

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 25th March 2024

7.30pm

Online via Teams

Chair – Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Annie Lomas, Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr Alexander Kelly, Dr Hazel Knox, 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 Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedy, Dr Jenny Long, Dr Hayley Harris, Ms Elaine Weir

Apologies – Dr Jeremy Chowings, Ms Alison McNeillage, Dr Shelagh Stewart, Ms Alison Stewart, Mrs Nicola Smith

Welcome – /

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of the last meeting 22nd January 2024

The minutes of the previous meeting were approved, subject to a change to reflect further the discussion regarding the diabetes LES proposal.

2. Matters Arising / Actions from last meeting;

2.1 – (c/f) **JM** to look into whether any data is available to quantify the overall workload impact of the current high level of rejected referrals into community mental health services. **UPDATE:** No further info available but JM is looking into what a rejected referral means.

2.2 - **TG** to raise Committee concerns over Measles guidance and the implications for practices with Public Health. **UPDATE:** Chair updated the committee that he believes this has happened and that further advice is expected. The approach which was taken regarding the recent pertussis outbreak was commended for its pragmatism and clarity.

3. Facilities SLA Cost Pressures update

Several practices have contacted the office to advise us of their intention to appeal. The first Short Life Working Group (SLWG meets tomorrow (26th March) and several practices are contesting the bills they have been given. IM will update on progress at the next meeting. An apology has been received from the Estates department for a presentation given to West Lothian practices which suggested that the new system had been agreed with the LMC. The wider issue of whether practices who do not have an SLA can appeal regarding the current percentage share of a building that is used by HSCP staff was also raised.

4. Pertussis Guidance

This was raised as a good example of Public Health engagement and guidance. The committee welcomed the appropriateness of the guidance, the stakeholder engagement and the ability to go straight to treatment based on a clinical diagnosis without requirement for swab first. It was highlighted that PLIG had involved GPs and recognised that there is no point in undeliverable guidance.

5. Flow Centre move to Flow Navigation Centre

A number of concerns had been raised regarding some longer waits for the Flow Centre recently. Several committee members shared anecdotes regarding waits. It was noted that staff training is needed to help staff working in the Flow Centre redirect more appropriately, the committee was keen to support this but

feels the Flow Centre still needs to be able to perform appropriately. JL has offered to try to get more information regarding KPIs. There was also concern that it may be that paramedics are no longer able to access the Flow Centre and are therefore having to involve GPs. There was a discussion regarding access to Hospital at Home services but it was felt that the Flow Centre was still appropriate for this in the areas where it happens.

AP: JL to explore provision of KPIs for the Flow Centre.

AP: Office to explore paramedics access to the Flow Centre.

6. **Prescribing mentorship**

There was discussion around some recent issues regarding prescribing mentorship. It was raised that nurses/pharmacists wanting to become much needed prescribers still have to ask around and find their own PDD, but this is an unresourced role and it was acknowledged that GPs often don't have time. It was questioned why the PDD role was not resourced and why care home nurses/district nurses/CTAC nurses/practice nurses have to do the whole course in order to only prescribe dressings.

It was also raised that PCIP ANPs in some areas are being pressurised to become nominated prescribers, taking them away from their practice roles and also feeling unable to say no as this may be an expectation of them as NHSL employed staff.

AP: Office to raise concerns around lack of prescribing mentorship resource and also the perceived pressure on PCIP ANPs to become nominated prescribers with Pat Wynne.

7. **Vision Warfarin Monitor**

It was raised that, following the migration of Vision, practices have reported that they are unable to use the RAT warfarin management program. It was noted that a Vision programme is available with some practices reporting being able to use it, however others are not, especially around the Patient Information Leaflet. PC reported that one Health Board is supporting RAT and offered to find out more. Concerns with the Vision system were raised, and PC offered to find out more about the level of testing that has been applied.

AP: PC to report back regarding the use of RAT in other migrated areas, and the level of testing applied to the Vision warfarin monitor.

8. **Health Visitor Access to Vision Notes**

The committee discussed ongoing issues with Health Visitors being unable to access GP clinical notes on Vision. The committee was informed that this has been discussed at the highest level, and teams have been reminded that access to Vision notes should be happening in the interest of child safety.

An example of Health Visitors being unwilling to share patient information with any practice staff other than GP partners, for example if a nurse was present, was shared. It was felt this was inappropriate and the office agreed to raise this further with Pat Wynne.

AP: Office to raise concerns around Health Visitors unwillingness to share patient information with wider practice team with Pat Wynne.

9. **Rebate of Additional Employers Pension Contributions**

The committee was advised that the chair of SGPC had recently met with the Cabinet Secretary for NHS Recovery, Health and Social Care who advised that there would be no reimbursement in April and was non-committal after that. The committee notes the serious impact on services which could result from a £10 million per year assault on practice resources. It is therefore expected that the additional 1.6% Employers Pension Contribution will be charged to practices in April.

Any further update on the position will be brought back to committee.

10. **GPAS**

The February report was circulated to committee in advance. The ongoing pressures on General Practice along with the significant number of appointments delivered by practices were discussed. The variation in the figures from week to week were highlighted, reflecting the validity of the figures, and thanks were given to the large number of practices who return the survey each week.

11. **Medical Directors Business**

11.1 – **Representative Movements/Vacancies**

- Best Start Implementation Group representative: Committee thanked Michelle Downer for taking on this role.
- SW Edinburgh representative seat: Dr Peter Cairns has been re-elected unopposed to this seat.

11.2 – **GP Sub-Committee Contract Implementation Roles**

The committee was advised that we are currently waiting for Edinburgh HSCP to clarify whether they will sponsor the additional Edinburgh seat which wasn't extended at the end of the last contract window.

12. **AOCB**

None.

Meeting closed.

Date of next meeting - **Monday 29th April 2024 via MS Teams**

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

Monday 27th May – **(Novotel)**

Monday 24th June

NO JULY MEETING

Monday 26th August - **(Novotel)**

Monday 30th September

Monday 28th October

Monday 25th November – **(Novotel)**

Monday 16th December (**3rd Monday**)