submit GPAS returns (it was acknowledged that this could be a small number of practices implementing more than once during this time, rather than 26 different practices).

9. Sexual and Reproductive Health Group update

A summary of key points from the most recent Sexual and Reproductive Health Group meeting was given.

LARC (Long-acting Reversible Contraception):

- There has been a considerable increase in abortion rates and increase in demand for LARC - access is crucial
- The low remuneration received for LARC is recognised and a national paper has been put forward to Scottish Government for increased funding
- Clinic proposed for outreach clinics including the Centre, Livingston
- Patient Group Direction (PGD) is now available for the progestogen only contraceptive pill
- Mirena is now licensed for 8 years for contraception in under 45s (10 years if for contraception over 45, 5 years if used for HRT)
- Training slots have been increased and a hybrid model is under discussion. The wait time for training has significantly reduced to approximately 5 months for IUD/IUS and 7 months for Nexplanon.

10. Clinical Waste Management Audit

The recent communications to all practices and the subsequent reminders and clarification emails (7-23rd February) regarding Clinical Waste Management Audits were highlighted.

A number of practices raised concerns, mainly due to the lack of clarity around the deadline and the level of work required in advance of that. It was noted that clarification has now been issued (23rd February) which states that all sites are on a schedule, and individual practices will be contacted by the local Area Operational Team if an audit is required at this time.

Disappointment at the tone and wording of the initial letter was noted, with practices threatened with no clinical waste collection if they failed to complete their audit by the deadline.

11. Measles Preparedness

The letter issued by Dona Milne, Director of Public Health (14th February) to all practices was circulated in advance of the meeting.

The letter sets out a number of actions following the one confirmed case of Measles in Scotland. Since the letter was issued, it was noted that the current number of confirmed cases across Scotland was now 5, with 1 being in Lothian.

It was felt that some of the requests of practices within the letter were not realistic, with many practices not having the additional space needed to segregate patients. The request for all patient-facing staff to confirm their Measles vaccination status was also highlighted as many were reporting being unable to get this information from Occupational Health and instead being directed to their own GP. There were also concerns that the Public Health advice to all patients over 25 without MMR was to contact their GP for vaccination, rather than self-refer to the Vaccination Helpline. These concerns were acknowledged by Committee, and Tracey Gillies offered to raise this further with Public Health.

AP – TG to raise Committee concerns over Measles guidance and the implications for practices with Public Health.

12. Medical Directors Business

12.1 – Representative Movements/Vacancies

- Best Start Implementation Group representative: Committee were reminded of this vacancy and any interested parties should contact the office before the next GP Sub-meeting. Following that, the vacancy will be advertised to the wider Lothian GP population.

- West Lothian representative seats (x2): Drs Annie Lomas & Neil MacRitchie have both been re-elected un-opposed to their West Lothian seats.

- NW Edinburgh representative seats (x2): Dr Rory O'Conaire has been re-elected un-opposed to one of the NW Edinburgh seats. One vacancy remains and we will re-advertise this at a later date.

12.2 – GP Sub-Committee Contract Implementation Roles

Due to budgetary constraints within NHS Lothian, the number of Edinburgh representative positions for Contract Implementation has been reduced from 2 to 1. Therefore the position currently held by Dr Ramon McDermott will not be filled when his contract ends in May.

Committee expressed their thanks to Ramon for his very valuable contribution to this role during his time as Edinburgh representative.

13. AOCB

None.

Meeting closed.

Date of next meeting - **Monday 25th March 2024 via MS Teams**

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

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)