

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 23<sup>rd</sup> January 2023  
**7.30pm**  
Virtual meeting (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 Elaine Duncan, 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 John Magill, Dr Jane Marshall, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, 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, Dr Jeremy Chowings, Ms Jenny Long, Ms Alison McNeillage, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

**Apologies –** Dr Maria Marecka

**Welcome –** Dr Joanna Loudon, *GPST3 at Dalhousie Medical Practice*

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

### 1. **Minutes of the last meeting 19<sup>th</sup> December 2022**

The minutes from the previous meeting were approved.

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

2.1 - **Office** to discuss the current delay in lab staff being able to relay urgent results to practices and look to propose a suitable solution. **Update:** A process of e-mailing results to a practice clinical mailbox then also receiving acknowledgment of receipt, otherwise to continue trying to contact by phone was agreed. Practices are encouraged to provide a specific phone number for these calls where they have one as while the email approach is workable, there are risks to assuming that emails are read timeously. We will look to find a better long term IT solution. **CLOSED**

2.2 - **Liraglutide prescribing position** (matter arising from December meeting). **Update:** We are assured that Liraglutide for weight management will be prescribed via the Dietetics team and is for specialist use only. Committee again highlighted their concerns around the capacity of this service and it was noted that this should be supported by a central mechanism rather than fall to practices and in the meantime practices not initiating such prescribing may help to support the central prescribing model. It was noted that other medicines are due to come on board that may be more popular than Liraglutide. **CLOSED**

### 3. **Patient Registrations/Virtual Practice**

Discussions around the Citywide practice model continue, however rather than set up a central, stand-alone 2c practice, it is now proposed that should such support be needed, Edinburgh HSCP would look to pump-prime a nearby practice with extra capacity. This would involve their Primary Care Improvement team working with the practice to build their practice list to their available capacity when needed, with the expectation that any increase in capacity would be more permanent rather than just short term.

As this is currently a proposal there is no confirmed timescale for this approach although the team recently appointed at Gracemount Medical Practice have shown interest in stepping up to this to alleviate current pressures within SE Edinburgh. If the proposal is approved this could then be offered to other Edinburgh practices who may be able to increase their capacity, although it was noted that the increase in capacity wouldn't be triggered until such times as the help is needed. Discussions continue and more details will follow.

Committee raised concerns around the ability to recruit enough staff to resource this model. Concerns were also highlighted around the ability for this to continue to be funded through the Primary Care Improvement Fund, recognising that PCIF funding levels are not increasing in line with the significant population growth in Lothian. The Office will continue to lobby on all fronts for Lothian's population increase to be more recognised and supported.

Committee sought clarity around the process for allocating patients to the waiting list for practice assignment. It was confirmed that there is no waiting list for the service, and the allocation time is determined by the admin time to allocate to practice. It was agreed to share the assignment policy with Committee.

**AP – AMcN** to share the patient assignment policy with Committee.

Committee discussed their wider concerns around Out of Area patients, many being the result of historical agreements and boundary changes and others as a result of closed practice lists. The significant impact on practices was noted, particularly home visits which are more likely with these patients. PCCO have contacted Scottish Government to request that the Out of Area regulations be reviewed to allow practices to make changes and/or swaps to patient lists and as a result be more productive.

Committee were informed that, following the recent round of interviews, a team of GPs have been appointed to Gracemount Medical Practice. Both GPs are local to Lothian and are keen to work with the salaried GPs already in place. The practice will remain as 2c for a number of weeks until contracts and start dates are agreed.

It was also noted that Newbattle Medical Practice has been awarded a 6 month contract to carry out GP services for Danderhall Medical Practice with effect from 1<sup>st</sup> February 2023, with support from Midlothian HSCP for the first few weeks. A formal tender process will follow after the first 6 months.

#### 4. **Enhanced Services (ES) Review**

The Enhanced Services contracts for 2023/24 issued to Committee in advance of the meeting were discussed ahead of the formal review and approval at the LMC meeting following.

Committee expressed their thanks to the GMS Contract Group for their work to simplify the ES programme, particularly with the Drug Dependence NES to include Hepatitis B vaccination and Minor Injuries LES to include tetanus which will allow practices to deliver these for their patients where appropriate. However, the increased costs of cold chain monitoring were noted, although a number of practices are likely to be involved in vaccinations of some sort, even if these are delivered by HSCPs. It was however stressed that this change to the Minor Injuries ES shouldn't result in an increase in tetanus referrals coming to GPs and it remains that the department that initially identifies the need should administer it, and if this is secondary care, refer onto the nearest HSCP vaccine centre if appropriate.

However, Committee's extreme disappointment at the overall lack of uplift to these payments, particularly in the current fiscal climate, was stressed. It was noted that SGPC requested all uplifts in the forthcoming financial year are to be applied to Premises and the Global Sum, meaning that uplifts to ES will need to be a priority going forward.

It was acknowledged that the remuneration levels are now getting close to a position where practices may consider stopping some services if the remuneration isn't addressed. Committee asked if NHS Lothian has done any work to consider where this work would be carried out and the corresponding costs of these alternatives, which may help drive some of the discussions for next year.

A concern was highlighted relating to the Child Health & Wellbeing SES and the understanding that some Health Visitors are now no longer able to view practice records. Aside from the extra workload generated by now having to ask GPs or receptionists for the relevant information, this is a wider concern from an overall child welfare perspective and ultimately a backwards step. It is unclear if this is an NHS Lothian decision or an IT issue, and it was agreed that this will be looked into further in an effort to resolve.

**AP – 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.

## 5. **Group A Streptococcal update**

While there has been no significant change in Group A Streptococcal cases across Lothian, it was noted that Committee had some concerns around some recent Public Health Scotland guidance which stated that many Group A Streptococcal cases don't need antibiotic treatment.

## 6. **GPAS**

The December GPAS report was shared with Committee in advance of the meeting.

It was highlighted that the report reflects the overall trend for the month of December, with more areas reporting as red.

Other Boards across Scotland are showing an interest in adopting GPAS so we're hopeful this will become a more common and consistent way of reporting GP workload.

Committee again expressed their thanks to all the practices who take the time to engage and return the data, the report only holds value while we get this information in.

## 7. **Medical Directors Business**

### 7.1 – **Representative movements;**

#### i) **Best Start Implementation Group (GP Sub rep)**

Dr Alexander Kelly is the new GP Sub representative.

#### ii) **GPPC Chair**

Dr Laura Montgomery has taken on the role of GPPC Chair.

#### iii) **Sexual Health Programme Board representative**

Dr Catherine Smith has taken on this position.

## 8. AOCB

8.1 **Agenda for Change Pay Uplift** Announcement - The recently announced overall average uplift of 7.5% for Agenda for Change staff (Scottish Government letter of 23<sup>rd</sup> December 2022) was highlighted. SGPC have requested that this is applied to the GMS element for salaried staff but there has been no movement on this to date. Discussions continue and we hope that General Practice staff will be treated equally to the rest of the NHS.

8.2 **Sexual Health Board update** - Chalmers Clinic have made good inroads into clearing their waiting list. Staffing is good and activity levels have been at pre-COVID level since November. However it was noted that the clinic is seeing different types of attendees and there were concerns around less young attendees.

Gender Services are working at pace to move through their waitlist and are now working on those referred in September 2020.

The Menopause clinic is now up to date with SCI-Gateway advice referrals, with a 2-4 week turn around for these now. Active triage has also significantly reduced the face to face assessment times with straightforward cases being taken on by nursing staff and trainees with a wait time of around 6 months, and the more complex cases being seen by a consultant within 1 year. However, demand levels remain relentless. Requests for testosterone continue to be high, however National recommendations aren't currently achievable. It was stressed that GPs don't have the capacity to carry out the resulting blood work, and discussions continue.

LARC (Long-acting Reversible Contraception) services have reduced their IUD waiting list from 200 patients to between 60-70 and an online booking service is hoping to open in Howden within the next month. The current non attendance rate is 22% however it's hoped to reduce this with SMS services and ticket codes to cancel appointments.

Pharmacies are now provide bridging contraception.

8.3 **Channel 4: "GPs in Crisis"** – Chair highlighted the recent segment shown on Channel 4 News, 20<sup>th</sup> January highlighting the current GP crisis across Scotland and thanked all those across Lothian that were involved. All contributors gave a very honest account of the human cost of what's going on and we hope that this helps to improve the lives of all our colleagues.

Meeting closed.

Date of next meeting - **Monday 27<sup>th</sup> February 2023 in person at Novotel Edinburgh Park**

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

Monday 27<sup>th</sup> March

Monday 24<sup>th</sup> April

Monday 29<sup>th</sup> May (**Novotel**)

Monday 19<sup>th</sup> June (3<sup>rd</sup> Monday)

**NO JULY MEETING**

Monday 28<sup>th</sup> August (**Novotel**)

Monday 25<sup>th</sup> September

Monday 30<sup>th</sup> October

Monday 27<sup>th</sup> November (**Novotel**)

Monday 18<sup>th</sup> December (3<sup>rd</sup> Monday)