

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 29th May 2023
7.30pm
Novotel, Edinburgh Park

Chair (acting) –Dr Neil MacRitchie

MINUTES

Attendance: Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Clementine Johns, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Katherine Robertson, Dr Catherine Smith, Dr Shelagh Stewart, Dr Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Iain Morrison, Dr Annie Lomas, Dr John Magill, Dr Colin McArthur, Dr Peter Cairns, Dr Maria Marecka, Ms Tracey Gillies, Ms Alison McNeillage

Welcome – Dr Joe Shaw, *GPST3, Grange Medical Practice (observing)*

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

1. Minutes of the last meeting 24th April 2023

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 - **EL HSCP** to achieve final PCIP Tracker sign off by East Lothian GP Sub reps following the agreed updates. **Update:** East Lothian representatives confirmed that this has been done. **CLOSED**

2.2 - **Midlothian HSCP** to review the capacity/demand mismatch shown on v6 of the PCIP tracker, urgently look at and address any expected underspend shown, and add additional comments under “Funding Profile” to reflect that the current funding allocation falls significantly short of requirements. For Pharmacy, the forecast workforce numbers are to remain in the tracker, and the additional comments removed. **Update:** Midlothian representatives confirmed that this has been done. **CLOSED**

2.3 - Produce a collaborative response to Scottish Government, highlighting the concerns and lack of transparency from the most recent PCIP trackers (v6). **Update:** Joint letter from Jenny Long and Iain Morrison was issued to Scottish Government. Committee fed back that this was a good, robust letter. **CLOSED**

2.4 - **JL & JE** to meet to discuss the actions and impact of the Legionella outbreak at Bonnyrigg MC, and agree any next steps needed. **Update:** Daily meetings are ongoing with Midlothian HSCP and there has been significant progress within the last week which is encouraging. **CLOSED**

3. Patient Registrations

Edinburgh HSCP continues to look at building the Capital Expansion Team model, where practices who are able and willing to grow their patient lists will receive additional PCIP team

resources up-front. It was noted that a number of Edinburgh practices have so far expressed interest in this.

It was noted that within the last month, further list closures within South East Edinburgh have been received, in addition to one request in North East Edinburgh.

It was highlighted that “Leg-up” funding continues to be offered as part of the overall package to tackle patient registrations. However, while the options being considered and available to practices were noted, it was acknowledged that the significant underlying contributors such as premises and funding are long-term issues out of HSCP control. There have been no new practices within Edinburgh for a considerable number of years, despite seeing a population increase of roughly one average practice list per year.

It was highlighted that any patients experiencing issues with practice registration should contact the Primary Care Contracts Team for advice and assignment if required.

4. Vaccine Transformation Programme Review SLWG update

These meetings have been paused over the last 4-6 weeks due to illness in the group. The next meeting is scheduled for June, with a plan to complete by late summer.

It was noted that vaccine information is due to be uploaded onto RefHelp, with separate sections for adult and children’s vaccines.

5. Changes to use of Face Masks in Health Care Settings

The Scottish Government letter of 9th May 2023 regarding changes to the use of face masks and face coverings in health and social care settings was shared with Committee in advance of the meeting.

Committee raised concerns around whether face masks will continue to be provided for symptomatic clinicians or for those clinicians who choose to continue to wear masks through personal choice. The current expectation is that once existing stocks run out there will be no further supplies, however it was agreed that further clarity will be sought.

AP – Office to look for clarity on further provision of face masks to practices, for use by symptomatic clinicians, etc.

Should practices have symptomatic clinicians, it was suggested that where practical, individuals should work from home. However where this is not possible, practices will need to make a judgement call based on their own circumstances.

6. Proposed Changes to RefHelp CAMHS Data

The CAMHS Eating Disorder team are proposing a number of changes to their referral guidelines for publishing on RefHelp. The proposed changes were shared with committee in advance of the meeting.

It was noted that the proposed changes were not hugely different from current guidelines, and it was agreed that as a general rule, the GP needs to do sufficient investigation in order to identify who to refer to and to make sure the patient is safe.

During the discussions that followed, a number of points were highlighted as needing further clarification/review;

- the emergency service for severely ill children needs to be more prominent

- ECG requirements and weekly monitoring. This is a considerable amount of work for GPs who also lack the facility to do this for anyone under 18
- GPs ordering investigations. GPs need to know how to interpret the results
- who is responsible for the patient once they've been referred?
- who is the in-hours contact?

It was agreed that Dr Catriona Morton, as CAMHS RefHelp adviser, would take these points forward with the CAMHS Eating Disorder team and share a final draft of the proposal with GP Sub at a future meeting.

AP – CM to feedback Committee's comments on the proposed changes to CAMHS Eating Disorders RefHelp guidance to the Eating Disorders team, and bring back a final draft proposal to GP Sub when available.

Committee thanked the Eating Disorders team for approaching GP Sub for their feedback.

7. **National Code of Practice for GP Premises update**

The "National Code of Practice for GP Premises update" issued by Scottish Government on 23rd May was circulated in advance of the meeting.

Committee shared their overall disappointment in the content of the letter, and in particular around leases.

It was noted that 40 Lothian practices initially applied for Sustainability Loans, and each of these practices have been contacted more recently to check on their progress and position.

With regards to Ground Leases, there are a small number of practices across Scotland where GP practices own the building but not the land that it's built on. Jenny Long agreed to find out if there are any such practices in Lothian.

AP – JL to contact Campbell Kerr to determine if there are any practices in Lothian where the GP owns the building but not the land that it's built on.

For GP contractors who no longer wish to lease their premises from private landlords, it was noted that practices remain responsible for dilapidations until the point that the lease is taken over.

The effect of the letter in at least temporarily reducing funding for dilapidations was met with concern by the committee, who highlighted that the effect could be to increase risk and instability to practices, contrary to the expressed aim of this part of the 2018 contract.

Committee discussed writing a letter of response to Scottish Government to feed back the strong view that this will destabilise practices even further. It was noted that this topic is likely to be fed back via SGPC in a few weeks. JC offered to be involved in drafting the letter if it was felt to be needed after the next SGPC.

8. **GPAS**

The April report was circulated in advance.

In summary there was an overall deterioration across Lothian as a whole, and the alert status of 2 localities declined over the month.

The introduction of a trend line within the report is currently being considered, this would add an additional view of movement across the period.

Thanks were expressed to all practices who continue to return their data.

9. Radiology Group update

A summary of key messages from the Radiology Primary Care Interface meeting held on 15th May was given.

Wait times for ultrasound scans are currently 3-4 weeks (urgent) and 20 weeks (routine), down from 40 weeks earlier in the year. There is currently a 3 week wait time for x-ray reporting at both WGH and RIE.

Early stage discussions are taking place around possible changes to the plain films bookings process for GPs. A number of options are being considered and further details will be shared if changes are proposed.

It was noted that Radiology are receiving a number of requests from GPs to carry out follow-up imaging, most commonly post-operative hip x-rays, for patients who have received overseas private surgery. These requests often include an ask for data transfer of the images to the overseas surgeon. It was agreed that, in line with the Scottish Government letter of January 2023 regarding NHS Scotland's stance on private overseas surgery, all routine pre and post-operative care should be part of the overall package of care purchase by the patient, and there is no obligation on NHS boards to provide this routine care following surgery overseas. As a result, GPs were reminded that they should not be directing these requests to Radiology.

Follow-up of adnexal cysts was highlighted, and the ongoing concern from GPs regarding the requirement for them to arrange follow-up of cysts found on ultrasound scans was noted. Radiology are reluctant to take this on for a number of valid reasons, however it was also felt that, for the purposes of reordering an ultrasound or serial radiological follow-up, the GP's personal knowledge of the patient wasn't required in the majority of cases. The introduction of a patient navigator/administrator to carry out this work has been proposed as a possible solution, however funding for such a position would need to be identified. This suggestion was supported and will continue to be discussed within the Radiology Primary Care Interface group.

For follow up of other incidental findings such as liver and kidney lesions, it was noted that the Enhanced Access to Radiology service (EAR) should be used for this. [Enhanced Access to Radiology \(EAR\) – RefHelp \(nhslothian.scot\)](https://www.nhs.uk/service-search/lothian-scotland/enhanced-access-to-radiology-ear-refhelp-nhslothian.scot)

It was noted that some GPs may not always feel comfortable requesting further scans and it was stressed that this was an option for GPs to consider if they feel comfortable making such a request, otherwise they can refer onwards to a speciality. It was agreed to feedback to Radiology, suggesting that the wording is tweaked slightly to reflect this.

AP – KR to feedback via PCI group that some GPs may not always be comfortable requesting further imaging, and that it should be made clear that this is an option for GPs to consider, and that the option to refer back to the specialist consultant remains.

10. Lothian Interface Group Minutes (February)

The minutes from the February meeting were circulated in advance and taken as read.

11. Medical Directors Business

11.1 – Representative movements & vacancies;

i) GP Retainer representative

- Dr Clementine Johns has taken on this position with immediate effect

ii) Area Drugs & Therapeutics Committee (ADTC) – 2 VACANCIES

- Dr Sheelagh Hartwell as taken on one of these vacancies. 1 vacancy remains, and anyone interested should contact the office.

12. **AOCB**

12.1 – **Agenda for Change Pay Award Discrepancy**

The difference in Scottish Government pay awards between GP employed staff and Agenda for Change (AfC) staff resulting in increasing pay discrepancy between GP practice employed staff and AfC staff within practices was once again highlighted. It was acknowledged that this is resulting in further challenges to recruitment at an already difficult time for practices, as successful candidates are refusing offers of employment due to the difference between the pay scales. It is also very demoralising to practice employed staff when there are considerable numbers of PCIP staff within the same building who are on the AfC pay scales.

Committee shared their ongoing disappointment of the disparity between the pay awards, and it was noted that this is the first time the pay award for practice employed staff hasn't mirrored that for AfC staff, which raises concerns around what any future DDRB recommendations may bring.

Meeting closed.

Date of next meeting - **Monday 19th June 2023 via MS Teams**

2023 Meeting Dates (last Monday of each month unless highlighted)

NO JULY MEETING

Monday 28th August (**Novotel**)

Monday 25th September

Monday 30th October

Monday 27th November (**Novotel**)

Monday 18th December (3rd Monday)