

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 24th October 2022

7.30pm

Virtual Meeting via MS Teams

Chair –Dr Iain Morrison

MINUTES

Attendance: Dr Iain Morrison, Dr Jenny English, Dr Neil MacRitchie, Dr Euan Alexander, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Fiona Ford, Dr Andrew Forder, Dr Rebecca Green, Dr Kerri Greene, Dr Clementine Johns, Dr Hazel Knox, Dr Annie Lomas, Dr John Magill, Dr Jane Marshall, Dr Colin McArthur, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Rory O’Conaire, Dr Nick Payne, Dr Kath Robertson, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Ros Wight, Ms Tracey Gillies, Ms Jenny Long, Dr Hayley Harris, Ms Alison McNeillage, Dr Jeremy Chowings, Mrs Nicola Smith

Apologies – Dr Elena Del Vescovo, Dr Elaine Duncan, Dr John Hardman, Mr Jamie Megaw, Dr Catherine Smith, Ms Alisson Stewart, Dr Laura Tweedie. Ms Elaine Weir

Welcome – Dr Maria Marecka, *newly appointed GP Trainee representative*
Dr Gareth Evans, *GP Advisor and Associate Medical Director (Urgent & Primary Care)*

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

1. **Presentation – Scottish Ambulance Service Clinical Hub** (Dr Gareth Evans)

Dr Gareth Evans gave a presentation on recent developments within the Scottish Ambulance Service and covered performance metrics such as incident numbers, response times and hospital turnaround times. An overview of the SAS Clinical Hub and the different SAS triage levels was also given. The Patient Transport Service was highlighted and GPs were asked to consider this option as an alternative to ambulance when patients are stable.

It was highlighted that service are currently recruiting for Patient Advisers, and anyone interested can contact Gareth for more information (gareth.evans4@nhs.scot).

The process for forward-booking of ambulances, more common in Out of Hours, was queried and Gareth has agreed to come back with further clarity on this.

While recognising that there will be instances where the level of service has fallen short of expectations, it was suggested that we apply a band of tolerance where this is appropriate, however in instances where patients are being put at risk as result, please feed back examples to Gareth.

A copy of the presentation slides will be issued with the approved minutes.

2. **Minutes of the last meeting 26th September 2022**

The minutes from the previous meeting were approved.

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

3.1 - **RG** to confirm once the amended Midlothian PCIP tracker (May) has been approved by local reps. **Update:** This is expected to be approved at the next meeting on 24th October. **Ongoing**

3.2 - **TG** to raise Vaccine Transformation Programme concerns with Dona Milne. **Update:** A meeting between Jenny Long, Dona Milne and Pat Wynne is scheduled for later in the week to discuss this. Further update to follow. **Ongoing**

3.3 – (c/f from Sept meeting) **Office** to discuss the removal of MHAS self-referral in Edinburgh with Andrew Watson at next meeting. **Update:** Rhona McLeod has confirmed that MHAS is still available as service, however access for patients is through the 111 service rather than direct number. This is to carry out first level triage and reduce the demand on the service. GPs are still able to access MHAS via the direct number. **NB** This approach is Edinburgh only, other approaches are in place in East Lothian, West Lothian and Midlothian. **CLOSED**

4. **Patient Registrations/Virtual Practice**

Discussions are taking place with regards to considering the likelihood of the proposed system becoming extremely saturated and whether a tele-consult option should also be considered as part of the City Medical Practice service. Edinburgh HSCP and Scottish Government are currently in talks regarding the structure and regulations.

In addition, a clinical group are currently working to provide insight into the various processes, considering what the patient safety issues could be and providing guidance on the wider process. The need to be careful about people's commitment to deliver what they sign up to.

It was noted that while lots of discussions are ongoing, it hasn't been confirmed whether the City Medical Practice will be set up or where it will be hosted.

Further updates to Committee will follow.

5. **Funding**

Committee discussed 2 recent announcements that will have a significant negative impact on Primary Care funding.

Primary Care Improvement Fund Clawback

Further to their "Primary Care Improvement Fund : Annual Funding Letter 2022-23" of 11th August 2022, Scottish Government announced in late September that the 2022-23 allocation will be £170 million (Scotland) as announced previously, less reserves held as at 31st March 2022. This equates to a funding clawback of £55 million across Scotland and an estimated £8-£9 million for Lothian. Scottish Government has committed to ensuring funding is available for any legal commitments signed prior to 11th August 2022 and we are currently speaking to HSCPs to identify any such legally binding elements.

This represents a considerable reduction in the funding available to HSCPs to be spent in support of General Practice, and while recognising that we're currently in very difficult fiscal times, there was concern that the message of 'spend it or lose it' that this decision implies may lead to future monies being spent in a way with less long-term benefit.

GP Practice Sustainability Payment 2022-23

On 14th October, Scottish Government announced that the £15 million GP Practice Sustainability Payment for 2022-23 – as previously announced in their letter of 29th

November 2021 and initially due to be paid in April 2022 – will now be reduced to £10 million as a result of inflationary pressures.

The Sustainability Payment is in recognition of unfulfilled elements of the 2018 GP Contract and the resulting impact on practices. The recent announcement has been received very negatively across General Practice, not least as it appears to have failed to recognise the impact of inflation already being felt within practices.

In summary, these recent announcements are very demoralising and carry the risk of destabilising General Practice which, if it were to happen, would result in significantly increased overall costs as a result.

6. **Locum Pay Rates in Lothian**

Committee were made aware that rates of payment for locum GPs in Lothian are not keeping pace with other NHS Scotland Board areas, with Lothian rates showing little or no change over the past number of years (2c rates have remained static since 2017).

This is resulting in many locums leaving Lothian to work in neighbouring Health Boards due to the considerably higher rates of pay and relatively close proximity. The impact of this is being experienced across Lothian practices who regularly struggle to employ locum GP cover for annual leave and emergency absence.

Tracey Gillies highlighted that it has been brought to the attention of Fife Health Board that they should be following set guidelines for 2c pay rates.

Committee thanked the LASGP community for raising this important issue. However, while it is important that we have locums to provide solutions for practices as without them practice stability is at risk, we also need to consider stability in the independent contractor market. We look forward to finding a pragmatic solution.

7. **IT**

GP IT Re-provision

Lothian Health Board looks to award the GP IT contract to Cegedim (Vision) and EMIS have withdrawn from the process. Looking ahead to roll out plans, EMIS users will be migrated last, and there will be fair opportunity for suitable training for all EMIS staff who are less familiar with the Vision tool.

Committee expressed their thanks to Peter Cairns and the team for their work on the Re-procurement process.

Printers and laptops

It was noted that the laptop rollout continues to cause a number of issues such as printer drop off, lost links, etc which is very frustrating for practice staff. While software fixes have been deployed, these don't appear to have resolved the issues and this is therefore being taken back to the next PCITOB meeting for further investigation.

AP – PC to provide an update on the ongoing printers and laptops issues following discussions at the next PCITOB meeting.

8. **Increases in Influenza and Streptococcal Group A cases**

A number of recent Public Health Scotland announcement raising awareness of an early increase in Influenza cases and current unseasonal patterns of Streptococcal Group A cases, and the resulting risks to GPs, were highlighted to Committee.

These announcements demonstrate the potential grim winter that Primary Care are facing, how much GPs are relied upon to support the general public and how we manage this as GPs in a safe and effective manner with finite resource.

9. **Pressures Across the Health & Social Care System**

The communication issued to practices on 4th October was highlighted. This was issued as a result of the system already reaching unprecedented levels of pressure earlier in the year than expected.

The overall aim of the communication is to increase awareness and smooth the system as much as possible. Practices were asked to look at buddying arrangements to support patients and each other as much as possible and make pathways work as best they can.

It was acknowledged that GPs are holding the appropriate levels of risk and that current referral levels are also appropriate, and appreciation of the work being done in all areas of the system was acknowledged.

It was highlighted that clear communications are needed, ideally through the Flow Centre, so that clinicians across the system are aware of what is available and the different referral processes. Contact has also been made with Scottish Government asking them to consider public messaging to help people to use the system wisely this winter, and encouraging take up of flu and COVID booster jabs to protect both themselves and the NHS.

10. **GPAS**

The first monthly GPAS report (September) was shared with Committee.

This is very powerful data that hopefully brings the pressures within General Practice into focus. The low return rates in South East Edinburgh were noted, and it was accepted that this reflects the increased pressures being faced in that locality. It was also highlighted that lower Clinical Activity numbers don't necessarily mean that a practice is quieter – it can be a reflection of a practice being at capacity and therefore only being able to deal with a limited number of emergency appointments.

It's hoped that GPAS will be seen as a really useful tool and it was proposed to keep this on the agenda as regular item.

11. **Anaemia Pathway Pilot update**

Following their earlier presentation at the August GP Sub Committee meeting, the Gastrointestinal team took onboard our comments and amended the pathway slightly. A pilot of the pathway has now been launched and will run until late December. There are some concerns around iron deficiency and menstruating women with inconsistent iron deficiency anaemia and we have fed this back to GI for consideration. Advice around challenge of iron will come from GI.

12. **Medical Directors Business**

12.1 – **Representative movements;**

i) **GP Trainee representative**

Committee welcomed Dr Maria Marecka who takes up the GP Trainee representative position until August 2023.

ii) **SE Edinburgh representative**

Dr Ramon McDermott has been re-elected as SE Edinburgh representative for the next 4 years.

13. **AOCB**

13.1 – **Challenging Behaviour Practice**

Committee were informed that Links Medical Practice (Leith) have taken on the Challenging Behaviour Practice which will be based at the Royal Edinburgh Hospital with its own dedicated phone line. Opportunities to extend access by offering a tele-service are also being considered.

Committee thanked Dr Jane Marshall and the team at Boroughloch Medical Practice for the work they've done with the Challenging Behaviour Practice up to now, and the considerable work by Links Medical Practice to get it transferred.

13.2 – **VTP Shingles and Pneumococcal Adverse Event GP Letter**

The recent communication issued to practices on 19th October was highlighted.

Following a recent adverse event, practices were asked to code the historic vaccine information for any new patient records not transferred by GP2GP before 19th December.

This is an unreasonable ask of practices, and while practices should do what they can, they are under no obligation to change their working practices in order to meet the deadline.

We have since fed back to Public Health on the insensitivity of their ask of practices.

Meeting closed.

Date of next meeting - **Monday 21st November at Novotel Edinburgh Park**

2022 Meeting Dates (4th Monday of each month unless highlighted)

Monday **19th** December (3rd Monday)

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

Monday **23rd** January (3rd Monday)

Monday 27th February (**Novotel – booked**)

Monday 27th March

Monday 24th April

Monday 29th May (**Novotel - tbc**)

Monday **19th** June (3rd Monday)

NO JULY MEETING

Monday 28th August (**Novotel - tbc**)

Monday 25th September

Monday 30th October

Monday 27th November (**Novotel - tbc**)

Monday **18th** December (3rd Monday)