

# GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 24<sup>th</sup> June 2024

7.30pm

MS Teams

Chair – Dr Iain Morrison

## MINUTES

**Attendance:** Dr Iain Morrison, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Peter Cairns, Dr Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, 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 Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Suzy Scarlett, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Ms Alison McNeillage, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

**Apologies** – Dr Debbie Strachan, Dr Stuart Blake

**Welcome** – Dr Fiachra Maher, *GPST3, East Calder & Ratho Medical Practice (observer)*  
Dr Esin Temel, *GPST1, Craigshill Medical Practice (observer)*

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

### 1. Minutes of the last meeting 27<sup>th</sup> May 2024

The minutes of the previous meeting were approved.

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

2.1 - **Office, JL and HSCPs** to agree next steps to contact Scottish Government and request a response to their earlier correspondence expressing their concerns on the format of the PCIP tracker. **Update:** This is being progressed by the GP Sub-committee Chair and the Director of Primary Care. Any further update will be given at a future meeting. It was also noted that additional work is currently being considered in order to gain a more accurate picture of the level of PCIP-funded service delivery in Lothian practices. **CLOSED**

2.2 - **ALL** to consider any potential local opportunities for service review with the aim of delivering more efficiently, as part of GMS Oversight Group. Any suggestions should be emailed into the office. **Update:** Any further suggestions of areas for consideration are welcome into the office. It was noted that the general focus is mainly around service cessation rather than service streamlining or transfer. **CLOSED**

2.3 - **Office** to feedback Committee’s concerns to RefHelp team regarding the proposed pathway changes for Suspected Cauda Equina. **Update:** Feedback sent on 3<sup>rd</sup> June. **CLOSED**

2.4 - **KR** to feedback to Radiology that Lothian GPs are unable to adopt the MRI Safety Referrals questionnaire as proposed by the Scottish Clinical Imaging Network SLWG. **Update:** This was fed back in earlier conversations and we are awaiting and further response. **CLOSED**

### 3. Facilities SLA Cost Pressures update

An update on recent activity was provided.

The Short-Life Working Group are continuing to meet on a fortnightly basis. The progress tacker is updated regularly, with the most up to date view showing a lot of red which reflects the high number of practices who have raised disputes with the process.

The proposed Service Level Agreement (SLA) document has been reviewed by lawyers on behalf of Lothian LMC, and feedback following this review has been shared with NHS Lothian Estates. This was well received

and further edits are now being made as a result, before final approval is sought from Estates, Lothian LMC and Central Legal Office. Once agreed, the SLA will be issued out to practices, the expected timeline for this is likely to be 2-3 months.

#### **4. Masculinising and Feminising Treatment SCA**

The proposed Shared Care Agreements (SCA) for the treatment of gender dysphoria in adults were brought to committee for approval.

It was highlighted that while Committee have recently rejected other proposed SCAs, this particular SCA has been under discussion for a considerable number of years and the initial agreements were made in a very different time.

Chalmers Identity Clinic have carefully considered this proposal and expect that many practices are already doing this work, however this SCA formalises the process. The clinical advice is very sound and there will be an ongoing review. Committee are supportive of the de-stigmatisation and local access that this provides, and GPs will be prescribing in a much safer way using this approach. It was also noted that while most patients currently falling into this category are quite young, the risks will go up as they age.

Committee confirmed their approval of this SCA.

#### **5. GI RefHelp Proposal**

A number of proposed changes to the GI RefHelp page were brought to committee for awareness.

The changes were clear, with separate pathways in place for each different condition. A number of key points were highlighted;

- Barretts Oesophagus - multiple different follow-up options are listed, however these should be actioned by the GI team rather than the GP
- Dyspepsia – there is an age cut-off
- Dysphagia – this is very clearly laid out, with clarity between oesophageal and other dysphagia
- Gastroesophageal Reflux Disease (GORD) – any anaemia should be seen as a red flag, not just iron deficiency
- Anaemia – haemoglobin levels marker in post-menopausal women seems low

Feedback on the changes has been provided to Dr Jane Burnett in her role as GP Referrals Advisor and we are currently awaiting a response.

Committee expressed their thanks to Jane for her excellent work on this.

#### **6. Radiography Access;**

##### **6.1 - Radiographer Contact to Discuss X-ray Request \***

Details of a request from Radiology to use practice clinical mailboxes to contact practices should they need further information on plain film referrals was circulated to Committee in advance. It was agreed that this approach would be helpful, although it was highlighted that as some practice clinical mailboxes are only accessed every few hours, if urgent or immediate action was needed this should be done by phoning the practice rather than email.

Committee were supportive of this proposal while also recommending that it would be best practice for Radiology to highlight that their email was a fairly urgent Radiology request in order to make them more visible against the other numerous emails within the clinical mailbox.

##### **6.2 – Primary Care Radiology Update \***

The recent statement regarding Ultrasound wait times, included in the Weekly Email Distribution of 13/6 was brought to the attention of Committee.

The communication described quite significant increases in wait times and, while there is unfortunately no easy solution, Committee voiced their concern that this will lead to delayed diagnoses and the risks

associated with this were acknowledged. It was also noted that some services have been halted (routine CT brain scans in West Lothian example), and concerns around the lack of communication either to patients or practices of this decision were noted.

This was also discussed at Lothian Interface Group and practices were encouraged to use the expertise within their practice clinical teams where possible. It was also noted that a PLIG-type information evening for GPs is currently being considered.

It is very concerning that this is one more example of the impact on practices as a result of delays to wider services, with GPs holding the associated risk in the meantime. This was acknowledged and Jeremy Chowings has raised this as a wider issue.

It was noted that there may be scope for us to work together to maximise the finite resource available.

## 7. **Our Future Health**

The “Our Future Health” programme, included in the Weekly Distribution of 13<sup>th</sup> June, was brought to the attention of Committee. This will involve the roll-out of widespread health checks in pharmacies from late June. [Our Future Health](#)

Committee expressed concern that this has been implemented without discussion with the GP community around the impact of follow-up and the resulting resource that would be required.

It was stressed that this is a big piece of work that all GP practices should be aware of, and we will look to capture the workload generated as a result of this programme.

## 8. **Community Mental Health Access**

Committee were made aware that Community Mental Health psychiatry have recently advised that they are hoping to be able to start seeing adult ADHD referrals again in South East Edinburgh, however the current wait time for those just joining the list is 14 years. This is extremely concerning and has dire consequences for both the patients involved and the GP practices who will need to manage these patients throughout this very lengthy period.

This will be raised in the next meeting with the Associate Medical Director of Psychiatry.

**AP – Office** to raise extremely worrying and lengthy Adult ADHD wait times during next regular meeting with Associate Medical Director of Psychiatry.

## 9. **GP Health Visitor Interface Update**

Following a number of recent discussions around the GP and Health Visitor interface, some further clarity was given.

There were some concerns from Health Visitors that attendance in meetings to discuss children or families of concern should be restricted to certain staff, however it has been firmly reiterated by Pat Wynne, Nurse Director for Primary and Community Care, NHS Lothian, that practices will make decisions to ensure that the relevant people are included in these meetings as appropriate.

It was highlighted that Health Visitor information following routine health checks on children of concern, etc will now be held on SCI Store for GP practices to view as required.

With regards to Health Visitors accessing practice Vision/EMIS notes, an error in the April GP Sub-committee minutes was highlighted. Under agenda item 8 of the April minutes, the wording “Health Visitors can and should be accessing Vision notes” should be changed to “Health Visitors can access Vision notes”.

It was noted that while Health Visitors can access these notes, there is no expectation that they will write in the records. Health Visitors’ main system is TRAK and it is the view of the Nursing and Midwifery Council that notes should not routinely be updated in 2 different systems.

It was however highlighted that on certain occasions there may be a need to share specific information and that this could be updated on Vision/EMIS by the Health Visitor in these particular high risk cases, or alternatively emailed to the practice clinical mailbox.

## 10. **Lothian Interface Group Meeting Minutes**

The April meeting minutes shared for information.

### 11. **Items for Information;**

#### 11.1 – **NHS Lothian General Practice Sustainability Measurement Framework Report \***

The report up to March 2024 was shared in advance for information. We are continuing to work collegiately with Hannah Waite, Analytical Services NHS Lothian and the Primary Care Data Group, however a number of practices raised concern around discrepancies between the In Hours data capture and that reported through GPAS. This is currently being looked into further in order to understand the reasons behind this. It was also noted that the General Practice Sustainability Measurement framework was deliberately designed as an assurance framework, and therefore it is paramount that it is absolutely robust in its capture.

#### 11.2 – **Menopause service**

Committee were informed of a recent proposal to remove the GP advice service, however we have since fed back that this should remain in place.

Most of the information to enable GPs to deal with straightforward queries is on RefHelp, and with the advice service receiving 80 referrals last month, this would suggest that GPs are already handling most of the more straightforward queries.

It was also noted that there had been no response so far from Lothian Sexual and Reproductive Health Service (LSRHS) following the earlier feedback from April GP Sub-committee that General Practice could not support the proposed changes to the prescribing and monitoring of Testosterone during menopause.

Committee were subsequently informed of a proposal scheduled to go to East Region Formulary Committee that looks to remove the Testosterone rule for menopause which would then allow GPs to prescribe purely for the indication of reduced sexual desire in menopause. Committee await Formulary's decision, however concerns were raised around the additional work that this would produce in addition to the ongoing monitoring, with no corresponding resource transfer.

## 12. **GPAS**

The May report was circulated for information.

While there are small signs of improvement in some areas, the overall picture has remained generally stable since the April report.

Thanks as always were extended to practices for taking the time to submit this important data each week.

## 13. **Medical Directors Business**

### 13.1 – **Representative movements;**

#### **- SW Edinburgh seat**

Dr Katherine Robertson has been re-elected unopposed to this seat.

#### **- East Lothian Representative seat**

Dr Joanna Smail (Tranent Medical Practice) has been elected to this seat.

## 14. **AOCB**

### 14.1 – **Offer to Hepatitis C Test for Blood Transfusion patients prior to 1996.**

Committee were made aware of a letter recently received from the Chief Medical Officer with a request to inform practices of a change to process as a result of the Infected Bloods Inquiry.

The letter states that any individual who may have had a blood transfusion before 1996 and has not already been tested for Hepatitis C should now be offered a test. All newly registered patients born before 1996

should also be asked if they have ever had a blood transfusion. This would be a minor addition to a New Patient questionnaire but it was recognised that this was a request for a new piece of work. The PCCO will distribute to practices with guidance on how to proceed.

Concern was raised that this additional workload was not covered under the Hepatitis C LES as it currently stands, however it was clarified that it is covered.

**AP – JC/PCCO** to provide clarity to practices on how to proceed with the new workload request to offer Hepatitis C blood test to specific patients and to capture blood transfusion information for all new patients. Clarity around whether this is covered by the existing Hepatitis C LES is also required.

#### 14.2 – Recent Vision issues

Committee expressed concern that a number of Lothian practices have experienced significant issues with the Vision system recently, resulting in extremely unsafe and unmanageable working situations, with no feeling of urgency or recognition of the impact on hundreds of patients.

It was noted that, following signing of the Cegedim contract, the customer has changed from local Board to NHS National Services Scotland and as a result, NHS Lothian has less impact on how these issues are raised and rectified. It was noted that eHealth have concerns around how these current issues and other future issues will be rectified. It was also noted that the current Cegedim migration is currently paused.

#### 14.3 – Scottish GP Committee (SGPC) Chair

Committee were informed that Dr Iain Morrison, Chair of LMC and GP Sub-Committee has been appointed as Chair-elect of SGPC and as a result will stand down as Chair of LMC and GP Sub-committee. Committee expressed their congratulations to Iain.

Meeting closed.

Date of next meeting - **Monday 26<sup>th</sup> August 2024 at Novotel Edinburgh Park.**

**2024 Meeting Dates** (last Monday of each month unless highlighted)

Monday 30<sup>th</sup> September

Monday 28<sup>th</sup> October

Monday 25<sup>th</sup> November – **(Novotel)**

Monday 16<sup>th</sup> December (**3<sup>rd</sup> Monday**)