

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 23rd March 2026
7.30pm
Novotel Edinburgh Park Hotel

Chair – Dr Andrew Forder

MINUTES

Attendees – Dr Andrew Forder, Dr Annie Lomas, Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Michelle Downer, Dr Jenny English, Dr Fiona Ferguson, Dr Alexander Kelly, Dr Katie MacKenzie, Dr Jane Marshall, Dr Ramon McDermott, Dr Douglas MGown, 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 Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey McKigen, Dr Jeremy Chowings, Mrs Nicola Smith

Apologies – Dr Hazel Knox, Dr Anna Beaglehole, Ms Tracey Gillies, Ms Alison McNeillage, Ms Elaine Weir

Welcome - Professor Caroline Hiscox, *Chief Executive, NHS Lothian*
Dr Dougal Binnie, *Barclay Medical Practice, observing*
Dr Kirsty Coombs, *GPST3, Milton Practice, observing*

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

1. Minutes of the last meeting 23rd February 2026

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **TM** to provide updates to committee on any waiting time initiatives underway in NHS Lothian. **Update:** Recent examples of the recent Dermatology outsourcing to Forth Valley were discussed and it was noted that a number of concerns had been fed back to Dermatology. It was acknowledged that, in order to ensure that the best solutions for all are achieved, more GP involvement is needed during the discussion stage.

The opportunity to consider GPs with an extended role as an alternative in some of these situations was also highlighted. **ONGOING**

2.2 - **Office** to set up a meeting with relevant stakeholders to further discuss CAMHS in Lothian (*following on from CAMHS presentation at February meeting*). **Update:** A further meeting with CAMHS is currently being planned. **ONGOING**

A discussion around the wholly unacceptable waiting times following the initial CAMHS triage appointment took place. It was noted that specific work is underway to reduce these long waits, with the Chief Executive meeting regularly with CAMHS to discuss progress.

2.3 - **PCCO** to issue the current list of proposed 2026/27 ES contracts to practices to allow sufficient time to review and consider. **Update:** The current list of proposed ES was issued to practices in early March. **CLOSED**

Committee were informed that Scottish Government have now confirmed the continuation of the Cardiovascular Disease DES for 2026/27, with a focus on deprivation. Details of targets are expected early in the new financial year.

Scottish Government have also agreed to continue the national Frailty Enhanced Service (the Frailty DES), and NHS Lothian have also confirmed the £1.19 million of funding for the continuation of Lothian’s Frailty Enhanced Service (the Frailty LES). This will focus more on the identification of frailty and the complex pharmacotherapy reviews.

It was noted that, while there will be no national Pre-diabetes Enhanced Service, NHS Lothian remain committed to providing something within this space, and more details will follow early in the new financial year. The Board want to thank practices for the work done in the last quarter around identification and coding of pre-diabetes.

It was noted that, while there may be a slight delay in confirming and setting up contracts and payments, there will be no loss in the level of funding available from NHS Lothian.

2.4 - **AF & JC** to meet to discuss recent Legionella case and the wider concerns raised. **Update:** While this has been discussed at a number of forums, AF & JC still to meet to discuss education for practices and the review process to better understand what happened and identify learning.

Committee expressed thanks to NHS Lothian for setting up practice training, and asked that a format is made available for those unable to make the live sessions.

AP – AF & JC to meet to discuss recent Legionella case further.

2.5 - **Office** to contact specific specialty to remind them that GPs are unable to action their recent requests to prescribe GLP-1 specifically for Weight Loss Management. **Update:** The office emailed Dr Marcus Lyall and Dr Mark Strachan in late February to inform them of recent cases. **CLOSED**

3. **SLA update**

This continues to be a major ongoing issue within Lothian, and it was noted that impacted practices are rapidly approaching a point of crisis when the current pause to the next increase in costs runs out. It was frustrating to note that very little progress appears to have been made on a number of key issues over an extensive period;

- ensuring value for money from NHSL contractors
- the capability of NHSL Estates team to manage the vast NHSL estate
- concerns around the wording within the SLA contract, resulting in a commercial imbalance that is detrimental to GP practices
- agreement on what the cap on costs to practices should be.

It was noted that NHS Lothian are open to working towards an alternative contractor framework more suited to GP practice requirements, and this was welcomed by committee.

4. **Lothian Interface Group Update**

A brief update on Lothian Interface Group (LIG) was provided to committee and the group's productive, respectful and solutions-focussed approach was noted and acknowledged as being a strong example of cross-sector collaboration.

A number of recent examples within Gynaecology, Phlebotomy and Radiology were shared, highlighting the positive, patient-first approach.

It was noted that Dr Caroline Whitworth stepped down from her role as co-Chair of LIG in March, and committee extended their thanks to Caroline for all her work in this important role.

5. **Shared Care Agreement: Long Acting Injectable Buprenorphine**

Committee discussed the detailed proposal which was circulated to committee in advance of the meeting.

From a clinical perspective, while it was felt that this may be of interest to some practices, there were concerns mainly in relation to the more complex cases and the impact that this would have on practices. The safe storage of controlled drugs was also a concern as many practices no longer have the ability to do this.

From a resource perspective, it was acknowledged that while some of the work involved in this SCA would be covered by the Drug Misuse LES, other aspects are unique to this SCA and would need to be resourced accordingly.

It was agreed that feedback would be provided to the Pharmacy team, with the offer of discussing further if wished.

AP – AF to provide feedback to Pharmacy team on Long Acting Injectable Buprenorphine SCA proposal.

6. **GPAS**

The February monthly report was taken as read.

7. **Medical Directors Business**

Following a recent request for nominations, Dr Gordon Black has been re-elected to his South East Edinburgh representative seat.

8. **AOCB**

Committee were informed that Alison McNeillage, Primary Care Contracts Manager, is retiring at the end of March. Committee expressed their thanks to Alison for her continual support of GPs over the years and wished her a very happy retirement.

9. **Q&A with NHS Lothian Chief Executive**

NHS Lothian's Chief Executive, Caroline Hiscox, took a number of questions from committee.

1. How will GP Walk-in Centres be evaluated?

It was noted that a Public Health registrar has been commissioned to develop a qualitative and quantitative framework which will consider a number of measures including patient views, impact on practices and impact on Emergency Department. It was agreed that this framework will be shared once available. A key concern from committee is whether Walk-in Centres are the best use of funds.

AP – TM to share NHSL Walk-in Centre evaluation framework when available.

2. Funding

Recent pilots and improved pathways, e.g. Gynaecology and Paediatrics pilots are good examples of the right thing to do however funding is not easily available. A GLP1 Shared Care Agreement is another example of something that would sit very well within GP practices but requires adequate resource and wrap around support.

3. Estates SLA. How does this make progress toward resolution?

4. NHS Lothian Culture. Primary focus appears to be on finances rather than the provision of or impact on service. How do we enable better quality and care and make the best use of NHS Lothian's funding?

Caroline shared her views on the huge opportunity to change the approach and develop a more joined up voice between primary and secondary care. It needs the right people around the table, and no decisions should be made without the people who are impacted by it being involved.

Caroline expressed her interest in meeting with committee more often in order to discuss further, and also to give a level of assurance of what is being done to improve.

AP – Office to consider best next steps to follow up discussions with Caroline Hiscox.

Meeting closed.

Date of next meeting - **Monday 27th April 2026 on MS Teams**