# **GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE**

Monday 24<sup>th</sup> March 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 Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Jenny English, Dr Fiona Ferguson, Dr Rebecca Green, Dr Alexander Kelly, Dr Hazel Knox, Dr Joanna Loudon, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Iain Morrison, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey Gillies, Ms Jenny Long, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Ms Alison McNeillage, Dr Jeremy Chowings

Welcome – Professor Caroline Hiscox, Chief Executive, NHS Lothian Ms Tracey Mckigen, newly appointed Interim Director of Primary Care, NHS Lothian Dr Navian Lee Viknaswaran, GPST1, Linden Medical Practice (observing) Dr Lily McDougall, GPST3 Grange Medical Practice (observing)

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

#### 1. Guest Speaker – Professor Caroline Hiscox, Chief Executive NHS Lothian

Committee were pleased to welcome Professor Hiscox, who saw this as the first step in an ongoing conversation with GP Sub-committee.

Caroline led an open discussion with Committee where she shared the key factors to driving change across NHS Lothian in order to improve whole system care for the population of Lothian, in addition to taking a number of questions.

Caroline highlighted that Primary Care is an absolute anchor point going forward and without a strong foundation, wider goals will not be possible.

Committee expressed their thanks to Caroline for attending, and look forward to further discussions in the future.

# 2. Minutes of the last meeting 24<sup>th</sup> February 2025

The minutes of the previous meeting were approved.

# 3. Matters Arising / Actions from last meeting;

3.1 - (c/f) **AF & JL** to raise the 5% cap to costs at the next Short Life Working Group, specifically to gain clarity on the level of confidence around whether this cap will be maintained, and where details of the cap will be documented – within SLA contracts or in a separate document. **Update:** A letter from Estates is expected to be issued to impacted practices within the next week that will include details of the 5% cap. Committee may wish to get feedback from practices on the level of reassurance given. **CLOSED** 

3.2 - **Office** to feedback Committee's decision on the proposed change to the Post Menopausal Bleeding RefHelp Pathway. **Update:** This has been done. **CLOSED** 

3.3 - **Office** to discuss "First 5" representation on committee, and meeting attendance funding of this and GP Trainee representative positions. **Update:** It was acknowledged that an existing committee

representative was also a First 5 GP and, as per the constitution, they confirmed they were happy to represent both fields. The Trainee representative position will be advertised later in the summer. **CLOSED** 

**AP – Office** to advertise for GP Trainee representative position on GP Sub-committee and LMC, with planned start date of August.

#### 4. **Facilities SLA update**

Standing item. No further update.

#### 5. **GP Enhanced Service Programme 2025/26**

As per the February meeting minutes, practices have now received their share of the £9.6 million (nationally) additional funding for General Practice, which was part of the overall overall £13.6 million (nationally) announced by Neil Gray, Cabinet Secretary late last year.

The remaining £4 million (nationally) is recurrent annual funding that is to be allocated to Enhanced Services, however due to the short time window for the 2024/25 year, it was confirmed that this will be allocated to Lothian practices using the Scottish Workload Formula.

Following discussions, an agreement in principle has been submitted to Scottish Government with a proposal on how this uplift to Enhanced Services is allocated within Lothian from 2025/26 onwards. A further update will come to committee once a response is received.

# 6. **Proposed Changes to COVID Antivirals Pathway**

An update on the COVID Antivirals Pathway as previously discussed at the November 2024 meeting was given.

It was noted that, following some recent discussions, a view had been taken that the current pathway was not a good use of pharmacy time, and therefore an alternative pathway was being considered which would see the initial check being carried out by pharmacy before passing to the GP to issue the prescription.

Committee re-stated that this is not GMS work and therefore practices cannot be expected to carry this out.

Questions were also raised as to the ongoing justification and requirement of this service going forward.

While the proposed change to the Lothian model has been discussed at Primary Care Joint Management Group, it was highlighted that any proposed change would need to come through the proper governance process.

# 7. UN Rights of the Child Legislation

Following a recent complaint against a practice being upheld, the UN Rights of the Child Legislation was brought to the attention of committee.

It was noted that there did not appear to be any guidance from NHS Lothian on how practices should apply this legislation and it was agreed that this would be discussed further with the Primary Care Contracts Team.

**AP – Office** to discuss the provision of practice guidance on UN Rights of the Child legislation with Primary Care Contracts Team.

# 8. Flow Centre REACH Model

The recent communication as part of the 6<sup>th</sup> March Weekly Distribution was shared with committee in advance of the meeting.

As a result of Scottish Government funding to target improvements in Unscheduled Care performance, NHS Lothian's Flow Navigation Centre is being enhanced. This will happen in stages, with the first phase due to be implemented in April and will include the introduction of consultants in the pathway who will support Primary Care by triaging, providing clinical advice and suggesting any alternatives to Emergency Department admission.

Following some discussion, committee saw this as a positive move overall and agreed that there was considerable potential particularly within phase 2 and 3 of the change. However there was a note of caution that it could also add barriers if it doesn't work as intended.

The lack of sufficient communications to practices so close to the go live date was a concern, and it was noted that the team leading the project will attend the April meeting to give an update.

# 9. Annual Health Check for 16+ with Learning Difficulties

Following the removal of the Adults with Learning Disabilities Enhanced Service as part of the 2025/26 package, committee raised their ongoing concerns around the current lack of detail in respect of the NHS Lothian service which will replace it.

While it was noted that a meeting is planned for early April which will look to define and agree the process, it was concerning that there is currently little clarity so close to the go live date.

# 10. Patient Self-Referral to District Nurses

Committee were made aware of some recent dialogue which stated that patients could no longer self-refer to District Nurses and that District Nurses wanted to take this responsibility away from patients.

This was felt to go against the drive to empower patients and the wider direction of travel, and it was agreed that this should be discussed in more detail at a future meeting.

AP – Patient Self-Referral to District Nurses to be carried forward to a future meeting.

# 11. **GPAS**

The February report was shared in advance of the meeting, and this showed an overall stable position since January.

It was highlighted that the comments continue to be very useful in giving some of the detail and context on the position within practices.

Thanks were given to practices for continuing to complete their returns each week, while also encouraging all practices to submit their data in order for the results to be as robust as possible.

# 12. Medical Directors Business

#### 12.1 – Executive Committee Elections update.

Elections for the next 3 year term are currently underway and an update will be given at the April meeting.

# 13. **AOCB**

#### 13.1 – Management of Type 2 Diabetes in Primary Care.

The recent communication on the Management of Type 2 Diabetes in Primary Care (circulated in the Weekly Distribution of 20<sup>th</sup> March) in which the Medical Director of Primary Care clarifies the clinical responsibilities in this area following the retiral of the Type 2 Diabetes Enhanced Service, was highlighted.

As highlighted during the initial review of the 2025/26 Enhanced Services package, committee remain concerned that, due to the more intense level of activity required for new diabetics, the exponential increase within general practice is not being fully considered within the current approach. There needs to be an appropriate flow of resource.

The obesity epidemic is considerable and we need to do all we can to prevent.

As there was no more time for discussion, it was agreed that this would be discussed further with the Primary Care Contracts Team.

AP - office to discuss Management of Type 2 Diabetes with Primary Care Contracts Team.

13.2 – Committee were informed that this was the last meeting of Jenny Long, Director of Primary Care, ahead of taking on her new role of Interim Director of Innovation and Transformation. Committee thanked Jenny for her time working with the office and in support of General Practice and wished her well in her new role.

Meeting closed.

Date of next meeting - Monday 28<sup>th</sup> April 2025 on MS Teams

#### 2025 Meeting Dates;

Monday 26th May Monday 23rd June - **Novotel NO JULY MEETING** Monday 25<sup>th</sup> August Monday 22<sup>nd</sup> September - **Novotel** Monday 27th October Monday 24th November Monday 15<sup>th</sup> December (3<sup>rd</sup> Monday) - **Novotel**