

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 19<sup>th</sup> June 2023

**7.30pm**  
MS Teams

Chair – Dr Iain Morrison

## MINUTES

**Attendance:** Dr Iain Morrison, Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Jenny English, 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 Douglas McGown, Dr Laura Montgomery, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey Gillies, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

**Apologies** – Dr Debbie Strachan, Ms Alison McNeillage, Dr Catriona Morton

**Welcome** – /

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

### 1. Minutes of the last meeting 29<sup>th</sup> May 2023

The minutes of the previous meeting were approved.

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

2.1 - **Office** to look for clarity on further provision of face masks to practices, for use by symptomatic clinicians, etc. **Update:** Practices are able to access PPE, including face masks, free of charge for the rest of the current financial year. **CLOSED**

2.2 - **CM** to feedback Committee’s comments on the proposed changes to CAMHS Eating Disorders RefHelp guidance to the Eating Disorders team, and bring back a final draft proposal to GP Sub when available. **Update:** carried forward to next meeting.

2.3 - **JL** to contact Campbell Kerr to determine if there are any practices in Lothian where the GP owns the building but not the land that it’s built on. **Update:** Lothian Health Board doesn’t hold this level of information, therefore Campbell Kerr will write to all partner-owned practices to determine the current position. **CLOSED**

2.4 - **KR** to feedback via PCI group that some GPs may not always be comfortable requesting further imaging, and that it should be made clear that this is an option for GPs to consider, and that the option to refer back to the specialist consultant remains. **Update:** This has been fed back to Radiology and will also be discussed at the August Radiology Primary Care Interface meeting. **CLOSED**

### 3. Patient Registrations

The considerable amount of work that is ongoing with regards to patient registrations was acknowledged by Committee.

However, as there is often not enough detail to provide a regular monthly update to Committee, it was agreed that this would be removed as a standing agenda item and that further updates will be brought back to Committee as required.

#### 4. **Vaccine Transformation Programme Review SLWG update**

It was noted that, due to staff absence, this group have not met as often as originally planned although this is expected to change in the near future. It was therefore proposed to remove this as a standing agenda item and for further updates to be brought back to Committee as required. This was agreed.

#### 5. **Monitoring Clinics and CTACS+**

Committee were made aware of a recent presentation to LMC Executive Group on monitoring clinics from Gillian Cunningham, Service Director for Outpatients, and Julie Bladen, Clinical Services Manager for Outpatients.

The presentation highlighted the overall vision for the service and identified some of the challenges, such as the high number of DNAs and the level of unused capacity.

It was noted that there is a lot of shared ambition and enthusiasm to make best use of the service, and while there's agreement with the aim to provide this service closer to the patient's home, there are strong concerns around how this can be achieved with the ongoing constraints around premises availability. The success of the service requires a tripartite approach between GPs, HSCP and Lothian Health Board, and it is hoped that positive discussions will continue. It was also highlighted that other Boards across Scotland have set up a CTACS+ model and we are keen to maintain momentum on this opportunity.

It was noted that discussions have also recently taken place to look into the possibility of running a local pilot of the service within East Lothian.

Further updates will be brought to Committee as required.

#### 6. **Psychiatric Emergency Plan**

Committee were informed that, while the Psychiatric Emergency Plan remains in draft form and is not yet signed off, a series of Psychiatric Emergency Review meetings are now in place, which aim to review the experiences of those involved in emergency detentions and highlight any issues or learning points.

Primary Care team members who have been involved in an emergency detention are encouraged to carry out a brief review of their experience, using the "Psychiatry Emergency Review Group Case Study" template (to be circulated to practices), e-mailing the completed template to Sally McGregor ([sally.mcgregor@nhslothian.scot.nhs.uk](mailto:sally.mcgregor@nhslothian.scot.nhs.uk)) and Karen Ozden ([Karen.ozden@nhslothian.scot.nhs.uk](mailto:Karen.ozden@nhslothian.scot.nhs.uk)) for inclusion in the next review meeting.

Feeding back into these meetings is a good opportunity to potentially influence and improve the Psychiatric Emergency Plan ahead of any sign-off.

**AP – Office** to circulate Psychiatric Emergency Plan Review meeting template to all Lothian practices.

#### 7. **Bariatric Guidance**

It was noted that a number of health boards across Scotland have agreed local arrangements where secondary care are picking up the specialist follow-up element for patients who have received private treatment.

A service gap remains in Lothian and we continue to encourage the use of private sector for all follow-up. However, for those practices who feel that they are able to provide some support, guidance is available via GP Order Comms, although it was highlighted that this includes a disclaimer as it has not been approved.

It was noted that we are currently awaiting sign-off on a Private Interface document which includes updated Scottish Government guidance on overseas medical procedures, suggesting that these should be followed up in the private sector.

## 8. **Lothian Data Quality Framework**

A brief presentation on the Lothian Data Quality Framework was provided to Committee.

It was highlighted that while it's not compulsory for practices to use the Framework, the additional tools that it provides could be helpful.

Further details can be accessed via the following links (*must be signed into nhslothian account to access*);

[https://scottish-my.sharepoint.com/:w:/g/personal/peter\\_cairns\\_nhslothian\\_scot\\_nhs\\_uk/ERBIs5oC4\\_hFk8k\\_0Uv\\_ZNVgBk\\_x4NLRa8\\_leUZ-UAH\\_Mtw?e=HnAsT2&isSPOFile=1](https://scottish-my.sharepoint.com/:w:/g/personal/peter_cairns_nhslothian_scot_nhs_uk/ERBIs5oC4_hFk8k_0Uv_ZNVgBk_x4NLRa8_leUZ-UAH_Mtw?e=HnAsT2&isSPOFile=1)

[https://scottish-my.sharepoint.com/:w:/g/personal/peter\\_cairns\\_nhslothian\\_scot\\_nhs\\_uk/EVmpS\\_AjgRZPomcuPE\\_LKNPIBY6jE6NzK2R4iLvE2biBsvw?e=eAyLtG&isSPOFile=1](https://scottish-my.sharepoint.com/:w:/g/personal/peter_cairns_nhslothian_scot_nhs_uk/EVmpS_AjgRZPomcuPE_LKNPIBY6jE6NzK2R4iLvE2biBsvw?e=eAyLtG&isSPOFile=1)

Committee acknowledged the level of involvement from the network of clinicians, Management and Quality Improvement colleagues involved in developing the Framework, and they expressed their thanks to them and also Dr Peter Cairns and the Data Quality Group for their excellent work.

## 9. **GPAS**

The May report was issued in advance.

May saw an improvement in one locality area and stability in all the others, resulting in an overall improvement across Lothian, however staffing and recruitment remain an ongoing concern across Lothian.

A number of trend line graphs have been added to the monthly report which aim to give a helpful view of movement across time for each of the localities. The office welcomes any feedback on how useful these are.

## 10. **PCITOB minutes**

The minutes from the April Primary Care IT Operational Board meeting were circulated in advance, and the key points were highlighted.

It was confirmed that backfill locum cover will not be available to cover training on the new Vision system in practices. For current Vision practices, the only system change is with new appointments. Online learning modules are available on the Cegedim website and Practice Managers have been sent details on how to access these. For current EMIS practices, a small amount of funding is being made available to deliver workshops on the more specialised areas.

The ongoing printer connection issue within practices was also raised, and it was noted that this is normally due to the default printer pop up box not being selected at start up.

Work is being done to produce a short video, documenting the steps required to resolve this issue which can then be distributed to practices.

Committee were made aware that, following advice from NHS Lothian senior engineers and PCITOB, a decision was made on 16<sup>th</sup> June to pause Lothian's migration to the Cegedim Hosted Solution.

The decision was made following concerns regarding the timescales to resolve minor issues, and as a result there will be no further migrations until there is further reassurance around the concerns raised. It was noted that Cegedim resources are currently stretched due to multiple migrations across Scotland. A further update will come to the August meeting.

#### 11. **Lothian Interface Group Minutes (April)**

The minutes from the April meeting were circulated in advance and taken as read.

#### 12. **Medical Directors Business**

None

#### 13. **AOCB**

##### 13.1 – **Paediatric Phlebotomy Wait Times**

Committee were informed that discussions are currently ongoing with Allister Short, Service Director, Women & Children's Services and Dr Guy Millman, Consultant Paediatrician, RHCYP in respect of the current waiting times for paediatric phlebotomy (12 weeks). There is agreement that the current level of service falls significantly short of aspirations, and the specialty are currently looking at how this can be improved. Work is underway to look at DNA rates, with the possibility of over-booking to bring to full capacity. The possibility of re-introducing the walk-in clinic was also discussed although it's unlikely that this will happen.

It was noted that the challenges being faced within paediatric phlebotomy are very similar to the earlier discussions around monitoring clinics (agenda item 5), where the introduction of a unified process to deliver within the community would provide a much improved patient experience.

In the meantime, a plea was made to GPs to make these phlebotomy requests via ICE to enable more efficient processing.

##### 13.2 **Delay in Re-implementation of Paediatric eJLF**

The ongoing delays to the re-implementation of paediatric elements of eJLF Clinical was highlighted. It was noted that eJLF is a great resource for all GPs in Lothian in addition to encouraging best practice when prescribing, and while this is not available, GPs are spending considerably more time on prescribing in addition to increasing the likelihood of prescribing more expensive and/or inappropriate medications.

TG offered to pick this up with the Formulary Team to look to resolve this as quickly as possible.

**AP – TG** to discuss the ongoing delays to re-implementation of paediatric elements to eJLF clinical with Formulary Team.

Meeting closed.

Date of next meeting - **Monday 28<sup>th</sup> August 2023 at Novotel Edinburgh Park**

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

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)