GP SUB-COMMITTEE OF NHS LOTHIAN AREA MEDICAL COMMITTEE

Monday 27th November 2023
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 Jenny English, Dr Andrew Forder, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr John Magill, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Shelagh Stewart, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Ms Jenny Long, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Rebecca Green, Dr Polly Dunne, Ms Alison McNeillage, Dr Laura Tweedie, Dr Peter Cairns

Welcome – Ms Diane Ellis, *NHS Lothian Charity*
Dr Rachel Wood, *Chair, GP Support & Advisory Group (GPSAG)*
Dr Eloise Savage, *GP Trainee, Grange Medical Practice*
Dr Joe James, *GP Trainee*

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

1. Presentation – NHS Lothian Charity

Diane Ellis, Communications & Marketing Manager for NHS Lothian Charity team, gave a short presentation to committee on the work of the NHS Lothian Charity team which highlighted the support it can provide to patients and staff. A copy of the slide presentation will be circulated with the approved minutes.

Diane also made the 2023 draw for the 3 Gleneagles vouchers awarded to GP practices through the NHS Lothian Charity. The winning practices were The Long House Surgery, Dalkeith Road Medical Practice and Lauderdale Medical Practice. Each of these practices will now hold a draw for one individual winner per practice to receive the voucher.

Committee thanked Diane for the work of the Charity.

2. Presentation – GP Support and Advisory Group

Dr Rachel Wood, Chair of NHS Lothian's GP Support and Advisory Group, gave a short presentation to committee on the support services offered by GPSAG.

It was highlighted that there is now a direct access to the 4 GP mentors connected with GPSAG, who can provide an initial 2 mentoring sessions for any GP in Lothian. Those GPs seeking direct access mentoring will not be discussed in the GPSAG forum meeting.

Any GP seeking mentoring on this pathway should fill in the "initial enquiry form", available on Lothian LMC website, and send this to Jenny English who is the First Contact lead. GPSAG also aim to give some choice in who their mentor is. For more information on GPSAG please see the Lothian LMC website Lothian LMC – Official Lothian LMC Website

The GPSAG Governance diagram and initial enquiry form will be circulated to practices with the approved minutes.

Committee thanked Rachel for the support provided by GPSAG.

3. Minutes of the last meeting 30th October 2023

The minutes of the previous meeting were approved.

4. Matters Arising / Actions from last meeting;

4.1 - **All** to consider any potential changes to the Palliative Care DES, and feed back to Annie Lomas. **Update:** No further feedback has been received. **CLOSED**

5. PCIP Demonstrator Sites

Following the request from Scottish Government to HSCPs (27th September 2023) inviting bids to be one of 3 PCIP Demonstrator sites across Scotland, bids were submitted by 2 Lothian HSCPs and interviews have subsequently taken place. A further update is expected in early December.

6. Enhanced Services Review update

The review of Enhanced Services is ongoing and it is expected that these will be available for committee review and discussion ahead of the LMC approval process in early 2024.

7. Clinical Work Across the Interface

Following on from previous discussions at both GP Sub-committee and LMC, the latest version of the Clinical Work Across the Interface document was brought to committee for further discussion.

The aim of the document is to be informative, collegiate and collaborative, fully recognising the level of stress across the whole system while also clarifying and communicating important messages to help manage workload. It was also acknowledged that this document was produced due to the continued, excessive workload demand within General Practice and the severe impact being experienced as a result.

The continued desire to reach a consensus and full GP Sub-committee support was highlighted, although it was also acknowledged that if this was not reached, the document would be issued solely from LMC.

A considerable amount of work has been done in order to achieve pan-system agreement of this document, and while this was very much welcomed and appreciated, the position on bariatric surgery and post-prostatectomy PSA monitoring remain the 2 areas of disagreement. As a result, NHS Lothian Board officers do not feel able to support the document in its current format.

Dr Morton strongly recommended that Committee accept the revised interface document, which she felt was excellent, and queried the reservations expressed by NHS Lothian officers.

Regarding PSA monitoring in men who have had total prostatectomies, Dr Morton considered this to be new workload with additional risk, in that it required GP systems to identify men with a total prostatectomy while also having a mechanism in place to enable their phlebotomists to indicate this on GP Order Comms. The added risk was felt to be substantial, with some patients already experiencing adverse events in general practice due to the difficulty in recognising that a PSA within the normal range, but above zero, is abnormal. Dr Morton outlined that the last phlebotomy contract discussions had taken place in 2013, with no further uplift awarded since then, and that the arrangements agreed at that time were never intended for additional complexity such as this. The additional systemic anti-cancer treatment (SACT) bloods were accepted by GPs a few years ago, but only after full agreement with the GP Sub-committee. The current approach had not been agreed in that forum and it was very concerning that for high-risk cancer work, GPs were seen as the default position, rather than outpatients, until negotiated otherwise. Dr Morton felt that, as an independent contractor with no contractual requirement to do this work, she had not agreed to take it on.

In terms of bariatric surgery, this is advocated by both the NHS and NHS Lothian, and Dr Morton's understanding was that patients had a right to request NHS ongoing care, even when the episode of care was initiated in private practice. Following bariatric surgery, the British Obesity and Metabolic Surgery Society recommends at least 2 years follow-up in specialist services and this is now the advice given in the updated NICE guideline CG189, which also includes dietetics, psychological and peer support. Patients referred to the Lothian Weight Management service receive expert and regular follow-up with a specialist, regular testing of multiple metabolic markers including micronutrients (which are not part of the routine GP repertoire or experience) and specialist dietetics input. Those seen in general practice might have blood tests done, though that was not guaranteed, with GPs trying to interpret test results with which they were not

familiar. This was therefore a two-tier system, with NHS Lothian knowingly offering two levels of care and expecting GPs to take part in that. Dr Morton felt that there was a health inequalities aspect to this too, with some patients, with little money or knowledge, having surgery abroad often as a result of a one-off monetary gift, without understanding the need for follow-up. These patients often cannot afford the ongoing private care which wealthier patients could pursue. It was noted that Dr Morton may write to her MSP as she felt it was against NHS principles to support a system with a lower level of care by design.

The Director of Primary Care and Deputy Medical Director for Primary Care responded to the points and reassured the committee that for PSA testing overall, the clinical responsibility lies with Urology despite some work still being left in primary care. With regards to bariatric surgery, the level of care should be based on patient need, and that it would be difficult for NHSL to take a different approach to the guidance laid out by Scottish Government. It was also agreed that there should not be a 2-tier system. The Director of Primary Care outlined that if this is a document to support work across the interface then it should be balanced to reflect secondary care workload pressures and the key messages within the document agreed with secondary care colleagues.

After some discussion it was agreed that Jeremy Chowings, Jenny Long, Caroline Whitworth and Annie Lomas would work together with the committee chair to agree a form of words for both bariatric surgery and post-prostatectomy PSA monitoring, to be brought back to committee for final review. It was noted that this needs to clarify who has ownership for the different steps of the process.

AP – JC, JL, AL, CW & IM to discuss and agree a final "Clinical Work Across the Interface" document that will have corporate agreement and support.

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8. CAMHS Eating Disorders

Committee were informed of new referral guidelines for CAMHS Eating Disorders which are expected soon.

The new guidelines will recommend that all high risk patients are directed to A&E, with clearer definitions on who falls into this group. For all other patients up to the age of 18, GPs will be asked to do an initial physical assessment/bloods, before referring to the service as URGENT, with the expectation that they are generally assessed within a few weeks. GPs will not be expected to do follow-up monitoring or ECGs.

This was welcomed by committee and is a great advance on the current status quo. Committee thanked Catriona Morton for her work on this.

9. Gender Shared Care Agreement

It was accepted that, while there has been a draft Gender Shared Care Agreement (SCA) on NHSL intranet for some time, the service has been limited. Following successful recruitment, a more substantial service is now planned. The need for an SCA due to the complex monitoring requirements and increased risk factors of gender medicines was acknowledged.

Following discussions with Dan Clutterbuck, Clinical Lead, NHS Lothian Sexual & Reproductive Health Service, GP views were sought on two proposed service options;

1. All initiation, titration and ongoing monitoring of medication for gender dysphoria to be done by Sexual Health Services and, once stable, GPs to prescribe via a Shared Care Agreement.
2. All initiation, titration of medication for gender dysphoria to be done by Sexual Health Services and, once stable, GPs to prescribe and provide ongoing monitoring via a Shared Care Agreement and a Local Enhanced Service to allow funding to flow to practices for the extra monitoring work.

Following discussion, it was agreed that the first option could be supported. Concerns were however highlighted around the current level of pharmacotherapy support already struggling to meet GP demand.

During the discussion, concerns were also raised around practice appetite to sign up to another Enhanced Service due to the payment levels for these falling significantly short of the true cost of delivery.

It was highlighted that Scottish Government direct any increase for Directed and National Enhanced Services (DES and NES) through the GMS Global Sum, although it was acknowledged that the payment level remains inadequate. However it was also highlighted that for Local Enhanced Services (LES), NHS Lothian has more flexibility to uplift these, and this discretion has been applied in the past with approximately £7M more in the Enhanced Service pot than Scottish Government directly fund. The current financial climate means any further flexibility is significantly constrained.

10. ADASTRA Post Event Message for LUCS

Committee were informed of changes to the post-event messaging within Adastra, where new formatting is pulling down all previous triage data from NHS24 into the report. This is resulting in some extremely long messages, making it very difficult and time consuming to find the important information.

It's estimated that around 25 Lothian practices are receiving this new format which is thought to be linked to the changeover to EDT, and a Short Life Working Group has been set up to look into identifying what the key information should be for these reports.

In the meantime, practices impacted by this can choose not to receive these reports and instead move back to email format until the issue is resolved. If you would like to stop receiving these reports, please email either Hayley Harris or Lorraine McFarlane (LUCS).

11. Perinatal and Infant Mental Health Referral Guidance

The draft referral guidance was circulated in advance of the meeting, and committee's views were sought on the proposal.

Initial responses were positive, although the introduction of another form for completion was concerning, and this has been feedback to the service with the suggestion that this could instead be put on SCIGateway.

Any further comments should be submitted to the office by COP Tuesday 5th December.

AP – ALL to send any further comments on the Perinatal and Infant Mental Health Referral Guidelines to the office by Tuesday 5th December.

12. Community Alarms

Committee were made aware that a number of East Lothian patients are handing back their community alarm contracts due to rising costs. Although the equipment is provided free of charge by the HSCP, the ongoing costs of connection to the monitoring centre are borne by the patients and recent increases in these costs have resulted in this becoming unaffordable.

It was disappointing to acknowledge that this will be happening across Lothian, and that an increase in expensive hospital admissions may be seen as a consequence of this.

13. GPAS

The October report was circulated in advance of the meeting and it was stressed again that, where a number of practices are reporting fewer clinical contacts, this isn't necessarily due to there being lower levels of demand, but rather the result of fewer staff and therefore appointments being available for patients.

It was noted that GPAS data is now provided to PCCO weekly to be included in returns to NHS Lothian and Scottish Government, and that Board and LMC representatives had recently met with Scottish Government civil servants to discuss the additional depth which these reports give regarding pressures in General Practice, over and above simple consultation numbers.

Committee representatives were asked to continue to encourage practices to submit their weekly GPAS return as this helps to give more depth to the Lothian picture.

14. Medical Directors Business

Following appointment of the Chair for a further 3 year term, the elected members of the Executive Committee of GP Sub-committee and LMC are;

- Edinburgh – Catriona Morton & Gordon Black
- West Lothian – Annie Lomas
- East Lothian – Andrew Forder
- Midlothian – Jenny English
- OOH/LASGP/Retainer/Other field of practice – Laura Montgomery

Committee expressed their thanks and gratitude to Ramon McDermott for his vast experience and wisdom during his time on Executive Group.

15. **AOCB**

15.1 – **Ovarian Cysts**

Draft Ovarian Cyst RefHelp Guidance was circulated as a late paper in advance of the meeting for committee review and comment. The initial view is that these appear to be more sensible and pragmatic. Some benign lesions will remain under Primary Care, and these are clearly documented in the report.

Given the late circulation of these papers, committee were asked to forward any comments to the office by COP Tuesday 5th December.

AP – ALL to send any further comments on the Ovarian Cyst RefHelp Guidance to the office by COP Tuesday 5th December.

15.2 – **BMA Safe Workload Guidance Messages**

It was noted that a number of practices are currently implementing the BMA Safe Workload Guidance messages on their practice phone lines, advising patients that they have reached capacity for the day. A request for any further practice guidance or next steps was made, particularly around who practices need to inform – for example, NHS24 may need to be made aware so that patients aren't caught in a loop.

GMS Contract are currently working on a letter to inform practices of the steps they should take if they are struggling to provide their usual level of service. It was highlighted that practices need to have a mechanism in place which allows urgent patients to make contact.

It was agreed that this would be discussed further at LMC and brought back to GP Sub in December.

Meeting closed.

Date of next meeting - **Monday 18th December 2023 on MS Teams**

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

Monday 22nd January (3rd Monday)
Monday 26th February – in person
Monday 25th March
Monday 29th April
Monday 27th May – in person
Monday 24th June
NO JULY MEETING
Monday 26th August - in person
Monday 30th September
Monday 28th October
Monday 25th November – in person
Monday 16th December (3rd Monday)