

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 27<sup>th</sup> January 2025

**7.30pm**

MS Teams

Chair – Dr Andrew Forder

## MINUTES

**Attendees** - Dr Andrew Forder, Dr Neil MacRitchie, 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 Jane Marshall, Dr Ramon McDermott, Dr Douglas McGown, 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 Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

**Apologies** – Dr Joanna Loudon, Ms Alison McNeillage, Ms Tracey Gillies, Dr Debbie Strachan, Dr Annie Lomas

**Welcome** – Ms Elaine Weir, *newly appointed Practice Manager representative*  
Dr Abhishek Kumar, *Linlithgow Medical Practice (observing)*

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

### 1. Minutes of the last meeting 16<sup>th</sup> December 2024

It was highlighted that under agenda item 8.2 Frailty LES, the amount of additional funding for 2025/26 agreed by Scottish Government was **£1.19 million**, rather than £1.9 million.

Following this amendment, the minutes of the December meeting were approved.

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

2.1 - **Office** to hold further discussions with S McBurney/Pharmacotherapy team to look at a different approach to resourcing the COVID Anti-virals service. **Update:** Committee were informed that the GMS Oversight Group (or similar forum) is due to be reinstated in the near future and this is one of the topics that will be discussed further there. **CLOSED**

### 3. Facilities SLA update

It was noted that all impacted practices should now have received their new SLA contract along with an accurate breakdown of charges to enable them to review and make a decision. It was concerning to note that, despite numerous requests, a lack of clarity around billed costs remains for many practices, resulting in continued challenges for practices in their ability to plan.

The Short Life Working Group continues to meet and appeals are progressing, with the first round of Stage 3 appeals due to be held later in the week. This will be an important stage in the process.

As previously agreed, the 5% cap to costs was highlighted and it was noted that the 5% applies to total income rather than GMS monies.

In an effort to gain a level of confidence around this being maintained, it was queried whether there should be a clause within the SLA contract to specifically state the 5% cap to costs or whether this should be noted in a stand alone document. It was agreed that this would be discussed at the next Short Life Working Group.

**AP – 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.

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

It was noted that, following initial review of draft contracts at both GP Sub-committee and LMC December meetings and the resulting feedback, the final versions of the contracts were issued to practices on 16<sup>th</sup> January with a deadline for sign-up of 31<sup>st</sup> January. Committee's disappointment at the unrealistic timescale for practice returns was noted, this is not long enough for practices to review and consider.

There is considerable change in the 2025-26 contracts, with some such as Drug Dependence seeing a welcome increase, however the loss of others such as Diabetes and COPD is concerning, in addition to further concerns from secondary care colleagues on how this may impact them.

Committee acknowledged the work done by PCCO colleagues to avoid the Lothian component of the Enhanced Services funding being subject to the wider 7% cut, and appreciate that the overall impact would have been bigger had this been the case.

PCCO modelling suggests that these changes will result in a cost-neutral outcome overall for practices. Having gained further information from practices on the financial impact of these changes, a very small number are expected to see an increase mainly through the significant increase to Drug Dependence. However, the overall picture from the responses received to date estimates an average loss of c.£6.5k per practice, with some expecting a considerably higher loss. This is very concerning, particularly when many practices are already facing the financial impacts of Estates SLA and increases to Employer National Insurance Contributions.

NHS Lothian has a duty of care to practices, and while the NHS Lothian element of funding has been maintained at the previous level, without increases to each of the individual Enhanced Services to reflect the true cost of delivery, practices will continue to face very difficult decisions as to how they can provide the level of service that patients need and maintain practice stability.

This is a very difficult position for practices to be in and to decide how to progress.

It was noted that PCCO have offered to work with any practice who expects to be considerably negatively impacted as a result of the Enhanced Service changes.

#### 5. **Private Provider Guidance**

A document produced by Lothian LMC was shared in advance for information.

Recognising the continuing increase in requests from private providers, the document aims to amalgamate much of the various pieces of existing guidance, and provide some clarity to practices on the options available to them on how they may wish to deal with these requests.

The document was well received and viewed as a useful guidance document for practices. It was noted that an update will be made to the document under the "Raising Concerns" section to inform practices that it may be advisable for them to discuss any concerns with either Ms Tracey Gillies or Dr Jeremy Chowings when applicable.

#### 6. **Influenza Infections**

Acknowledging the current focus on high levels of circulating influenza, Chair raised the following points.

- The NHS Lothian Speed Read of 31<sup>st</sup> December made a strong recommendation for staff working in front door areas to wear masks. Following COVID, the earlier work of the PCCO in trying to secure FFP2 supplies to practices ahead of the next pandemic was acknowledged, and clarity was now sought around the supply of masks for GP practices during the high levels of circulating influenza, rather than expecting practices to procure their own.

**AP – JC** to clarify the position on supply of masks into GP Practices for front door staff dealing with cases of influenza.

- It was noted that the current influenza vaccination rates across Lothian are significantly lower than in previous years. While acknowledging that there is an element of increased vaccine hesitancy, it

was noted that the wait times were considerable and further work is needed to look into what can be done to resolve the current public health issue.

**AP – Office & PCCO** to discuss possible actions that can be taken to improve the influenza vaccine rates across Lothian.

## 7. **ICD Deactivation for Palliative Patients**

Committee awareness was raised on the process to deactivate Implantable Cardioverter Defibrillators (ICD) in patients who are approaching or receiving end-of-life care.

These patients should be referred to Cardiology via SCI Gateway so that a discussion can take place regarding the switching off of their device in a timely fashion.

Further details are available on RefHelp.

This was welcomed as a good piece of shared work across the interface.

**AP – Office** to include information on the ICD Deactivation Process for Palliative Patients in next Newsletter.

## 8. **GPAS**

The December report was shared in advance of the meeting.

The overall picture remains stable, with practice comments highlighting that they were particularly busy in the run up to year end.

Practices were thanked for continuing to complete their weekly return, and the results continue to be shared with PCCO & more widely.

## 9. **Medical Directors Business**

9.1 – Committee officially welcomed Ms Elaine Weir who has taken on the Practice Manager representative role.

## 10. **AOCB**

10.1 – Cegedim Administration: Following the update at the December meeting, it was noted that there was no further information on this as yet, with the next meeting scheduled for 27<sup>th</sup> January.

Meeting closed.

Date of next meeting - **Monday 24<sup>th</sup> February 2025 on Teams**

### **2025 Meeting Dates:**

Monday **24/3** March - **Novotel**

Monday 28th April

Monday 26th May

Monday **23rd** 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**