

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 28th March 2022
7.30 pm
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

MINUTES

Attending – Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Catherine Ainscoe, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, 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, Dr Katherine Robertson, Dr Susannah Scarlett, Dr Amy Small, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Ros Wight, Ms Tracey Gillies, Dr Hayley Harris

Apologies – Mr Ryan Addison, Dr Elaine Duncan, Ms Jenny Long, Ms Alison McNeillage

Welcome - David Pickering-Gummer, *General Manager, Mental Health Team, NHS Lothian*

Adam Burley, *Clinical Psychologist, Edinburgh Access Practice*

Dr Emily Moran, *GPST3, Grange Medical Group (observing)*

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

1. Psychotherapy input to GP Practices

Committee were joined by David Pickering-Gummer and Adam Burley who gave a brief presentation on a pilot project which is currently underway to provide psychotherapy support to GP practices.

The pilot involves the psychotherapy team working with a few practices across Lothian, taking a “reflective practice” approach which looks to find protected time within a working week/fortnight. This time is then used to reflect on processes and interactions with patients, particularly those that are typically more difficult to engage with, and looks at how they can best be supported through the psychotherapy service.

While it was recognised that the resource for the pilot is limited and can therefore present challenges in establishing regular groups, when it works well, it can result in real benefits in terms of reduced patient demand, increased patients safety and wellbeing, better understanding of some of the most complicated patients and re-engaged patients and clinicians.

Positive examples of the service so far were shared, with practices finding the opportunity to open up to expert, supportive colleagues extremely helpful.

It was highlighted however that the practices under the most and in need of most help are most likely to struggle to find the capacity to engage regularly.

Committee were very supportive of the scheme and agreed to work with the psychotherapy service to ensure the pilot is as successful as possible. It is hoped that robust data demonstrating the benefits of the service can be gathered from the pilot so that the possibility of a wider service can be considered.

It was also agreed that doctors in training and sessional doctors should be invited to join these sessions within the pilot practices.

Committee thanked David and Adam for attending, and any further updates will be shared.

2. **Minutes of last meeting 28th February 2022, for approval**

The minutes from the previous meeting were approved.

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

3.1 – **TG** agreed to discuss potential solutions to private bariatric patient follow-up further with the Bariatric service, in addition to discussing the urgent need for clear public messaging with Public Health colleagues. **Update:** While there was no specific update on progress, it was noted that Bruce Tulloh has moved on from his role as Clinical Director of General Surgery, making it difficult to make much progress on this until his replacement is in post. The Weight Loss Programme continues and patients are being discouraged from travelling abroad for treatment. **ONGOING**

3.2 - **LMC Office** to take forward the feedback on phlebotomy provision through CTACS and feed into the relevant meetings. **Update:** This is being taken to the next CTACS meeting on 31st March. **CLOSED**

3.3 - **LMC office** to share the USOC Colorectal presentation slides with Committee once received. **Update:** Awaiting slides due to annual leave. Tracey Gillies added her support of this particularly impressive pathway. **ONGOING**

4. **COVID/Flu Vaccine Programme Update**

While it is now relatively late in the flu season cycle, the current prevalence of the H3N2 strain of flu was highlighted. The use of respiratory viral panels in nursing homes and for those at most risk of severe illness from flu are being investigated.

COVID Assessment Centres are being stood down at the end of March. It was noted that Scottish Government are planning to distribute pulse oximeters to practices to help with community/home monitoring, however the requirement for GPs to carefully manage how these are distributed was highlighted.

Committee expressed their gratitude to their pharmacotherapy colleagues for agreeing to take ownership of Paxlovid distribution and as a result, remove the requirement from the Regional Infectious Diseases Unit (RIDU). It was noted that the proposal for this has been presented although the outcome is not yet known.

Delivery through pharmacotherapy offers a very robust and safe patient pathway and should require very little GP involvement, except in exceptional cases, and Committee are keen to see it supported.

AP - LMC office to get an update on the proposal to move Paxlovid delivery from RIDU to pharmacotherapy.

5. **Enhanced Access to Radiology proposal**

A recent proposal from Stephen Glancy regarding unexpected or significant findings in x-rays or scans requested by Primary Care was shared with Committee in advance, and their views were sought.

The proposal is to expand the requesting rights for GPs, giving them the ability to order enhanced imaging (MR/CT/US) after Radiology approval. GPs would retain ownership of the outcome. This approach may reduce the number of tests required as GPs may deem some further investigations inappropriate based on their knowledge of the patient, and should allow GPs to make the patient's journey more streamlined.

It was noted that it was not expected for this to be extended into other investigations.

Committee strongly supported the proposal.

AP – LMC office to feedback Committee's support of the Enhanced Access to Radiology proposal to Stephen Glancy

6. **Paediatric Phlebotomy update**

Committee were updated on progress on efforts to identify the volumes of paediatric phlebotomy transactions carried out within practices and also at RHCYP.

At first glance, recent data appeared to show that the majority of these requests were carried out in practices, however this is now being investigated further in order to get greater clarity on the split, and a further update will follow once available.

This work however doesn't detract from the continuing concern that current wait times for paediatric phlebotomy are extensive, and we continue to work with colleagues to raise awareness of this and get the appropriate support to bring these waiting times down.

Further updates will follow.

7. **Post-Prostatectomy PSA Testing update**

Significant concerns around the risks to GPs and patients of the current process were highlighted. Additionally, the gap for a potential solution for patients who were operated on outside Lothian was also raised as a concern.

Work continues with all stakeholders to look to identify a robust pathway going forward, and we are very grateful to Dr Alan McNeill for the work that he has been doing on this.

Further updates will come to Committee.

8. IT Service Line Issues

Committee were made aware of a number of recent issues regarding significant service problems being experienced in practices outside the standard Service Line support window of 8am-6pm, Monday – Friday.

Most IT issues experienced by practices are identified at the start of the working day (ahead of an 8am start) or at the weekend, however there's currently no access to Service Line support during these times. Practices can currently only log the fault from 8am the following morning when practices are busiest and need full system access.

Access to Service Line support ahead of the working day would be very much welcomed by practices.

It was agreed that this would be raised at the next PCITOB meeting.

AP – LMC office to raise IT Service Line support hours provision at the next PCITOB meeting.

9. MOU2

It was recognised that the 2018 GMS Contract was due to be fully delivered on 31st March 2022, however we continue to await clarity from Scottish Government around the transitional arrangements for those services not yet delivered as per the contract.

The Vaccine Transformation Programme has been very successful across Lothian, with over 99% of vaccines being transferred away from general practice by 1st April 2022.

Letters will be issued to practices imminently to advise that a very small number of ad-hoc vaccines will remain in practices from 1st April – 1st May until the pathways for these are safe for patients. It has also been agreed that any vaccine schedule started in general practice should continue in general practice to remove any risk of this being lost or delayed during handover to HSCPs.

It was confirmed that the Item of Service payment for those vaccines not transferred will be uplifted and the new rates will be paid retrospectively for vaccines delivered between 1st April and 1st May once published.

It was confirmed that the Travel Vaccine service provided at WGH will be fully operational from 1st April. It was also noted that plans for a wider “hub and spoke” model are being discussed.

AP - TG agreed to check on any possible impact on the availability of the Travel Vaccine service as a result of Paxlovid distribution at RIDU. **Update:** *TG confirmed post-meeting that the Travel Vaccine service will be available from 1st April, and will not be impacted by Paxlovid distribution.*

10. Medical Directors Business

None

11. AOCB

11.1 – Committee were informed of the plan to return to face to face meetings, once per quarter in May, August, November and February. The venue will be the Novotel Edinburgh Park. The remaining meetings will continue to be held remotely via MS Teams.

11.2 – Committee expressed their thanks and good wishes to Dr Carl Bickler on his retiral. Carl has been a brilliant advocate for general practice and a terrific servant to Committee and is valued highly by his colleagues. We wish him well in his retirement.

11.3 – Committee expressed their thanks and good wishes to Dr Robin Balfour who is stepping down from his role as NW Edinburgh rep to take up the role of interim Clinical Director for Edinburgh HSCP. Robin has been a longstanding and valued Committee member for more than 29 years. We wish him well in his next role.

The meeting closed.

Date of next meeting – Monday 25th April 2022, 7.30pm