

# **GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee**

Monday 24<sup>th</sup> February 2025

**7.30pm**

MS Teams

Chair – Dr Andrew Forder

## **MINUTES**

**Attendees** - Dr Andrew Forder, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Jenny English, Dr Fiona Ferguson, Dr Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Joanna Loudon, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Iain Morrison, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Jeremy Chowings, Ms Alison McNeillage, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

**Apologies** – Ms Tracey Gillies

**Welcome** – Dr Sarah Oswald, *Parkgrove Medical Practice (observing)*

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

### **1. Minutes of the last meeting 27<sup>th</sup> January 2025**

The minutes of the previous meeting were approved.

### **2. Matters Arising / Actions from last meeting;**

2.1 - **AF & JL** to raise the 5% cap to costs at the next Short Life Working Group, specifically to gain clarity on the level of confidence around whether this cap will be maintained, and where details of the cap will be documented – within SLA contracts or in a separate document. **Update:** Previous meeting was cancelled, carry forward to next meeting. **ONGOING**

2.2 - **JC** to clarify the position on supply of masks into GP Practices for front door staff dealing with cases of influenza. **Update:** NHS Lothian are building a stock of FFP2 for distribution to practices if required. There has been no change to the position on fluid-resistant masks. The supply of PPE has fallen back to practices with no current plans for change however, while this was acknowledged, it was also noted that recent NHS Lothian guidance has recommended the wearing of face masks for all front door staff. Discussions are ongoing and any further update will be brought back to committee. **CLOSED**

2.3 - **Office & PCCO** to discuss possible actions that can be taken to improve the influenza vaccine rates across Lothian. **Update:** Considering the timing, it is unlikely that any change to this winter's rates. Office will consider next steps. **CLOSED**

2.4 - **Office** to include information on the ICD Deactivation Process for Palliative Patients in next Newsletter. **Update:** This was included in the January newsletter to all Lothian practices. **CLOSED**

### **3. Facilities SLA update**

Committee were informed that the first Stage 3 appeal had taken place. It was reassuring to see the process in practice and it was felt that it went well overall.

In recognition of the ongoing concerns around practice stability as a result of the significant increases in NHS Lothian Facilities SLA costs, committee were updated on a recent decision from Scottish Government.

The phased approach towards the increased SLA costs means that practices with an NHS Lothian SLA are currently being billed for 50% of the increased cost, with this due to increase to 75% in April 2025 and a further increase to 100% of the increased cost from April 2026. However, Scottish Government have

announced that they will fund NHS Lothian to effect a 6 month pause to the April 2025 increase, meaning that practice billing will remain at 50% until October 2025.

It was emphasised that this was not a pause in billing but a 6 month delay to the increase to 75% and that the increase to 100% would still come into force in April 2026. It was also confirmed that the appeals process will continue. NHS Lothian Estates are currently producing communications which will be issued to all impacted practices with further details. The communications will also reference NHS Lothian's commitment to the 5% cap on SLA costs which will be calculated on an annual basis and will include all relevant premises related costs, including any large one-off expenses such as a new boiler.

While the pause is not a solution to the wider problem, committee welcomed the decision as a positive step, allowing practices some relief in the short term. It is evidence that we are being heard, and thanks were given to all who have played a part in getting to this point.

It was noted that discussions around the wider process continue, focussing on elements of Phase 2 of the GMS Contract which look to de-risk GP practices of non-staff (ie premises) expenses. Further updates will be brought to committee when available.

#### **4. GP Enhanced Service Programme 2025/26**

It was noted that, while there was considerable discussion around the 2025/26 Enhanced Service package, it did not lead to agreement and while GP Sub-committee cannot agree to the package that has been issued, it is accepted that as this is NHS Lothian's package of contracts, they ultimately decide what is offered.

Committee's concerns relating to the overall levels of Enhanced Services spend and the allocation of funding were acknowledged, noting that this will be monitored over the contract year. I was also noted that committee are keen to begin work on these discussions earlier next year in an effort to come to some agreement in future.

Concerns were raised regarding the changes that have been made to the Diabetes Enhanced Service and the resulting impact on patients.

Committee voiced their wider frustration at NHS Lothian's apparent lack of strategic vision around recent cost-cutting decisions, which are resulting in systems being destroyed and GPs being left to deal with the aftermath.

It was noted that practices should now have received their share of the £9.6 million increase to GMS, part of the £13.6 million (nationally) additional in-year funding for General Practice that was announced by Neil Gray, Cabinet Secretary late last year. The remaining £4 million (nationally) is to be allocated to Enhanced Services for the current year (2024/25), although it is yet to be agreed how this will be shared out to practices. Committee will work with PCCO to agree the detail of this and also that of future years as this is recurrent funding. It is expected that Scottish Government will produce some guidance on this for 2025/26 onwards that will need to be considered as part of these discussions and a further update will come to committee.

It was noted that, based on this additional funding, any practice not currently signed up to 2025/26 Enhanced Services may wish to reconsider and that this would be looked upon favourably by PCCO providing it is not too far into the contract year when alternative arrangements may have been set up as a result of low practice sign up.

#### **5. Adult Support & Protection**

A proposed form to assist Social Work colleagues to request patient information for valulnerable adults was shared with committee in advance.

It was acknowledged that, from a Caldicott Guardian perspective, there is a duty to share any pertinent information unless there are clear reasons not to.

Committee's view was that the form was a pragmatic and streamlined approach, while also ensuring that the process was clearly auditable by removing any verbal sharing of information.

Following some discussion there was agreement that, due to the medicolegal responsibility undertaken by GPs when completing these requests, practices should be able to charge for this work while also acknowledging that volumes of these requests are fairly low in most areas.

An example of the process within East Lothian was shared with committee, and it was agreed that this could be looked into further in consideration for a consistent approach across Lothian.

## 6. **Post Menopausal Bleeding RefHelp Pathway**

A paper detailing a proposed change to the scan threshold within the Post Menopausal Bleeding RefHelp pathway was shared in advance.

Various points of feedback were given by committee, including concerns around the shared responsibility for organising the scan and the referral, although most pertained to what already existed in the pathway and therefore were not part of this proposed change. It was however agreed that, while not part of this proposal, committee's concerns around GPs administering a process that should be more efficient within secondary care would be fed back to the RefHelp team.

Committee agreed that the proposed change was reasonable.

**AP – Office** to feedback Committee's decision on the proposed change to the Post Menopausal Bleeding RefHelp Pathway.

## 7. **Freedom of Information Requests**

It was noted that a number of practices have recently received Freedom of Information (FOI) requests from private providers of medication or charity bodies, requesting numerous pieces of information from practice records and meeting minutes that relate to the practice's decision not to prescribe specific medications following a patient's private diagnosis.

It was clarified that practices have a duty to respond to FOI requests, even if simply to confirm that they don't hold the information requested. Practices should present the facts as succinctly as possible and explain why they have come to their decision, which should be made individually for each case.

This is not an easy position for practices to be in. This is a wider NHS Lothian Board and national issue, and patients are understandably angry that they are not receiving the level of care that they need.

## 8. **Sessional GP update**

An update was given to committee on the current employment concerns for Sessional GPs.

It is extremely concerning that the current position within Sessional GP employment is mirroring the challenges that non-sessional GPs are facing, with the additional concern that many practices are unable to afford to take on locum cover due to the increasing financial challenges that they are facing as a result of the chronic underfunding of General Medical Services. It was noted that the earlier news on the pause to SLA billing increases may allow some practices to now consider employing locums, which they weren't in a position to do before this was announced.

Recent media attention highlighting the issue was welcomed, and it was noted that committee members are due to meet with MSPs within the next few days to discuss the issue and raise the profile further.

Practices were asked to respond to locums when they enquire about work/positions, as this doesn't always happen.

Practices were also asked that if they are planning any resuscitation training within their practices that they extend the invitation to locums wherever possible.

## 9. **GPAS**

The January report was shared in advance of the meeting.

The overall stable position for the month was noted, while it was also highlighted that the first week in January was very challenging for many practices, as is often the case.

Thanks were given to practices for completing their returns each week.

## 10. **Medical Directors Business**

10.1 – **GP Trainee representative post.** The current vacant post was highlighted. Practices and committee representatives are encouraged to highlight this vacancy to any GP trainees within their practice. It was noted that meeting attendance for this post was previously unfunded, and it was requested whether this could be reconsidered.

Representation of “First 5” GPs was also highlighted and it was noted that this post could be co-opted if not already represented by another elected committee member. Office agreed to discuss further.

**AP – Office** to discuss “First 5” representation on committee, and meeting attendance funding of this and GP Trainee representative positions.

## 11. **AOCB**

11.1 – Committee were informed that we are hoping to welcome Caroline Hiscox, Chief Executive of NHS Lothian to the March meeting.

Meeting closed.

Date of next meeting - **Monday 24<sup>th</sup> March 2025 at Novotel Edinburgh Park**

### **2025 Meeting Dates:**

Monday 28th April

Monday 26th May

Monday 23<sup>rd</sup> June - **Novotel**

**NO JULY MEETING**

Monday 25<sup>th</sup> August

Monday 22<sup>nd</sup> September - **Novotel**

Monday 27th October

Monday 24th November

Monday 15<sup>th</sup> December (3<sup>rd</sup> Monday) - **Novotel**