

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 22nd January 2024

7.30pm

On MS Teams

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 Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Colin McArthur, 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 Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey Gillies, Ms Jenny Long, Dr Jeremy Chowings, Ms Alison McNeillage, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Ms Alisson Stewart

Welcome – Ms Elaine Weir (*deputy Practice Manager representative*)

Chair opened the meeting and warmly welcomed committee members.

1. **Minutes of the last meeting 18th December 2023**

The minutes of the previous meeting were approved.

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

2.1 – **IM** to contact David White to ask if Edinburgh HSCP’s PCIP Demonstrator site bid could be shared with GP Sub Committee. **Update:** This was agreed and circulated with the meeting papers. A copy of the Edinburgh HSCP communication issued to impacted Edinburgh practices was also circulated. **CLOSED**

2.2 - **DM** to clarify spend levels for WL PCIF, as v6.5 tracker appears to show an underspend whereas it was thought that full spend was planned. **Update:** DM confirmed that full spend is anticipated by end of April, however the tracker reflects the current level of spend rather than projected spend at end of April. **CLOSED**

2.3 - **Office** to add Blood Borne Viruses proposal to agenda for next GP Sub/LMC Executive Committee for discussion. **Update:** This was discussed at the January Executive Committee where it was agreed that GPs would not perform routine testing of these patients, but would however offer this opportunistically where appropriate, especially to high risk groups. This has now been confirmed and RefHelp reflects this position. Committee expressed their thanks to all involved in this work. **CLOSED**

2.4 - **Office** to include weekly information in the monthly GPAS report (from December report). **Update:** Done – included in December report. **CLOSED**

3. **Facilities SLA Cost Pressures update**

Committee were informed that NHS Lothian Executive Team met on 9th January to discuss the approach to recovering Facilities SLA costs, where it was confirmed that the phased transitional plan, as noted in 18 December 2023 GP Sub-committee minutes, was the agreed approach.

Committee were reassured that the cost recovery exercise would not be rolled back to 2021/22 or 2022/23 and therefore practices should not expect inflated billing for these periods. Any outstanding payments for

these financial years will be at the original rate for 2021/22, with 2022/23 being subject to a 5% cap on the 2021/22 amount.

It was acknowledged that letters had been issued to a number of practices detailing incorrect costs. Further letters are expected to be issued to each impacted practice very shortly, and an internal Short Life Working Group has been set up to ensure that the information within these is correct. Committee's extreme disappointment at this confusion and overall lack of communications was highlighted, with the ongoing delay in information having a significant impact on practices who still do not know the size of their financial burden, and impacting any decisions around staffing and recruitment. It was noted that an exceptionality clause will exist in order to support any practice that is severely impacted.

On receipt of their information, practices will have 3 months in which to decide whether to move to another service provider or retain NHS Lothian Facilities services, depending on the options available to them. For those who choose to retain NHS Lothian facilities, an appeals process will be put in place to allow practices to raise any concerns should the level of service being delivered not meet the agreed standards.

While it was acknowledged that the phased transition approach has avoided a devastating financial impact on practice finances in the short term, this remains a very difficult time for practices and the wider ramifications of this exercise are considerable. We will continue to do what we can to highlight the issue and mitigate the impact on services as much as possible.

Chair thanked Jenny Long, Jeremy Chowings and the four HSCP CDs for their support throughout this process.

4. Financial Outlook 2024/25

The key messages from the NHS Lothian Financial Outlook 2024 call held on Monday 15th January in response to Scottish Government's Budget announcement of December 2023, were discussed. It was noted that some people were unable to join the live call due to high numbers of attendees, however the call and presentation slides can be accessed via this link - [Financial Outlook 2024 \(scot.nhs.uk\)](https://www.scot.nhs.uk/financial-outlook-2024). A document covering Frequently Asked Questions is also being developed.

Overall, this is a huge period of challenge for NHS Lothian with an overall shortfall of £133m (7%) for 2024/25. It is hoped that the shortfall will be met through efficiency savings (3%) and further proposals (4%), recognising that these may involve some very difficult choices.

A number of worrying statements were highlighted, including no investment in premises for at least 2 years, no new medicines funding and no new recruitment (although recruitment of replacement staff is permitted).

It was however noted that GMS global sum monies are not subject to the 7% savings challenge as this is received directly from Scottish Government before being allocated to practices in line with the nationally agreed Scottish Workload Formula.

The need for patients to know some of this information was stressed as it will have a considerable impact on the level of services provided across the system. It was agreed that any public communications, whether from Lothian Health Board or Scottish Government, would be very welcome.

Chair will meet with Tracey Gillies to explore how best to gather and consider suggestions for the way forward.

5. Clinical Work across the Interface update

The final draft of the Clinical Work Across the Interface document was shared in advance of the meeting, and committee views were sought.

A number of small amendments were proposed, and it was agreed that these changes would be made before circulating to Caroline Whitworth (LIG co-chair) for agreement. Following this, the document would be circulated around primary and secondary care.

AP - JC to make final amendments to Clinical Work across the Interface document and circulate to IM, AL & CW for agreement.

Chair thanked Jenny Long, Jeremy Chowings and Caroline Whitworth for their work with this, and also Annie Lomas for her considerable work on the document.

6. **Safe Workload Guidance update**

A draft of the proposed wording for communication to practices, as agreed by GP Sub Committee, was circulated in advance of the meeting.

The importance of issuing a joint statement to practices to support them during times of significant workload stress was acknowledged, and it is hoped that this will be a good mechanism by which we not only protect services during these challenging times, but also GPs and their staff.

This was welcomed as a really good piece of joined up working between GP Sub-committee, PCCO, HSCPs and LUCS, and committee were supportive.

Some small amendments were suggested and it was agreed that following these updates, this would be issued to all Lothian practices.

AP – JC to make final amendments to Safe Workload Guidance communication and arrange for wider distribution.

7. **Enhanced Services Review update**

It was noted that the new Enhanced Services proposals were being taken to the GMS Group meeting on 23rd January for review and comment.

8. **Public Health/Vaccine Team Information requests**

Committee were informed of work currently being carried out by Public Health Scotland in respect of coding of Pneumococcal vaccines for children over 10 years old. For a very small number of patients, details relating to the type of vaccine given and whether a follow-up is required are unclear, and practices may be contacted for further information. It was stressed that volumes should be very low, however any practice receiving high numbers of requests should contact the office to discuss if any support is available.

9. **Psychiatric Emergency Plan update**

The latest draft of the Lothian Psychiatric Emergency Plan was circulated in advance of the meeting.

This is a useful document that will be very helpful in guiding clinicians through a difficult and rare event, although there was concern that the frequency of these events is rising.

Feedback on the document was given and this will be fed back to the project team. Overall, while this is a very useful document, the current size was a significant concern, and it was highlighted that this would need to be considerably shorter in order to it to be useable by GPs. It was also noted that it would be helpful to have a link to this information on RefHelp.

AP – JM/Office to feed back Committee comments on Psychiatric Emergency Plan to the project team.

A summary of the key points from a recent review of Emergency Detention Certificates (EDC) involving Lothian Unscheduled Care (LUCS) between July and December 2023 was provided. 33 EDCs occurred during this time (average of 1.3 per week), with 22 of these taking over 2 hours of GP time, 5 taking over 4 hours and 1 case taking over 10 hours of GP time. 5 of the EDCs were under the care of Psychiatry mental health services in the community, however the EDC request came back to LUCS.

Practices are reminded to send details of any Emergency Detentions in the community that they are involved in to Jane Marshall so that these can be feed into any future learning.

10. **Psychiatric Outpatient Services**

Committee were informed of 2 issues that have been raised by practices recently.

Concerns were raised with regards to the current challenges that GPs face when looking to referring patients into psychiatry services, with the frequency of rejections causing particular concern. While it is appreciated that community mental health services are understaffed, this in itself is not a justifiable reason for refusing to put patients on their waiting list. Instead, the current approach significantly impacts vulnerable patients in addition to increasing workload for everyone involved as a further referral is likely to follow. It was queried whether any data is available to quantify the overall workload impact of the current high level of rejected referrals, and Jane Marshall offered to look into this further.

AP - 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.

Concerns were also raised with regards to the current ADHD medication shortages and apparent guidance from CAMHS directing patients to their GP for alternatives. As highlighted at the October 2023 GP Subcommittee meeting, it was previously fed back to Psychiatry that there should be no suggestion in any patient letter that an alternative solution is available from the GP. It was agreed that this would be raised in the next meeting with Andrew Watson, AMD Psychiatry.

AP – IM to raise concerns around CAMHS directing ADHD patients to their GP for alternatives during current ADHD medicine shortages.

11. **GPAS**

The December report was issued in advance of the meeting.

The overall trend of practices growing busier in the lead up to Christmas, which was also reflected in the comments provided by practices, was highlighted. It was noted that it is useful to see the changes in position over the months, which also demonstrates that practices are properly considering their returns each week.

12. **Medical Directors Business**

Committee were made aware that 2 seats have become available on the Local Area Medical Committee (AMC) which is chaired by Stuart Blake. Anyone interested can contact the office or speak to Stuart Blake for more information. It was highlighted that this might be of particular interest to newer members of committee as there will be support from other members of the committee at these meetings.

13. **AOCB**

None.

Meeting closed.

Date of next meeting - **Monday 26th February 2024 at Novotel Edinburgh Park**

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

Monday 25th March

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**)