

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 25th November 2024

7.30pm

Novotel Edinburgh Park

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 Alexander Kelly, Dr Hazel Knox, Dr Joanna Loudon, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Iain Morrison, Dr Catriona Morton, Dr Rory O’Conaire, 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 Jenny Long, Dr Hayley Harris, Ms Elaine Weir, Mrs Nicola Smith

Apologies – Dr Jeremy Chowings, Dr Rebecca Green, Dr Fiona Ferguson, Ms Alison McNeillage, Dr John Hardman, Dr Nick Payne, Ms Tracey Gillies

Welcome – Dr Samantha McCarthy, *GPST3, Penicuik Medical Practice (observing)*
Dr Joanna Higson, *GPST2, Community Paediatrics/Riverside Medical Practice (observing)*
Ms Elaine Weir, *deputy Practice Manager representative*

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

1. Minutes of the last meeting 28th October 2024

It was requested that the wording of 2.3, agenda item 2 was amended slightly to clarify that the decision to reduce the funding that supported locum services in Radiology was agreed through the NHS Lothian Corporate Management Team and Board, and Scottish Government were aware of this decision and the resulting impact.

Following agreement of the proposed change, the minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1- **Office** to circulate the “Calls to GPs from SAS Clinicians” document with the approved September meeting minutes. **Update:** Done. **CLOSED**

2.2 - **Office** to discuss possible next steps with regards to EIJB decision to cut £4.5 million of funding to community projects. **Update:** Since the October meeting, Edinburgh Integrated Joint Board have made the decision to halt these cuts. **CLOSED**

3. Facilities SLA update

An update on recent activity was provided.

It was noted that new SLA contracts have now been issued to many of the impacted practices, although this is still in progress for a number of practices. Following issue of these contracts, practices are now actively considering their next steps.

4. Weight Loss Medication Prescribing

It was noted that while practices continue to receive requests from the Dietetics team to prescribe weight loss medicines to patients, there has so far been no further discussion on this and therefore the position as communicated to practices on 6th November remains.

It is hoped that there will be further discussions with the Dietetics team in the near future, and any further updates will come to committee.

5. Private Provider Request Interface

The number of requests from private providers asking practices to prescribe for their patients, or to confirm if their patient has any underlying conditions that may impact their planned prescribing, continue to increase. It was highlighted that the previous Private Provider Interface guidance issued to practices (March 2022) still stands. It was also noted that the Area Drugs and Therapeutics Committee (ADTC) are currently working on a document that will provide further guidance to practices and this is expected to be issued shortly.

Committee's concerns around a number of these private prescribing decisions when considering the patient's wider medical history were highlighted, and it was noted that the office are looking to produce additional guidance for practices should they need to raise complaints or concerns.

It was queried whether, if patients make the decision to move back into NHS care following private treatment, NHS Scotland could adopt a similar approach to NHS England where private prescribers can refer directly into secondary care rather than having to refer through GP practices. Recognising the increasing numbers of patients moving back into the NHS after private treatment, the benefit to all of making this as straightforward was recognised, however it was also acknowledged that this approach would require a high level of confidence around the quality of referrals.

6. COVID Anti-Virals Resourcing

Committee's concerns around the funding and resourcing of the COVID Anti-virals service within Lothian were discussed.

Recognising different approaches across Lothian, a number of examples were shared where Primary Care Improvement Fund (PCIF) funded staff were being taken out of practices to resource this service, with Pharmacotherapy staff being impacted most. No backfill resource is provided and the resource isn't taken equitably across practices, therefore a number of practices are not receiving the level of PCIF funded service that was agreed.

Questions were raised as to the wider efficacy of the service and efficiency of the approach, and it was acknowledged that provision of the service is a Scottish Government directive, although there is no corresponding central funding. It does not form part of GMS, with Health and Social Care Partnerships (HSCPs) having responsibility for the service across Lothian.

While the wider approach was recognised as being more efficient than having a stand alone hub, Committee were very concerned that the decision had been made to take PCIF funded staff from practices and not compensate them for their loss of service, and concerns around a precedent being set with this approach were raised.

It was agreed that the office team will hold further discussions with the Pharmacotherapy team to look at how this can be approached differently. In addition, any practice that is significantly impacted as a result of the current decisions should make the office aware.

AP – Office to hold further discussions with S McBurney/Pharmacotherapy team to look at a different approach to resourcing the COVID Anti virals service.

7. Agenda for Change Reduced Working Week

As previously raised at the August meeting, the impact on practice services as a result of the reduced working week for Agenda for Change (AfC) staff was highlighted.

It was highlighted that, as part of the contract, practices were offered a specific level of service and this level of service should be maintained. The reduction in working week is part of a pay package settlement for AfC staff, and practices should not be disadvantaged by losing a proportion of this service as a result.

Acknowledging that this is a national decision, it was agreed that there needs to be a discussion with Scottish Government to provide the additional funding to cover this.

8. Ring Pessary Service

Concerns relating to an interface issue were discussed.

Following the retiral of the GP trained in this procedure, a practice who previously carried out pessary removal for their patients informed Gynaecology that they were no longer able to do this and referred the patient to Gynaecology. However Gynaecology refused the referral and re-referred the patient back to the practice.

While recognising that our Gynaecology colleagues, as in other parts of the system, are overwhelmed, this work does not form part of GMS. It was noted that in several other parts of Scotland this work is covered by a Local Enhanced Service contract. Committee's concerns regarding the impact on the patient were highlighted.

It was agreed to discuss this further at the next Lothian Interface Group (LIG) meeting.

AP – Office to raise pessary removal referral concerns at next Lothian Interface Group meeting, and agree how to take things forward.

9. **GPAS**

The October GPAS report was shared with committee in advance of the meeting, and it was noted that there was minimal change across Lothian over the last month. It was highlighted that practices remain unable to fill vacancies due to the ongoing financial challenges they are facing.

Concerns were raised that the lower number of clinical contacts being reported may be interpreted as practices not being busy when that is not the case, and it was re-stated that this was a consequence of insufficient staffing resulting in less appointments being available, but the remaining staff having to take on extra to minimise the impact.

Committee thanked the practices who continue to provide this valuable data each week.

10. **Lothian Interface Group minutes**

The August meeting minutes were shared with committee in advance.

Committee's significant concerns regarding Dermatology's current approach of only seeing urgent patients was discussed. Concerns were also noted that this position had not been communicated to practices, although it was shared that this was in progress and communications will be issued to practices imminently.

It was highlighted that Lothian's approach to suspected squamous cell carcinoma (SCC) was different to that taken elsewhere in Scotland, and it was agreed that this would be raised at the next Lothian Interface Group meeting.

AP - AL to raise concerns around Lothian's approach to suspected squamous cell carcinoma at the next Lothian Interface Group meeting.

11. **Medical Directors Business**

11.1 – **Representative movements;**

- Midlothian Representative Seat

Dr Jenny English has been re-elected to this seat.

- Practice Manager Representative Seat

Ms Alisson Stewart has stepped down from this position. We will confirm the new representative once appointed. Committee thanked Alisson for her contribution during her time on committee.

12. **Gleneagles Voucher Draw**

A draw was carried out for 3 Gleneagles overnight stay vouchers, kindly donated by Gleneagles Hotel through the NHS Lothian Charity. All Lothian practices were entered into the draw, with Murieston, Newlands and Barbauchlaw Medical Practices being drawn as the 3 winners. Each of these practices will now carry out their own draw to identify 1 practice-employed winner within their practice to be gifted the voucher.

A wider draw is carried out across NHS Lothian for Gleneagles overnight stay vouchers, and any non-practice employed staff within practices are included in this.

13. **AOCB**

13.1 District Nurse Referral Pathway. It was noted that the District Nurse referral pathway is changing in order to provide a more robust audit trail. However, as the proposed pathway would have been very onerous for practices, a more straightforward approach has been put forward which, while it is extra work, is considerably less than was originally proposed.

It was requested that the option for practices to phone the District Nursing team for more complex cases remains, and also that the results of this pilot are considered in terms of impact on practices, patients, etc.

AP – Office to feedback committee's views on the proposed District Nurse Referral Pathway to Pat Wynne.

13.2 DEXA Reports. Following on from discussions at previous meetings, committee were informed that these letters will now be printed off and sent to practices. This decision was warmly welcomed by committee.

Meeting closed.

Date of next meeting - **Monday 16th December 2024 on Teams**