

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 27th June 2022

7.30pm

Via MS Teams

Chair –Dr Iain Morrison

AGENDA

Attendance: Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Gordon Black, Dr Peter Cairns, Dr Elaine Duncan, Dr Andrew Forder, Dr Kerri Greene, Dr John Hardman, Dr Hazel Knox, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Kath Robertson, Dr Suzy Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Mr Ryan Addison, Dr Jeremy Chowings, Ms Tracey Gillies, Ms Jenny Long, Mrs Nicola Smith

Apologies – Dr Drummond Begg, Dr Stuart Blake, Dr Hayley Harris, Dr Annie Lomas, Ms Alison McNeillage, Dr Jon Turvill, Dr Ros Wight

Welcome – Dr John Magill, *new LASGP representative (shared) (observing)*
Dr Jessica Hunter, *GPST3, Newbattle Medical Practice (observing)*
Dr Jemimah Attwell, *GPST3, Baronscourt Medical Practice (observing)*
Dr Colin McArthur, *GP, Dalhousie Medical Practice (observing)*

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

1. Minutes of the last meeting 30th May 2022

The minutes from the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **Office** to circulate secondary care referral form for ad-hoc vaccine requests to practices to enable them to inform secondary care of the process. **Update:** This has been done. **CLOSED**

2.2 - **AMcN** to look into FFP3 face fitting approach for locums, recognising that some locums don’t have a regular practice base. **Update:** Comms were issued to practices on 20/6 detailing the process for FFP3 face fitting for all staff and highlighting the specific process for locums, recognising that there won’t be a consistent approach for all locums. **CLOSED**

2.3 - **Office** to agree next steps for further discussion of options for GPs to continue to offer opportunistic Hepatitis B vaccines for drug misuse patients. **Update:** This is a very vulnerable group and therefore it’s important that a robust HSCP service is in place and patients signposted to this service. As the Transfer of Residuals payments have been agreed, any vaccinations given by practices wouldn’t receive any further payment. **CLOSED**

2.4 - **RM** to forward to the office details of the variation in DN duties between GG&C and Lothian so that these can be queried. **Update:** Pat Wynne confirmed that if all required Scottish criteria were met, these could be carried over when changing locations/Board areas within Scotland although the checking process may take a few weeks. Currently looking to make the process more streamlined and will prioritise where possible. **CLOSED**

2.5 – Hep B Pathway update *

A draft of NHS Lothian's "Community Pathway for Hepatitis B Vaccination" document was shared with Committee in advance of the meeting. In summary, following screening by the Health Protection Team, results would be returned to the GP who is then responsible for advising the patient of next steps. It was noted that the number of tests will be very small and the number of positive results even smaller.

This was agreed to be the most pragmatic pathway, and due to the infrequency of these requests it will be made clear to GPs what they're expected to do when they're asked to engage.

AP – IM to clarify with Peter Harrison that due to the low numbers of Hepatitis B serology screening tests, clear instruction will be given to GPs when they're informed of and asked to engage with a patient.

2.6 – Ukrainian Refugees update

It was noted that a number of Lothian practices near the airport and other hotels housing Ukrainian refugees are currently experiencing significant workload pressures due to the volumes of refugees, the levels of need and language barriers. The stress on these practices was acknowledged and Committee's thanks were extended for handling these residents with care.

It was highlighted that registering these patients rather than handling as Temporary Residents should provide a bit more stability to practices.

Work is currently ongoing with local councils to get more clarity on expected numbers and length of stay, and it was fully acknowledged that it wasn't sustainable for a small number of practices to deal with this increase in workload for an unknown period of time.

With regards to Scottish Government's request for wider screening for all Ukrainian refugees, it is hoped that an Enhanced Service will be agreed to address this additional ask.

3. Monkeypox

It was noted that the community vaccine pathway for close contacts of new Monkeypox cases has been circulated (22nd June 2022), and it was acknowledged that the containment strategy appears to be working.

Some concerns around the vaccine pathway were highlighted and it was noted that the Health Protection Team/Public Health felt they were too far removed to prescribe and therefore there was an ask of GPs. While GPs could also have refused, it was felt that this approach guarantees that GPs will be informed if their patients are close contacts and can then take the necessary precautions. The volume of cases are expected to be very small and therefore should have very little impact on practices, and it will be very clear to GPs what the requirement is when they are contacted to engage in the pathway.

Discussions will continue around the Health Protection Team's ability to prescribe, and Committee expressed their thanks to Peter Harrison (Public Health) for the considerable time he put into developing this pathway.

4. Changes to Menopause/HRT Advice Line

Committee were made aware of the recently announced suspension of the email advice line from the Menopause Clinic for menopause and HRT queries.

A number of worthwhile discussions took place with Dr Dan Clutterbuck looking at service redesigns in an effort to meet the demand, however this is a very small team experiencing

unprecedented levels of activity. As a result, all advice requests regarding menopause or HRT should now be sent via SCI Gateway and there will unfortunately be a wait of about 6-8 weeks for all advice.

The FAQ section of the Menopause RefHelp page is here: [Menopause \(nhslothian.scot\)](#)

The British Menopause Society have also recently published a free resources toolkit on their website: [New BMS PPMC Resources Toolkit - British Menopause Society \(thebms.org.uk\)](#)

Committee were pleased to be informed that Utrogestan has now been added to the East Region Formulary. This will allow GPs with the sufficient skillset and experience to consider it for use if they wish and hopefully reduce some of the demand on the Menopause Clinic.

5. Post Menopausal Bleeding Pathway update

Committee were informed that the Post Menopausal Bleeding (PMB) pathway has changed and will now inform GPs by emailing the clinical mailbox only, rather than also going to individual GP mailboxes. As is the case with other pathways such as lung cancer and urology, the email is a prompt to read and act on the report appropriately, with all the information for the GP being in the report. The following alert will be at the top of the report;

Dear GP,

URGENT EMAIL, GP ACTION REQUIRED

*Please see the report below. I would be grateful if you could inform the patient of the result, warn the patient to expect an urgent appointment and **send a formal USOC referral** to Gyn via SCI Gateway: SCI GATEWAY >RIE>gynaecology>post menopausal bleeding>abnormal result. This email is being sent to the **practice Clinical Inbox** and will also be emailed to the Gynaecology cancer clinic (Gynaecologycancertrackingteam@nhslothian.scot.nhs.uk). **A SCI GW referral is still needed.***

The Radiology Pathways Alignment papers circulated in advance were highlighted and it was noted that the USOC pathways for Chest X-rays, PMB Ultrasound and Testicular Ultrasound where the result is suspicious for cancer have been aligned by standardising the text, referral process and information on RefHelp.

Radiology are actively looking at new reporting software that will ultimately make the referral process easier, however this consistent approach helps to remove confusion and minimise risk in the meantime.

Committee expressed their thanks to all concerned who worked to get this into place.

6. Paediatric Phlebotomy update

Committee were made aware that a meeting is scheduled with the Service Manager at RHCYP and Allister Short, Service Director Women & Children's Services, to discuss possible solutions for the paediatric phlebotomy service.

In the short term, we need to consider what can be done to support RHCYP phlebotomy provision, whereas in the medium to long term we need to look at how some of this service can be provided in the community whilst recognising the need for a centralised specialist service for very young children and other specific cases will always be needed.

An update will be brought back to Committee when more details are available.

7. Post Prostatectomy PSA update

Committee were updated on recent follow-up activity carried out on post radical prostatectomy patients in Lothian which aims to identify what constitutes an acceptable PSA result after radical prostatectomy.

PSA is essentially undetectable after a radical prostatectomy and therefore any measurable PSA is a concern for recurrence.

Therefore a piece of work has now been carried out in the labs for all patients who had a radical prostatectomy carried out in Lothian, to re-set their normal range and with records now showing their corrected normal range. For patients who have had the procedure elsewhere, an additional question when requesting a PSA will allow this to be covered.

An additional piece of data linkage work will also be carried out to identify those patients who previously had a PSA done and have a result outside the normal range but had no Urology follow-up afterwards.

Committee will be kept updated on progress.

8. CMO Report – Realistic Medicine

The Chief Medical Officer report “Realistic Medicine: A Fair and Sustainable Future” (June 2022) was issued in advance of the meeting and taken as read.

9. Patient Registrations

This will become a standing agenda item to ensure that Committee are kept informed of any practice difficulties following the recent communications on GP Registrations (29th April).

It was noted that while there have been no formal closures to date, several practices have contacted the office to discuss the possibility of closure.

Committee were made aware that Lothian LMC is looking to launch the GP Alert System (GPAS), which was pioneered by Devon LMC and has been adopted by several LMCs across the UK. The system is driven by data provided via a short weekly survey sent out to all locality practices which captures key status information and then amalgamates it into a report detailing the current state of play across Lothian. It's hoped that this will be a very useful tool in quantifying GP workload and helping to identify pressure points within the system.

10. Challenging Behaviour Practice

Committee were made aware that the Challenging Behaviour Practice is currently up for tender. This is an essential service for all Lothian practices and it is key that the service continues to be open and as easily accessible as possible for practices experiencing severe difficulty.

The tender is open to any practice, and the office can be contacted should anyone want any further information.

11. Medical Directors Business

11.1 – Midlothian Representative

Committee were informed that the current Midlothian representative vacancy will now move to an

election.

12. **AOCB**

12.1 **Professor Sir Aziz Sheikh**

Committee formally congratulated Professor Sir Aziz Sheikh on his recent knighthood awarded in the Queen's Birthday Honours List 2022.

Professor Sir Aziz Sheikh's work is an outstanding example of the support provided to many in primary care, and Committee's support and respect of the work done by our academic GP colleagues was noted.

12.2 Committee expressed their great thanks to Dr Amy Small and Dr Drummond Begg who both stand down from Committee.

Amy's commitment to Lothian GPs over the years has been incredible, and her current involvement with Long Covid research and the Chest, Heart and Stroke Association will continue.

Drummond's dedication and direction to various committees over the years has been outstanding, and particularly during the recent pandemic and his experience will be greatly missed.

We wish them both well in their new ventures.

Meeting closed.

Date of next meeting - **Monday 22nd August at Novotel Edinburgh Park**

2022 Meeting Dates (4th Monday of each month unless highlighted)

Monday 26th September

Monday 24th October

Monday 21st November (3rd Monday) (*Novotel*)

Monday 19th December (3rd Monday)