GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 23rd June 2025
7.30pm
Novotel Edinburgh Park

Chair – Dr Andrew Forder

MINUTES

Attendees – Dr Andrew Forder, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Peter Cairns, Dr Michelle Downer, Dr Fiona Ferguson, Dr Rebecca Green, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Jeremy Chowings, Dr Hayley Harris, Dr David McKean, Mrs Nicola Smith

Apologies – Dr Iain Morrison, Dr Debbie Strachan, Dr Ramon McDermott, Dr Joanna Loudon, Dr Douglas McGown, Ms Tracey McKigen, Dr Jenny English, Dr John Hardman, Dr Stuart Blake, Ms Alison McNeillage, Ms Elaine Weir

Welcome – Dr Rachel Kemp, *Medical Director and Consultant in Palliative Medicine, Marie Curie Hospice*
Dr Tony Duffy, *Consultant in Palliative Medicine, St Columba's Hospice*
Dr Lorna Porteous, *GP Lead for Cancer & Palliative Care, NHS Lothian*
Dr Kirstie-Ann McPherson, *GPST3, Craigmillar Medical Practice (observing)*
Dr Sarah Tulloch, *GPST3, Crewe Medical Practice (observing)*

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

1. Presentation – Marie Curie & St Columba's Hospice Teams

Committee were given short presentations on the service offering from both Marie Curie and St Columba's Hospice. Details for both services can also be found on RefHelp.

This was very well received, and committee thanked the team for attending.

AP – Office to share the presentation slides with committee for information.

2. Minutes of the last meeting 26th May 2025

The minutes of the previous meeting were approved.

3. Matters Arising / Actions from last meeting;

3.1 – (ONGOING) **Office** to discuss Management of Type 2 Diabetes with Primary Care Contracts Team. **Update:** This is continues to be discussed in the hope of finding a suitable solution across the whole system. The overall 2025/26 Enhanced Service spend across Lothian is also being closely monitored. Further updates will be provided as this progresses. **ONGOING**

3.2 - **Office** to set up future meeting with the Adult Neurodevelopmental Pathway group to discuss further plans, following their meeting with RefHelp. **Update:** RefHelp are currently working on draft pathway, and the office to set up a meeting once this has progressed further. **ONGOING**

3.3 - **Office** to issue letter to Scottish Government to inform that Lothian GP Sub-committee have not approved Version 8 of the PCIP trackers. **Update:** This has been done. **CLOSED**

3.4 – **JC** to provide further update on discussions with Endocrine Clinical Lead regarding post-cancer thyroxine monitoring. **Update:** Dr Chowings has asked the Clinical Lead of Endocrine that no further discharges are sent to GPs for now, and they will meet to come to an agreement on a way forward. Further update to follow. **ONGOING**

4. Facilities SLA update

No update.

5. Digital Dermatology

Following the launch of the Digital Dermatology pathway earlier in the year, committee were asked for their feedback on the process.

While it was noted that a number of committee members were not using the pathway, the feedback from those who were was generally positive.

Limitations around the ability for GPs to refer and send to other specialties were noted, in addition to some issues with access and recertification.

It was also highlighted that by using the recommended app, the image isn't uploaded onto the GP system and therefore primary care do not have access to the image. It was acknowledged that this would be very useful for both any further GP review and educational purposes.

Dr Peter Cairns agreed to feedback to committee on these points.

6. Secondary Care Services Wait Times and Initiatives

Committee discussed the ongoing excessive waiting times for numerous secondary care services, noting that Lothian has some of the the worst waiting lists across Scotland.

In addition to being extremely difficult for patients and worsening health inequalities, this has a very significant impact on GP services, with recent work carried out in Lanarkshire identifying that 30% of GP work in their area is created as a result of patients currently on a secondary care waiting list.

Committee were encouraged to hear examples of a number of activities currently underway within Radiology, Dermatology and Paediatrics which aim to reduce the waiting list, and are looking to do things differently rather than solely relying on short-term resource.

Noting the current lack of transparency, committee agreed that it would be extremely helpful for GPs to get a regular update on activities such as these in addition to accurate, regularly maintained waiting list information, as this information may then modify GP referral practices.

GPs need to make difficult decisions based on their understanding of the current position, with patients also making their own difficult decisions as a result. Asking patients to wait for an indeterminate timescale should not be acceptable, and patients should be told how long their wait is likely to be and what they can do to find out more.

AP - JC agreed to take further action to highlight that more transparency and accuracy is needed around secondary care wait times and initiatives, to provide much needed support to GPs and patients.

7. Provision of Secondary Care Phlebotomy

The ongoing concerns around service provision for secondary care phlebotomy was discussed, and it was recognised that this is a historical issue that is worsening as a result of both primary and secondary care resources being extremely stretched.

Additionally, as the approach differs between each HSCP area, there can be further confusion depending on where a patient lives, however it was stressed that Primary Care Improvement Funds (PCIF) that have been allocated either to CTAC services or directly to practices is for primary rather than secondary care services.

All secondary care specialities can access the community phlebotomy monitoring clinics within Lothian, however it is recognised that these are not working as efficiently as they could be and work is planned to review and improve the service.

Secondary care phlebotomy results handling continues to be a key concern for GPs, and the ability for secondary care to use ICE to order their tests and also access the results would be very beneficial. It was noted that discussions with IT continue to look at what is possible.

8. Late HIV Diagnoses

A report on late HIV diagnoses in NHS Lothian in 2022-2023 was shared with committee in advance of the meeting.

While acknowledging that the numbers are very low, the percentage of diagnoses at a late or very late stage of infection in Lothian was concerning. Late diagnosis is associated with significant morbidity and mortality and has important public health implications as it represents a missed opportunity to initiate treatment and prevent onward transmission.

It was noted that RefHelp pathways have been updated as a result of the report's findings, and it was also noted that NHS Lothian are trialling innovative ways of carrying out HIV testing with the A&E department.

9. Use of AI Ambient Voice Technologies (NHS England Guidance)

A recent NHS England paper on Ambient Voice Technologies (AVT) solutions and ambient scribing products was shared in advance of the meeting for information.

While it was noted that this guidance was specific to NHS England and, when used safely and securely, these solutions can improve both the quality of patient care and operational efficiency, the potential risks to clinical safety and data security were highlighted and committee were advised to exercise caution.

It was noted that further Scottish guidance is expected.

10. GPAS

The May report was shared with committee in advance of the meeting.

The overall position remains static, with individual fluctuations being seen from week to week. Practice comments highlight the continuing challenges being faced due to financial pressures and the inability to replace staff or hire locums.

11. Medical Directors Business

None

12. AOCB

12.1 – **Clinical Work Across the Interface Document**: It was noted that this is constantly evolving document requiring regular review and the addition of further guidance as required. Following discussion, committee approved the prescription of Cinacalcet by primary care (on the advice of secondary care), with the resulting monitoring to remain the responsibility of the speciality.
The Interface document will be updated to reflect this addition before being taken to Lothian interface Group (LIG) for approval.

AP – AL to update the Clinical Work Across the Interface document to reflect the addition of Cinacalcet within the Endocrine section, and take to Lothian Interface Group for approval.

Meeting closed.

Date of next meeting - **Monday 25th August 2025 on MS Teams**

2025 Meeting Dates;

Monday 22nd September - **Novotel**
Monday 27th October
Monday 24th November
Monday 15th December (3rd Monday) - **Novotel**