

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 27th May 2024
7.30pm
Novotel, Edinburgh Park

Chair – Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Neil MacRitchie, Dr Annie Lomas, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Michelle Downer, Dr Polly Dunne, Dr Jenny English, Dr Andrew Forder, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr John Magill, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Nick Payne, Dr Katherine Robertson, Dr Suzy Scarlett, Dr Debbie Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Jenny Long, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Rebecca Green, Dr Jeremy Chowings, Dr Peter Cairns, Dr Jane Marshall, Ms Tracey Gillies, Ms Alison McNeillage, Dr Rory O’Conaire, Dr Shelagh Stewart

Welcome – Dr Faye Porter, *GP & National Teledermatology Project*
Dr Rebecca Cheesbrough, *GP & National Teledermatology Project*
Dr Amy Fulton, *GPST3, Newbattle Medical Practice (observer)*
Mr John Robertson, *National Director, BMA Scotland (observer)*

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

1. **Teledermatology Presentation**

Dr Rebecca Cheesbrough and Dr Faye Porter gave a presentation on recent activities within the national Digital Dermatology programme and also more locally.

Work is ongoing to finalise a safe and effective national approach to digital dermatology, with a consistent approach being taken across all Health Boards in Scotland. While implementation timelines are still to be approved, it’s expected that this will be launched in Lothian in late 2024.

A potential local solution, approved by information Governance was also shared with committee. This would involve GPs downloading an app onto their personal mobile phones, and making the referral through SCI Gateway.

In addition it was noted that there are approximately 100 dermatoscopes within Lothian and these will be issued to practices, with no more than 1 per practice. It was however stressed that there has been no agreement for images of lesions to be a referral requirement. With regards to results handling of any referral, it was stressed that the ask would be for the consultant to inform the patient, copying in the GP for information.

Committee were supportive of the pilots. It’s hoped that they can capture the impact on GP time and patient outcomes, with a view to a wider, sustainable roll out.

Committee thanked Dr Cheesbrough and Dr Porter for their ongoing work.

2. **Minutes of the last meeting 29th April 2024**

The minutes of the previous meeting were approved.

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

3.1 (c/f) **Office** to explore paramedics access to the Flow Centre. **Update:** Dr Rebecca Cheesbrough attended the May Executive Committee and confirmed that paramedics do have access through the Flow Centre to request access to specific sites for patients, rather than having to come through the GP. **CLOSED**

3.2 - **Office** to feedback to practices who raised issues with RAT access following migration that this will no longer be available in Lothian as this runs on the MS Access database which is not being deployed in Lothian. **Update:** In addition to being confirmed in the approved minutes that will be circulated around all Lothian practices, a separate email will also be sent to the individual practices who raised concerns, confirming that the alternative options are Vision Coagulation or INRstar. **CLOSED**

3.3 - **Office** to feedback to speciality that the proposed changes to the Post-Menopausal Ovarian Cysts pathway were supported by GP Sub-committee. **Update:** Done. **CLOSED**

3.4 - **Office** to feedback to LSRHS GP Sub-committee's decision that they cannot support the proposal for Testosterone Prescribing During the Menopause to be carried out by General Practice. **Update:** Done. **CLOSED**

3.5- **Office** to feedback the outcome of GP Sub-committee discussion on the Evolocumab/Alirocumab prescribing proposal to the Lipid Clinic. **Update:** Done. **CLOSED**

3.6 - **All** to consider the vacant Area Medical Committee posts and contact the office if interested. **Update:** Dr Michelle Downer has taken up one of these posts. The remaining seat it still to be confirmed. **CLOSED**

4. **Facilities SLA Cost Pressures update**

An update on recent activity was provided.

The Short Life Working Group continues to meet to work through the issues raised by impacted practices and thanks were extended to all practices who have contacted the SLWG to make their position clear. As a result, the tracker looks much more reflective of the actual position and it was acknowledged that this remains an extreme pressure on many practices.

Following initial sight of the draft SLA, committee provided feedback and are encouraged that a lot of this is being considered. The next version of the draft SLA is expected to be reviewed on 4th June, with an update to come back to committee shortly after.

Committee Chair and Jenny Long are continuing to meet to discuss the wider exceptionality and affordability pressures, which are outside of NHS Lothian's gift.

This remains a very hot topic and will remain on the agenda for the foreseeable future.

5. **PCIP Trackers (v7)**

Committee shared their disappointment that, in a change from previous PCIP Tracker submissions, GP Sub-committee sign-off was not requested ahead of the most recent submission made earlier in May. GP Sub-committee contract implementation reps did however request sight of the trackers from their HSCP teams for information and awareness of what was submitted, and there were continuing concerns that the submissions didn't reflect the reality within practices and as a result, Committee would not have agreed to sign these off. It was however acknowledged that this was due to the format of the tracker templates themselves rather than being completed incorrectly. In addition, the very short timescales given to submit these trackers was highlighted, and the impossible ask of HSCPs in delivering within this was acknowledged.

It was noted that GP Sub-committee still await Scottish Government's response to Lothian's tripartite group correspondence following the submission of the previous version of the trackers, when the group expressed their concerns on the format of the tracker. It was agreed that the fundamentals previously raised are still valid and therefore Committee would follow up with Scottish Government to request a response to their earlier correspondence.

AP – Office, JL and HSCPs to agree next steps to contact Scottish Government and request a response to their earlier correspondence expressing their concerns on the format of the PCIP tracker.

6. **GP Data Protection Audit 2024**

The recent communications to practices regarding forthcoming GP Data Protection Audits were noted, and it was acknowledged that these caused a considerable degree of alarm within practices due to the expected resource requirements highlighted.

While it was acknowledged that this is a very worthwhile exercise, Chair met with Darren Poole, GP Data Protection Officer, NHS Lothian, in an effort to make this process as streamlined as possible and reduce the impact on practices. It was agreed that many of the standard operating procedures (SOP) already exist and that it is perfectly acceptable for these to be replicated within practices. It was also agreed that data repositories will be shared with practices.

It was confirmed that the high number of practice interviews are no longer required, although Practice Manager meetings will go ahead in order to review and obtain assurances that practices are safe and secure in respect of Data Protection.

7. **GMS Oversight - Future Direction**

Committee were informed that at the last GMS Oversight meeting, recognising that the 2018 GMS contract has reached a plateau, there were discussions around what the immediate to medium term future of the group would be and what opportunities there may be to progress specific projects at a local level.

The considerable potential within General Practice was acknowledged, however this needs to be supported. We will work with NHS Lothian Board to look at services in order to ascertain if these could be delivered at a lower cost. It was noted that large national changes such as vaccinations would not be considered for change, although there may be opportunities for other PCIP funded services to be considered for direct practice funding as part of this exercise, although the need for strong business cases with mutually beneficial outcomes was stressed.

Committee suggestions as to possible areas for consideration are welcomed, and these should be emailed to the office.

AP – ALL to consider any potential local opportunities for service review with the aim of delivering more efficiently, as part of GMS Oversight Group. Any suggestions should be emailed into the office.

It was highlighted that Fife HSCP had re-distributed their PCIP underspend to practices in their area rather than have this clawed back by Scottish Government and, as this precedent has been set, it was requested that NHS Lothian look into taking the same approach for any future underspend within the Lothian HSCP areas.

It was also highlighted that Highland, Fife and Grampian had all made direct investment to practices in respect of Transitional payments, while also acknowledging the difficulties when there are no funds available to allow this.

8. **Suspected Cauda Equina Pathway**

A proposed pathway for Suspected Cauda Equina was shared in advance on the meeting.

Following some discussion, a number of concerns were raised with this request which was very likely to result in an increase in workload for GPs when compared to the current pathway. The proposal also asks GPs to hold the risk of Cauda Equina, in addition to interpreting the MRI results which is not within the level of their experience. The recent communication of significant increases to MRI wait times was also a concern and the need to have an agreed process to expedite these requests within 48-72 hours was highlighted.

The risk that this pathway could increase GP workload, similar to that for the Post-Menopausal Bleeding and Testicular Cancer pathways where GPs are now required to take additional follow-up action, was also highlighted.

It was agreed that Committee concerns would be fed back to the RefHelp team.

AP – Office to feedback Committee's concerns to RefHelp team regarding the proposed pathway changes for Suspected Cauda Equina.

9. **MRI Safety Referrals**

Committee were informed that the Scottish Clinical Imaging Network (SCIN) Short Life Working Group (SLWG) are currently looking to update and standardise the national approach to MRI Safety Referrals and a copy of the proposed list of questions was shared in advance.

It was acknowledged that while the list is understandably very comprehensive, the significant amount of GP time required to ensure that each question is answered definitively was concerning. In addition, the medico-legal risk should there be any change in the patient's condition between the point of referral and time of scanning was also a concern, particularly currently when the wait times for MRI scans are expected to increase significantly. In cases of long wait times, it would be expected that the questionnaire would need to be carried out again at point of scanning.

Committee agreed that this was not something that could be adopted by GPs in its current form and that this would be fed back to Radiology.

AP – KR to feedback to Radiology that Lothian GPs are unable to adopt the MRI Safety Referrals questionnaire as proposed by the Scottish Clinical Imaging Network SLWG.

An update from the most recent Radiology Primary Care Interface Group was also provided, where it was highlighted that radiology waiting times are expected to increase again. This comes after a period of targeted reduction of waiting lists, however ongoing higher levels of referrals and a lack of additional finances to support further targeted activities will inevitably result in increased wait times.

Examples of the current wait times at RIE for Primary Care referrals (as at end May 2024) are;

CT: USOC - 2 weeks (previously 1-2 weeks),
Routine (CT KUB) - 16 weeks (previously 6 weeks)

US: USOC - 2 weeks
Urgent 4 weeks
Routine 14 weeks

It is expected that this pattern will be seen across all sites and imaging.

10. **Ear Suctioning**

Ongoing concerns around the lack of opportunities for GP ear suctioning training within NHS Lothian were raised.

It was noted that, while PCIF funds had previously been agreed in 2019 for Edinburgh to receive training and then to subsequently roll out training across Lothian, this had not happened.

A number of alternatives had been considered, however each of these were agreed to be unworkable due to the unrealistic costs and/or resource commitment required, such as the need for expensive equipment or considerable travel.

It was highlighted that, while ear irrigation is still offered in some Lothian areas, it isn't considered safe and is the single biggest cause of complaints against nurses. In addition, while there is the option to have ear suctioning carried out privately, this increases health inequalities.

Without access to the appropriate training within Primary Care, it was noted that this work would need to fall to Audiology to carry out.

Jenny Long advised that this issue is on the agenda for the next Primary Care Joint Management Group meeting. Dr Jeremy Chowings is also in conversation with the Head of Audiology and it was agreed that Dr Catriona Morton would be linked into these discussions.

11. **Items for Information;**

11.1 – **Clinical Microbiology staffing** - Committee were informed that, due to a current shortage of consultant microbiologists in Lothian, there may be periods in June and July when Clinical Microbiology are unable to maintain the current level of service. On these days, urgent/emergency work would be prioritised and they would be unable to respond to emails for clinical advice or report microbiology results. They have confirmed that they would remain open to urgent calls from the GP if there was something extremely urgent, in line with service provided to LUCS at weekend/public holiday. A communication has been agreed and this would go out to practices when the "urgent only" service needs to be deployed. Committee appreciated the collegiate approach that has been taken, and acknowledged that without the ability to make urgent calls, it is likely to result in a higher workload for the specialty in the long term.

11.2 – **MMR Vaccination Quality Improvement Activity** - The results of an audit carried out by Tyne Medical Practice which highlighted inaccuracies in patient records as a result of IT system issues, were shared with Committee in advance. This was very informative work, and a supportive response was received from Public Health, accepting the concerns raised while also recognising the limitations of our IT systems.

11.3 – **Interpretation & Translation Service** – Following some recent misunderstanding, it was confirmed that The Big Word service continues to pay for all interpreting needs. Patients should never be asked to fund this and services would only ever have to pay in very specific circumstances. It was highlighted that service areas are being asked to prioritise the phone service as standard, as this is the more cost-effective option and reduces the burden on budget, although face to face can still be arranged when needed.

12. **GPAS**

The April report was shared with committee in advance, reflecting a relatively stable, although not necessarily positive position since March.

A question was raised as to whether any significant change was being evidenced as a result of the ongoing reporting of this data. It was acknowledged that GPAS is one of the few tools that allow us to show wider system the pressures that Primary Care are facing, and while this hasn't necessarily resulted in specific action to date, by continuing to record and share the information, it increases wider awareness of the issues.

In terms of reporting, GPAS is a relatively easy way for practices to submit this information on a weekly basis, and it was highlighted that the new Vision Appointments sheet can provide some of the numbers for this.

Practices were thanked for their ongoing data submissions.

13. **Medical Directors Business**

13.1 – **Area Medical Committee (AMC) representative seat vacancies**

Dr Michelle Downer has taken up one of these seats. The remaining seat is still to be confirmed.

14. **AOCB**

14.1 – NHSL Digital – NHS Lothian Digital Directorate has recently been made aware of an issue that has affected the delivery of some mental health correspondence since late January 2024.

A misconfigured letter template on TRAK has resulted in some letters and communications that should have been forwarded on to primary care via Electronic Document Transfer not being transferred. A permanent fix now is in place to prevent future problems.

Affected correspondence will be forwarded onto practices within the next week, and it's expected that practices will receive between 5-20 documents depending on demographic and size. If there are any significant events as a result, practices should email their HSCP Clinical Director, copying in Peter Cairns and Jeremy Chowings.

14.2 – Committee expressed their thanks to Dr Shelagh Stewart who is standing down as one of the East Lothian representative, mainly as a result of ongoing practice pressures. Her contribution to committee has been very much valued over the last few years and she will be very much missed. An East Lothian election for the vacant seat will follow.

14.3 – Committee were made aware that Mr David White, Strategic Lead for Primary Care within Edinburgh HSCP, retires at the end of this week. Committee expressed their thanks to David for all his work and wished him well in his retirement.

Meeting closed.

Date of next meeting - **Monday 24th June 2024 on MS Teams**

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

NO JULY MEETING

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

Monday 30th September

Monday 28th October

Monday 25th November – **(Novotel)**

Monday 16th December (3rd Monday)