

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 26th May 2025

7.30pm

MS Teams

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 John Hardman, Dr Hazel Knox, Dr Joanna Loudon, Dr Jane Marshall, Dr Ramon McDermott, Dr Douglas McGown, 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 Mckigen, Dr Jeremy Chowings, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Hayley Harris, Dr Alexander Kelly, Ms Alison McNeillage

Welcome – Dr Sharon Smith, *Clinical Director, Adult Mental Health, Edinburgh HSCP*
Ms Fiona Wilson, *Chair of Lothian Adult Neurodevelopmental Pathway Subgroup & East Lothian HSCP Chief Officer*
Ms Klaudia Bielecki, *Mental Health Strategic Programme Manager, NHS Lothian*

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

1. Presentation – Neurodevelopmental Functional Difficulties Questionnaire

Committee were given a short presentation on the Neurodevelopmental Functional Difficulties questionnaire which is one activity from a much larger piece of work which aims to decrease the current significant wait times for patients while also bringing consistency of approach across Lothian.

It was noted that the questionnaire is designed to assist in the gathering of clinical information in a more helpful way for GPs and to allow better triage for those most in need. While the approach was welcomed in general, a number of concerns were raised around the ability of some patients to complete the questionnaire and the resulting risk that these patients may not be seen, and it was stressed that the approach needs to accommodate these patients rather than perpetuate health inequalities. Committee were therefore reassured to know that, while the questionnaire is the preferred approach, this is optional for GPs rather than a compulsory requirement and, in addition, Primary Care are not triaging these patients on behalf of secondary care any more than is currently set out on RefHelp.

It was noted that the team are due to meet with the RefHelp team soon and it was agreed that it would be helpful to meet with the office team following this in order to discuss further.

AP – Office to set up future meeting with the Adult Neurodevelopmental Pathway group to discuss further plans, following their meeting with RefHelp.

Committee highlighted their wider concerns around the continuing and significant lack of resource within Child and Adolescent Mental Health Services (CAMHS) which then perpetuates into adult neurodiversity, and asked that the guests feed these concerns back to the relevant areas.

Committee thanked the team for attending.

2. Minutes of the last meeting 28th April 2025

The minutes of the previous meeting were approved.

3. Matters Arising / Actions from last meeting;

3.1 – (c/f) **Office** to discuss Management of Type 2 Diabetes with Primary Care Contracts Team. **Update (April):** There have been a number of discussions but, recognising the restrictions within individual practices, there is still no clear point of agreement. The PCCO team are continuing to monitor this and are keeping in contact with Endocrinology Team. This is also being monitored from an Interface perspective. **Update:** This is scheduled to be discussed further at the Informal GP Sub-committee meeting on 27th May. **ONGOING**

3.2 - **Office** to arrange review meeting with Flow Centre REACH model project team in a few months to review progress. **Update:** The Flow Centre team are scheduled to attend the August Executive committee to give an update on performance. Feedback from committee members and their locality practices on their experience was also welcomed into the office. **CLOSED**

3.3 - **Office** and PCCO to discuss how best to support practices in dealing with requests from private providers asking practices to confirm that there are no contraindications to their proposed prescribing. **Update:** It is hoped that a joint letter from GP Sub-committee and NHS Lothian can be agreed for use in these cases and will be discussed further at Informal GP Sub-committee meeting on 27th May. **CLOSED**

3.4 – **Office** to provide committee's feedback on Hyperemesis Gravidarum RefHelp guidelines to RefHelp team. **Update:** This has been done. **CLOSED**

4. **Facilities SLA update**

No update at this meeting.

5. **PCIP Trackers**

Version 8 of the PCIP trackers for each of the 4 HSCP areas were circulated in advance of the meeting.

It was noted that the individual HSCTPs had shared these with their respective GP Sub-committee representative, however due to the tight turnaround time these were unable to be approved by the full committee ahead of submission.

A review had also been carried out by the Executive Committee who held the consensus view that they were unable to give their approval. It was stressed that this was primarily due to the format of the trackers as, even with HSCP data input being factually correct, the format of the trackers means that this is displayed in a very misleading way.

Committee were strongly in agreement that part-delivery of a service consisting of very few hours cannot be reported as a practice having received the full level of service expected and as described in the GP Contract. This extremely inaccurate picture is vastly different from the reality within practices and should not be accepted.

GP Sub-committee and NHS Lothian Board have expressed similar concerns to Scottish Government in previous years in addition to meeting with Scottish Government in August 2024 to discuss in more detail but no action appears to have been taken.

As a result, it was therefore proposed that GP Sub-committee refuse to approve these latest versions in the hope that some action may be taken by Scottish Government to review the approach moving forward. Committee unanimously agreed.

AP – Office to issue letter to Scottish Government to inform that Lothian GP Sub-committee have not approved Version 8 of the PCIP trackers.

It was noted that a number of the HSCP areas have also contacted Scottish Government to raise their individual concerns, and this was welcomed by committee.

6. **Secondary Care Services Wait Times**

This will be carried forward to a future meeting.

7. **East Lothian CAMHS ADHD Medication Clinics**

Committee were made aware of a recent example of the extremely concerning Child and Adolescent Mental Health Services (CAMHS) wait times being experienced in East Lothian.

In addition to being on the waiting list for neurodevelopmental assessment for more than 4 years, following diagnosis, patients are then currently facing a further 2 year wait to be seen in a medication clinic in order to start any treatment. This is an extremely frustrating position for patients who, having finally received a diagnosis, are then unable to progress any further with treatment until a prescriber is available.

It was noted that ADHD and Mental Health are two of the priorities of the NHS Lothian Chief Executive and it is likely that a change in investment will be seen through the Transformation Board.

Committee stressed the importance of focussing on children's mental health if we want to stem the flow in adults and highlighted the need for urgent action to address the current waiting times.

8. Annual Health Check for 16+ with Learning Disabilities

Following the recent removal of the Adults with Learning Disabilities Enhanced Service as part of the 2025/26 package, the expectation is that this would be covered by the Learning Disability Health Check.

However, while a number of discussions have taken place, this remains unresolved with considerable work needed to deliver a solution. We are continuing to liaise with the Director of Nursing for Primary and Community Care, and a further update will come back to committee.

9. Thyroid Function Test Requests

Committee discussed what appears to be a change in the approach taken by the Endocrinology team for post thyroid cancer patients whereby, following discharge from the clinic, GPs are being asked to check that a patient's level of thyroid stimulating hormone (TSH) is maintained toward the lower end of the normal reference range. Concerns were raised around the increased risk of this approach due to the difficulty for practices to identify these patients, and therefore the increased chance that patients are missed.

In addition, it was concerning that this considerable shift from Endocrinology to General Practice appears to have happened without any consultation or agreement.

Committee agreed that cancer surveillance sits within secondary care and, due to the risks involved, it is not appropriate for this to move to General Practice.

It was noted that the Primary Care Deputy Medical Director has contacted the Clinical Lead for Endocrine regarding this and we await a further update in due course.

AP – JC to provide further update on discussions with Endocrine Clinical Lead regarding post-cancer thyroxine monitoring.

It was highlighted that this was a further example of the growing need for a phlebotomy clinic solution. It was also noted that secondary care monitoring clinics currently have capacity, and Endocrine colleagues should be encouraged to use this resource.

10. Additional Medication Requests to LUCS on Public Holidays

It was noted that on Good Friday alone, Lothian Unscheduled Care Service (LUCS) received 110 requests for medication (compared to 20 per day over a normal weekend), with the work involved in administering each request considerable.

Discussions are ongoing to look at what can be done to mitigate these issues, while also recognising that a 4 day weekend/holiday will exacerbate the problem.

It was acknowledged that NHS Lothian's public messaging requires improvement in order to make patients more aware of the different options that are available to them and also to manage patient expectation, and this is being addressed through the Director of Primary Care.

It was requested whether individual practices could consider enhancing their public holiday messaging to raise patient awareness of the accurate turnaround time for medication requests, in addition to highlighting that a Community Pharmacy should be their first port of call for all medication related issues, even if this is not the patient's usual pharmacy.

It would be helpful if these messages could be prominent on all practice platforms.

11. **GPAS**

The April report was shared in advance of the meeting.

While the position was generally overall stable across the month, there was slightly more Red status than in previous months and the significant increase in pressure felt by practices after the Easter holiday was evident in the weekly report.

Attention was drawn to the practice comments which highlighted increased wait times for routine appointments and the increasing struggle to employ locums. The need for wider support with patient education was also highlighted.

Thanks were given to those practices who return their data, and committee were asked to encourage their colleagues to take part in this very useful data gathering exercise.

12. **Lothian Interface Group – Approved February meeting minutes**

The minutes of the February meeting were circulated in advance for information and were taken as read.

13. **Medical Directors Business**

Following the recent request for self-nominations, it was noted that;

- Dr Catriona Morton has been re-elected unopposed to the North East Edinburgh representative seat,
- Dr Euan Alexander has been successfully re-elected following an election for the South East Edinburgh representative seat.

Thank you to all who showed an interest in these posts, and also to all who voted.

14. **AOCB**

None

Meeting closed.

Date of next meeting - **Monday 23rd June 2025 at Novotel Edinburgh Park**

2025 Meeting Dates:

NO JULY MEETING

Monday 25th August

Monday 22nd September - **Novotel**

Monday 27th October

Monday 24th November

Monday 15th December (3rd Monday) - **Novotel**