GP SUB-COMMITTEE OF

NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 24th January 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 Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, 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 Katherine Robertson, Dr Susannah Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Mr Ryan Addison, Ms Tracey Gillies, Dr Hayley Harris, Ms Jenny Long, Ms Alison McNeillage

Apologies – Dr Elaine Duncan, Mr Iain Gorman

Welcome - Ms Tracey McKinley, *Information Governance and Security Manager, NHS Lothian*

Mr Darren Poole, *GP Data Protection Officer Service, NHS Lothian*

Professor Nick Mills, *Clinical Lead, Dataloch Programme, NHS Lothian*

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

1. **Dataloch update**

Professor Nick Mills and Ms Tracey McKinley gave Committee an update on the Dataloch programme.

Dataloch is a collaboration between Edinburgh University, NHS Lothian and local authorities and its purpose is to harness routinely collected data to help address care system challenges and improve services. It covers the SE Scotland region however is currently only in place in NHS Lothian with NHS Borders and Fife to follow.

Primary and secondary care data has been integrated and work is currently underway to integrate social care data, and some examples of how the collected data can be used were given – cardiovascular disease prevalence by age (Lothian sample), and GP Frailty reports.

Looking specifically at data protection, it was highlighted that all patient data resides securely in NHS Lothian infrastructure and any data requests from approved projects go through a robust authorisation process before the anonymised data is made available.

Lothian GPs are joint data controllers with NHS Lothian and can choose if their practice participates. All Lothian practices have signed the Joint Controller Data Sharing Agreement with NHS Lothian and 99 practices have signed the Dataloch addendum.
Following innacurate media articles, NHS Lothian have had extensive discussions with the Information Commissioner's Office and Scottish Government who have been very supportive and have given very helpful feedback.

Lawfully, Dataloch data processing is a task that is in the public interest for research and statistical purposes and as such NHS Lothian don't rely on consent from patients and opt-out isn't an option for individual patients. Patient identity is anonymised, the data doesn't leave NHS Lothian and no patient will be contacted as part of the research.

Committee queried the rationale for not providing a patient opt-out option, recognising that while only a very small number of patients are extremely concerned and therefore want to opt-out, the impact on practices in dealing with this can be significant. The response re-stated that much legitimate reseach doesn't require an opt-out option and in addition, some of the research would be compromised if we don't get complete population based data. Professor Mills offered to help practices who find themselves in a position where patients are requesting to opt out of the programme and it was agreed that it would be useful to discuss these issues further.

Committee also asked if there was any data gathering exercise for patients with Long COVID, and while it was noted that there was nothing specific within Lothian, Professor Mills offered to looks into this further.

It was recognised that it would be helpful to practices to have an updated summary of Dataloch which covered the key details. Professor Mills agreed to provide this.

Any further questions or feedback to the programme were welcomed, and these should be directed to Tracey McKinley, tracey.mckinley@nhslothian.scot.nhs.uk.

Committee thanked Tracey and Nick for taking the time to present.

2. **Minutes of last meeting 13th December 2021, for approval**

The minutes from the previous meeting were approved.

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

3.1 – **(c/f) TG/LMC office** to discuss the next steps on how private surgery follow-up and monitoring should be dealt with (***see agenda item 5***) **ONGOING**

3.2 - **LMC office** to look into raising Committee concerns around the excessive wait times for the national paediatric Gender Identity service. **Update:** This was one of the questions submitted by Lothian to the Cabinet Secretary for Health and Social Care at the Scottish LMC Conference in December. We are awaiting an update from BMA with responses to all questions that were asked before deciding on any next steps. **ONGOING**

4. **COVID/Flu Vaccine Programme Update**

Over 500,000 COVID booster vaccines have now been given across Lothian. The flu campaign is now being led by community pharmacy, uptake is lower than in previous years however there is less flu in circulation.

Consideration is now being given to COVID vaccination becoming a substantive programme going forward, with the potential for this to be integrated within CTACS in future as part of the wider VTP (vaccine transformation programme). This would allow for local delivery. Committee will be updated on plans as they become clearer.

It was confirmed that children aged 5-12 who are clinically at risk or in a household with others clinically at risk are now eligible for their first COVID vaccination. There are currently no plans to vaccinate the wider 5-12 year old population and this is still under review by the JCVI.

5. **Private Bariatric Patient Follow-up**

Committee were updated on a recent meeting between LMC Executive Committee and Andrew de Beaux, Consultant GI Surgeon NHS Lothian, and Gillian Drummond, Advanced Dietetic Practitioner, NHS Lothian Bariatric Surgical Service. The purpose of the meeting was to discuss the serious concerns and challenges currently being faced in dealing with the increasing volumes of patients returning from private bariatric surgery abroad who then seek NHS follow-up treatment on their return to the UK.

The Bariatric service don't have the capacity to deal with this increase in cases and are not accepting GP referrals for this cohort. Instead, the bariatric service is only providing advice to the referring GP on the required prescribing and monitoring. This approach does not follow BOMSS (British Obesity and Metabolic Surgery Society) guidance which states that these patients should receive specialist follow up for the first 2 years post surgery. GPs have raised serious concerns that they do not have the specialist experience to deal with these potentially high risk patients and feel extremely exposed with the current position.

Of the 34 emergency surgical admissions into the Lothian Bariatric service with acute complications in 2021, 29 were patients returning from abroad. The need to preserve a service for those patients accepted into the NHS Lothian programme was acknowledged, but it was also noted that these patients receive lifelong specialist follow-up rather than the recommended 2 years. It was suggested that a change to this approach could create additional capacity within the service. The difference in follow up for those receiving initial treatment within the NHS and those potentially higher risk patients who have treatment abroad was raised as a significant concern. However it was noted that any potential solution was unlikely to be a quick fix.

The lack of adequate pre-treatment counselling or sufficient post-treatment follow-up from those offering treatment abroad is of great concern and the increased risk to these patients was highlighted. The mismatch between patient expectations and the reality on return to the UK is a growing problem and a significant risk area for NHS Lothian.

Committee highlighted the urgent need for clear Public Health messaging to educate the public on the risks of these services.

AP - **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.

6. **Mental Health;**

6.1 – **Anti-psychotic prescribing**

A paper proposing a system for monitoring people who take anti-psychotic medication, previously brought to GP Sub Committee in December 2018, was discussed, recognising that this has been an ongoing issue in the community for some time.
Committee remained in support of the proposal which aims to simplify and clarify the lines of responsibility for the prescribing and monitoring of anti-psychotics, and the need to define what constitutes medium and high dose anti-psychotics was acknowledged.

Discussions with the Mental Health team via the regular meetings held with Andrew Watson will be restarted, and the need for funding to support this work within the community was also highlighted.

AP – **LMC office** to restart Anti-psychotic monitoring discussions with Andrew Watson and Mental Health team to try to get a sustainable model.

6.2 – **Psychiatric Emergency Plan**

Committee were updated on a recent presentation given by Dr Jean Beckley, Edinburgh Access Practice, to LMC Executive Committee.

Significant concerns were raised regarding a move towards emergency detentions rather than short term detentions (STD). Committee believes that STD should be granted wherever possible in preference to emergency detention as it grants the patient a more extensive set of rights, including the right of appeal.

While detentions are incredibly rare events for GPs, they are hugely time consuming and can thus be to the detriment of other patients who have no access to the GP while they're dealing with a detention.

This is a very active issue and the huge pressure psychiatry is under was acknowledged.

Committee applauded those areas with an IHTT (Intensive Home Treatment Team) and the service that IHTT provides. Hope was expressed that Edinburgh will provide a similar service/process when a patient is identified as potentially requiring detention.

Draft flowcharts were circulated in advance – these are intended to be helpful aid memoirs for GPs on what should hopefully be very rare events.

7. **Paediatric Phlebotomy update**

The ongoing access issues with paediatric phlebotomy were again highlighted, and it was noted that the waiting list has extended further which is causing considerable concern within general practice.

There is currently no access to urgent phlebotomy for GPs and it was suggested that GPs speak to the on-call paediatrician if they think a patient warrants emergency bloods.

Paediatric phlebotomy is an essential service and is hugely beneficial for the patient journey. Work is continuing to establish the size of the ask from GPs and also look to identify any work could be done in CTACS. This is on the agenda to be discussed further at the next CTACS meeting on 27th January.

AP – LMC office to raise paediatric phlebotomy and any potential opportunities within CTACS at next CTACS meeting on 27th January.

8. **Medical Directors Business**

None

9. **AOCB**

9.1 **Dermatology Phototherapy Referrals**

Recent feedback from Dermatology has stated that all phototherapy referrals should be upgraded to urgent. As this differs to the guidance on RefHelp, clarity on the correct process for referral was requested.

AP – **TG** agreed to contact Dermatology to get clarification on the correct process for phototherapy referrals.

9.2 **Spirometry**

Following some discussions at a national level, Committee views were sought on spirometry provision within practices.

While recognising that some practices offer some routine spirometry via practice nurses, it may not be particularly efficient as the equipment is very expensive, needs time to re-calibrate and also requires maintenance. Many practices also currently do not offer spirometry and refer for this investigation.

The possibility of moving spirometry to CTACS in order to provide more economies of scale was discussed, however as it isn't carried out in all practices, there could be challenges with PCIF monies being used to fund such a service.

It was also recognised that there is an excellent diagnostic service based at RIE which allows for much more than standard practice-based spirometry.

It was suggested that communication with the Respiratory MCN for further thoughts on this issue may be helpful.

The meeting closed.

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