

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

Monday 26<sup>th</sup> January 2026

**7.30pm**

MS Teams

Chair – Dr Andrew Forder

## **MINUTES**

**Attendees** – Dr Andrew Forder, Dr Annie Lomas, 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 John Hardman, Dr Alexander Kelly, Dr Hazel Knox, 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 Joanna Smail, Dr Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey McKigen, Dr Jeremy Chowings, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

**Apologies** – Dr Suzy Scarlett, Dr Katie MacKenzie, Ms Alison McNeillage

**Welcome** - Ms Jessie Russell, *Project Manager, National Centre for Sustainable Delivery*  
Dr Rebecca Howie, *Clinical Lead Support, National T2DM Remission Programme*  
Ms Sheona Dorrian, *Voluntary Services Manager, Bridge Builders*  
Dr Chinonso Ogaziechi (*GPST3, Dalhousie Medical Practice*) *observing*  
Dr Samuel Glass (*Health Inequalities Fellow, NES*) *observing*

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

### **1. Presentation: National T2DM Remission Programme**

Ms Jessie Russell and Dr Rebecca Howie gave a short presentation to committee on the National Digital Type 2 Diabetes Remission Programme, a Scotland-wide programme which aims to help people with Type 2 diabetes achieve weight loss and remission through structured, evidence-based digital support.

The programme, which will be delivered by Counterweight, is expected to support 3000 people across Scotland and should be open for referral in mid February.

It is estimated that somewhere between 60 and 70 patients within Lothian will be eligible for this programme, however it was highlighted that there is currently no easy way to transfer these patients. After some discussion it was agreed that, due to the very low number of patients involved (less than one per practice), a simple manual option would be implemented where the practice would be informed that a specific patient is joining, and a quick and simple referral process is agreed for practices.

Committee were supportive of the programme and thanked the guest speakers for attending and taking questions.

### **2. Presentation: Bridge Builders**

Ms Seona Dorrian gave a short presentation on Bridge Builders, a new NHS Lothian initiative where volunteers studying for a career in healthcare accompany people who may require extra support while attending outpatient appointments. [Bridge Builders Programme](#)

Based on a successful program in Denmark, it aims to reduce barriers to accessing care and improve the patient experience.

There are currently 25 volunteers fully trained, offering around 50 appointments each month within Lothian. As this is in the early stages, these appointments are only accessible within the Edinburgh area although patients can be referred in from other areas of Lothian. It is hoped to widen this accessibility as more volunteers come on board.

It was highlighted that referrals are typically initiated within Primary Care via a very simple referral process, and practices were asked to share details with patients as appropriate. A patient information leaflet is also available.

Committee gave their support to this very helpful piece of work and thanked Sheona for attending.

### 3. **Minutes of the last meeting 15<sup>th</sup> December 2025**

The minutes of the previous meeting were approved.

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

4.1 - (ONGOING) **TM** to provide a detailed update on the routine colposcopy waiting times and wider position within Gynaecology. **Latest update:** Despite providing very misleading wait time information to patients, it was confirmed that the national letter is unable to be amended. Work is underway to manage the wait list and, where a patient has been waiting more than 6 months, the patient will be contacted and asked if they still need to be seen. Committee raised strong concerns with this approach as many of these patients will be asymptomatic and their referrals have been GP-led, therefore the patient is not best placed to make this decision. This applies to a number of specialties in addition to Colposcopy/Gynaecology. **CLOSED**

4.2 - **TM** to provide updates to committee on any waiting time initiatives underway in NHS Lothian. **Update:** The new National Waitlist Guidance was acknowledged. To remain on the agenda awaiting further updates on local initiatives. **ONGOING**

4.3 - **JC, JS & AF** to arrange a meeting with stakeholders for further discussion around the publishing of unsupported Shared Care Agreements on the East Region Formulary. **Update:** A meeting has been scheduled and an update will come back to committee following. **CLOSED**

4.4 - **Office** to add "Minor Surgery Enhanced Service proposal" to next Informal GP Sub-committee agenda. **Update:** This was discussed at Informal GP Sub meeting. Keen to support within a cluster or group of practices, while noting that this requires agreement within practices before it is taken forward. The ES contract has been updated to reflect this. **CLOSED**

4.5 - **ALL** to submit any further comments on the draft Enhanced Services to office ahead of 26<sup>th</sup> January meeting. **CLOSED**

### 5. **Facilities SLA update**

It was noted that PCCO are actively chasing an update from Scottish Government in respect of the current pause to the next scheduled uplift in SLA charges from 50% to 75% of the recalculated charge. This pause was initially put in place in October and is due to finish at the end of March.

Ongoing practice concerns around the impact of significant increases from 1<sup>st</sup> April were acknowledged and it is hoped that a decision will be known soon.

### 6. **Draft Enhanced Services 2026/27**

A number of proposed Enhanced Service contracts for 2026/27 were circulated to Committee in advance. These were additional to those shared at the December meeting.

It was noted that there is minimal or no change to the majority of 2026/27 contracts that have been circulated to date. A number of points were queried/clarified;

- QI & Safety in Primary Care asks for 2 additional data points. JC agreed to look into further to get an understanding as to why this additional information is needed, however it was noted that, following the removal of the requirement to attend education sessions, the overall ask has reduced.

**AP – JC** to get clarity on the reasons for the 2 additional data points within QI & Safety ES.

- Minor Surgery. JC confirmed that there is now no requirement for practices to indicate in advance how much minor surgery they will do. Practices will be paid for the work they do.

It is hoped that the remaining contracts (Cardiovascular Disease, Frailty, Pre-diabetes) will be available shortly to allow a review of the full Enhanced Services package for 2026/27 before giving a final Committee decision.

## 7. **Walk-in Centres**

As discussed under AOCB at the December meeting, Scottish Government requested all Board areas submit Walk-in Centre proposals within a very short window. Lothian's proposal was for a centre to be located within Wester Hailes Health Living Centre, based on the LUCS (Lothian Unscheduled Care Service) model.

Committee were informed that Lothian's proposal has been accepted and will be the first pilot (of 15) across Scotland to go live, in early February. The service will be restricted to patients within the Canal cluster (approximately 76k population). PCCO have met with Wester Hailes practice to agree how these 2 services work together.

The strong focus on making this as safe as possible was stressed, and it was noted that continual evaluation is planned throughout the programme in order to make adjustments as needed.

It was noted that SGPC withdrew from the panel as they could not support the wider Scottish Government proposal (not specifically Lothian's approach).

While not supportive of the wider proposal, committee expressed their thanks to all involved across Lothian for their work in very difficult circumstances.

## 8. **Primary Care Laboratory Interface Group (PLIG) update**

Committee were made aware of a number of important points from the most recent PLIG meeting.

Until June, the processing of micro samples by Microbiology will be delayed by an additional 24 hours. It was noted that for urgent requests, practices can continue to submit these via brown envelope and laboratory staff will look to accommodate these where possible.

Noting the 40% increase in laboratory phlebotomy requests since COVID, add-on requests previously accepted via email will now need to be submitted via a specific form to ensure that all relevant data is included. This change applies to RIE practices only.

## 9. **Palliative Care of Paediatric Patients**

An update was provided to Committee on ongoing collaborative work between Lothian Unscheduled Care Service (LUCS) and the Paediatric Palliative Care Team RHCYP which looked to improve the sharing of information for palliative care patients in and out of hours.

Templates were circulated in advance for both deteriorating at home and end of life situations which would allow the palliative care team to pull together all relevant information to send to the GP/LUCS.

Initial feedback was positive and welcomed the ability to add more free text where previously this was a challenge.

Ahead of any wider roll out, the team would appreciate feedback from anyone who has experience of using the new form.

**AP – ALL** to consider/encourage feedback from anyone with experience of using the new "eKIS Information for GP/LUCS for Paediatric Palliative Patients" form. This can be sent direct to Hayley Harris (LUCS) or the office team.

## 10. **GPAS**

The December report was shared in advance of the meeting, and it was noted that the overall Lothian-wide assessment had remained relatively stable over the month.

It was highlighted that, when the rates of clinical activity are low, this does not necessarily mean that fewer patients are contacting practices, but this is often a result of staff shortages resulting in less appointments being available.

Thanks were given to those practices who complete their returns on a weekly basis.

## 11. **Medical Directors Business**

None.

## 12. **AOCB**

12.1 – Committee's concerns relating to the recent Scottish Government Medicine Supply Alert Notice (14<sup>th</sup> January) advising of the impending shortage of co-codamol from early February to June 2026, and the significant impact this will have on practices, were noted. The urgent need to find an acceptable alternative so that GPs can prescribe accordingly was acknowledged, and it was noted that this will be discussed at the next Oversight meeting.

**AP – Office** to raise concerns around the impending shortage of co-codamol with PCCO ahead of the next Oversight meeting.

Meeting closed.

Date of next meeting - **Monday 23<sup>rd</sup> February 2026 on MS Teams**