

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

Monday 16<sup>th</sup> August 2021  
**7.30 pm**  
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

**MINUTES**

**Attending** – Dr Iain Morrison, 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 Elaine Duncan, 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, Bill Ramsay (EL HSCP representative), Dr Katherine Robertson, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Laura Tweedie, Dr Ros Wight, Mr Ryan Addison, Ms Tracey Gillies, Ms Jenny Long, Ms Alison McNeillage

**Apologies** –Dr Robin Balfour, Dr Jenny English, Dr Hayley Harris, Dr Clementine Johns, Dr Jane Sweeney, Dr Jon Turvill, Dr Nigel Williams

Chair opened the meeting and warmly welcomed committee members.

**1. Minutes of last meeting 21<sup>st</sup> June 2021, for approval**

The minutes from the previous meeting were approved.

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

2.1 - **PC** to share GP briefing on DataLoch with practices following the recent article in The Herald. **Update:** A standardised response to this and similar enquiries, with input from Information Governance, is being produced. More information on DataLoch, including standard responses to common queries that can be used by GPs to handle patient enquiries, can be found here <https://www.ed.ac.uk/usher/dataloch>. It is also hoped to develop a hand-off process for practices should they receive queries from difficult customers. **CLOSED**

2.2 - **TG** to contact ADTC to determine the process for SCA resource requests (cc Annie Lomas in discussion for info). **Update:** This has been discussed with PCCO who will take this forward with Jenny Long and Stephen McBurney. It was highlighted that the role of ADTC is more around the governance rather than resourcing aspect. **ONGOING**

2.3 - **LMC office** to get updated Infection Control Guidance out to practices as soon as we have this (from Lindsay Guthrie). **Update:** Office have re-circulated the recent communication from Lindsay Guthrie to practices, highlighting the key changes. **CLOSED**

2.4 - **TG & IM** to discuss the proposed removal of the “advice only” dermatology service. **Update:** Discussions are ongoing, with regular meetings being held between GP Sub Chair and Dermatology. It is recognised that the “advice only” service is essential going forward and there

is a lot of collective will, however the Dermatology service is in a difficult place at the moment and this needs to stabilise before we look to restore. **ONGOING**

### 3. **COVID Programme Update**

**COVID Triage community pathway** – A Service Level Agreement (SLA) for practices to consider providing nominated cover for the COVID Triage phone line has been issued to all Lothian practices. There has been limited interest so far, and conversations are now going ahead to look into specific practice ownership. We hope to protect the service as best we can but appreciate this is a difficult position for everyone. Lothian Interface Group (LIG) commended the work done so far and would appreciate any support from GPs that could be offered.

**COVID Vaccine** - The COVID Vaccine Programme Board continues to meet regularly and is now focussing on the COVID booster programme.

Committee frustrations around the vaccine appointments for patients, particularly from deprived areas, being organised far away from home were noted. These challenges are very much recognised by the Board however, as these are made by the central booking system, they are not within their remit. The suggestion of a simple algorithm was made where patients are offered the choice of “first available” or “nearest to home” which would potentially solve this considerable issue, particularly for the elderly, deprived and those with no access to transport. This continues to be very challenging for all concerned, although it is hoped that the success of the walk-in services will help with the approach to COVID booster vaccinations.

Similar concerns were raised regarding the approach to flu vaccines, in addition to whether the system will be intelligent enough to identify those due flu vaccines and then match up with their COVID booster appointment. Again, this is a wider national issue however TG agreed to feed back these concerns.

**AP – TG** to feed back Committee concerns/suggestions around the scheduling of appointments for COVID booster & flu vaccines.

### 4. **Cancer Re-grade/Dermatology Recovery Programme**

The Dermatology Recovery Programme paper circulated to Committee in advance of the meeting was highlighted and key points were summarised by the Chair.

Committee were informed of the significant ongoing discussions regarding the proposed USOC (Urgent Suspicion of Cancer) re-grading letters. 400-450 patients have been initially identified to receive this letter, however these are currently paused due to a number of significant factors that need further consideration, including who would be responsible for updating the patient.

Committee raised concerns with Dermatology triage in respect of how some lesions are handled, with the potential opportunity to review the wider process for all lesions highlighted.

It was also noted that Committee are very keen to see the employment of digital image sharing and see this as an essential part of Dermatology triage by providing better levels of detail and confidence over text only descriptions.

Committee welcomed the opportunity to develop the dermatology skills of GPs with a special interest, and whether this led to more locality based services or working alongside dermatologists, this would help to reduce overall wait times.

It was recognised that the service is in a lot of difficulty, with the majority of Scotland's >12 week waits being in Lothian. It was highlighted that Lothian's USOC triage system is out of line with the national system, and guidance will be given by the national group on what needs to change in order to bring this back into line and bring wait times down.

**AP – LMC office** to feedback Committee comments on the Dermatology Recovery Programme paper to Peter Lock.

Committee requested support from the Dermatology service regarding regular requests from patients to be "bumped up the waiting list" if they're unhappy with the long wait times, rather than if their situation has changed/worsened since their initial referral. It was agreed that this would be fed back.

**AP – TG** to feed back to Dermatology that GPs can't be asked by patients to bump them up the waiting list unless there has been a change to their situation.

## 5. **Chief Executive letter/Scottish Government Funding**

Chair highlighted the recent reply from Calum Campbell, Chief Executive NHS Lothian, regarding the additional COVID monies being awarded across Lothian and how this was planned to be spent across the piece, which also included monies that we already knew existed.

It was hoped that Primary Care would be considered for some additional support, and while that hasn't been agreed at present, we will keep up the campaign.

## 6. **GP CD Standard Operating Procedures**

Chair highlighted the revised GP CD Standard Operating Procedures document circulated to Committee in advance of the meeting for review and approval.

It was noted that the changes were minimal and Committee granted their approval of the document.

## 7. **Waiting Times**

Committee expressed their thanks to those who responded to our request for accurate waiting times. This is very helpful information which allows GPs to frame an honest conversation should a referral be required for life-affecting conditions. It was noted that this is a rapidly moving picture and that the times quoted are always subject to change, however this helps give patients a sense of the likely timescale involved.

## 8. **Funding for Lothian Interface Group Attendance**

A number of declarations of interest were made ahead of this agenda item.

Committee were made aware of the ongoing frustrations around lack of funding for GP attendance at Lothian Interface Group (LIG), including the office bearer time to support, and other similar committees, to the point where it threatens the level of engagement. 2 potential options were put forward in the hope that a robust and sustainable process could be agreed;

1. Introduce a ring-fenced budget to fund these meetings

2. Consider using the AMC cost code to support LIG, recognising that there are many similarities in the support/interaction across the interface and that AMC funding isn't currently being utilised.

Alan Payne was identified as the likely budget holder for LIG. It was also proposed that an estimated cost of office bearer support should be articulated so that this can be agreed in advance of any claim.

**AP – JL** to look into securing the appropriate funding for LIG/other similar committees, either within PCCO or from other means.

## 9. **Diabetes MCN Learning Opportunity**

Committee were made aware that the recent Diabetes Learning Opportunity advertised for GPST3 trainees was a sponsored event.

It was noted that Committee previously agreed that there should be no sponsorship of such events by pharmaceutical companies, and while recognising the benefits of taking this approach, this went against policy.

**AP – TG** to feed back to Diabetes MSNs that pharmaceutical sponsorship of events is not within policy.

## 10. **Medical Directors Business**

None.

## 11. **AOCB**

### 11.1- **IBD Nurse Helpline**

Committee were made aware of recent discussions seeking clarity on GP support of the IBD Helpline.

It was previously agreed that GPs would facilitate the collection of faecal calprotectin for patients who had this requested by the IBD service. Patients would be sent the labels (+/- pots) and could return these via their practice, however the results would go direct to the original requestor to inform their management decisions, rather than the GP. It has not been agreed that GPs would provide phlebotomy, even with labels, or would provide physical assessment.

Communications have gone out to practices encouraging engagement, however a clear process needs to be in place so that practices aren't put under undue pressure.

The need to deliver on the Scottish Access Collaborative was highlighted – “Patients should not be asked to travel unless there is a clear clinical benefit, and that any changes should not increase the workload for primary, secondary or social care in an unplanned/unresourced way”. This is an area that needs to be resolved – a joint solution to make lives better for all, not least the patients.

Discussions are ongoing. This service is highly valued, and we continue to look for some cross-interface support of delivery. CTACs is a potential solution although the current budget is for primary care only.

Committee were made aware that a GP Order Comms pilot (chemo bloods) has just started. This is very positive news, and once more is known on whether this is working as expected, the aim is to roll out wider.

#### **11.2– Acute Physician Proposal**

Committee were made aware of a proposed test of change for Acute Physician in the Flow Centre with alternatives to admission, to help support GP calls. It was noted that the proposal is still being developed and, as a test of change, will only run for a number of weeks.

Committee highlighted the need for the patient experience to be fully considered, and for this not to be made worse by alternative services (eg Hospital at Home, Hot Clinic, etc) not having the capacity to accept patients during the referral process and then potentially being bounced around the system. We need to make sure we direct people to the right site first time.

#### **11.3 – Long COVID meeting, Wednesday 18<sup>th</sup> August**

Committee were made aware of a Long COVID meeting taking place later in the week which is looking at running a project with NHS Lothian to provide support for Long COVID patients through guided, tailored self-help and to share what is currently available.

**AP – All.** If any Lothian HSCP isn't sending a representative to this meeting, can they get in touch with Amy Small so she can keep everyone as up to date as possible.

The meeting closed.

**Date of next meeting – Monday 27<sup>th</sup> September, 7.30pm**

**\*\* This is a change from the original date\*\***