

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 26th September 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 Elena Del Vescovo, Dr Elaine Duncan, Dr Fiona Ford, Dr Andrew Forder, Dr Rebecca Green, Dr Kerri Greene, Dr John Hardman, Dr Clementine Johns, Dr Hazel Knox, Dr Annie Lomas, 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 Suzy Scarlett, Dr Catherine Smith, Dr Shelagh Stewart, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Dr Ros Wight, Ms Tracey Gillies, Ms Jenny Long, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Morgan Flynn, Dr Jeremy Chowings, Ms Alison McNeillage

Welcome – Dr Elena Del Vescovo, *newly appointed LASGP representative (shared)*

Dr Fiona Ford, *newly appointed GP Retainer representative*

Dr Clementine Johns, *North West Edinburgh representative*

Dr Colin McArthur, *newly appointed Midlothian representative*

Dr Josie Evans, *Lead Healthcare Scientist, CARl team, Public Health Scotland*

Mr Kamil Orzel, *Project Support Officer, CARl team, Public Health Scotland*

Dr Kim Marsh, *Consultant, CARl team, Public Health Scotland*

Dr Ben Pearson-stuttard, *GPST3 at Linden Medical Practice (observing)*

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

1. **Presentation – Community Acute Respiratory Infection** *(Dr Josie Evans, Mr Kamil Orzel & Dr Kim Marsh)*

Guests from Public Health Scotland delivered a presentation on the Community Acute Respiratory Infection (CARI) surveillance programme set up to monitor patients who present to practices with acute respiratory symptoms.

The presentation covered the main objectives of the programme, the benefits to practices who participate in the programme and recent improvements to the process.

More coverage is needed in Lothian and the programme issued a plea to all practices to consider signing up. It was noted that a £15 incentive payment is currently made per swab submitted, and this is applicable to adults and children. Interested practices should contact the CARI team directly at phs.cari@phs.scot.

Committee thanked the team for their good work and it was agreed that copies of the presentation slides will be circulated to practices.

2. **Minutes of the last meeting 22nd August 2022**

The minutes from the previous meeting were approved.

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

3.1 - **Office** to discuss the removal of MHAS self-referral in Edinburgh with Andrew Watson at next meeting. **Update:** This was discussed at the August meeting between IM and Andrew Watson. An option is being considered that will stop direct calls into MHAS and instead direct through NHS24 if capacity allows. We are continuing to work with Psychiatry to clarify the position and will follow with confirmation to practices once known. **ONGOING**

3.2 - **TG** to discuss the requirements for 3 yearly cervical smear training with Rosemary Millar. Is this mandated and does it apply to GPs? **Update:** Rosemary Millar is sympathetic to our concerns and raised the risk of possible disengagement of GPs nationally after a number of similar requests for clarification. However, this is a national decision and there are currently no plans to reverse the decision. We will continue to voice our concerns. **CLOSED**

3.3 – *(c/f from May meeting)* Following a meeting with Midlothian GP reps, the edited draft of the Midlothian PCIP Tracker was submitted to HSCP Clinical Director and Chief Officer and we await confirmation of whether this has been accepted. **Update:** Rebecca Green confirmed that the Midlothian tracker was still to be approved by local reps and would confirm to Committee as soon as this is achieved. **ONGOING**

AP – RG to confirm once the amended Midlothian PCIP tracker (May) has been approved by local reps.

3.4 – *(c/f from May meeting)*. IT Service Line support hours provision was raised at PCITOB on 30/5, where e-Health agreed to look at the provision and costing of the additional support hours requested. Further updates to follow. **Update:** No further update although, while understanding the need, it was acknowledged that the cost to extend IT support is likely to be considerable. It was also noted that the outcome of the ongoing GP IT Re-procurement project may resolve this issue and therefore it may be the best decision to wait until more is known.

4. **Monkeypox** *(standing item)*

Lothian Monkeypox case numbers continue to be very low, with all those infected identified as having London contact. It was agreed that this would be removed as a standing agenda item.

5. **Ukrainian Refugees** *(standing item)*

While occupancy levels on the boat docked in Leith and various Lothian hotels remain saturated, the arrival of new refugees in Lothian appears to have ceased. The LES remains in place, and practices who expect to have refugees for 3 months or more should look to register these patients. It was agreed that this would be removed as a standing agenda item.

6. **Patient Registrations/Virtual Practice** *(standing item)*

Discussions regarding the treatment of Edinburgh HSCP patients who have attempted registration at a closed practice are ongoing, with the creation of a City Medical Practice moving closer to realisation. It was noted that a number of practices with closed lists are in South East Edinburgh, putting additional pressure on the need for a solution, and while recognising that the City Medical Practice is not an ideal solution or a replacement service, it appears to be the best option in a very difficult situation.

The working group will continue to engage with all stakeholders to provide as good a service as possible, however it was noted that this will be a second-class service compared to that of a standard practice. In order to ensure consistency, the GMS Contracts team will issue invites to patients to join the City Medical Practice and it's hoped that the duration of time that patients are on the list will be minimal, with this acting as a buffer for reintroduction to a 17j practice when capacity allows.

By capturing the number of patients unable to register with a local practice, it's hoped that Scottish Government will see the size of the problem that is currently being faced. With many Lothian practices already saturated, the need for new practices to be built with additional funding is the only real solution to this issue in the long term.

Concerns were also raised around the availability of staff to support the City Medical Practice.

7. **Changes to Vascular Waiting Lists**

Committee were informed that the Vascular Service are not currently offering surgery or angioplasty to any claudicants who smoke, unless there are exceptional circumstances, owing to the pressure on their service and evidence that intervention for claudication has poor outcomes in patients who continue to smoke. Vascular are also no longer seeing claudicants in clinic, if they are current smokers at the time of referral. They will look to step up their service as they're more able to do so.

Committee have raised concerns with this change in policy, highlighting that these patients symptoms will not be addressed and the resultant management of these patients will fall back on to GPs.

We remain hopeful that capacity will improve in the future and return to a fuller service for all patients.

8. **Vaccine Transformation Programme Concerns**

It was highlighted that since the full handover of the Vaccine Transformation Programme in May of this year, a considerable number of concerns have been received into the office regarding the various pathways and approaches.

Groups such as LICOG and the VTP group, previously the forums to raise these concerns, have since been stepped down while there has also been substantial change in Public Health Lothian at the same time. The office are hoping to meet with Dona Milne, Director of Public Health & Health Policy, to look at how we can improve patient pathways and make the vaccine process as safe and efficient as possible.

Tracey Gillies also offered to raise these concerns with Dona Milne.

AP - TG to raise Vaccine Transformation Programme concerns with Dona Milne.

In order to be able to better demonstrate the ongoing issues, it would be good to have examples, and representatives and practices were asked to send examples of vaccine concerns and issues to the office for collation.

9. **Cervical Screening Audit**

The "Scottish Cervical Screening Programme – Cervical Exclusions Audit" communication from Rosemary Millar, Public Health, and circulated to GP practices on 13th September was highlighted to Committee.

It was highlighted that, while the audit had not yet commenced, practices received payment for this in March. As there was no communication issued at the time, all practices are now advised to check that a payment was received and should contact LMC office if they haven't.

Practice payments are £2.75 for each patient who has been identified with either a "No Cervix" and/or a "No further recall" open exclusion who do not have a sub-total hysterectomy code on SMR01/02 (the sub-total hysterectomy cohort have already been audited).

The start date of the audit has been pushed back due to delays in the development of a national database on which to upload data from the patient record. It is now expected that the database will be in place in November. It was noted that Committee have fed back to the audit team that November is a busy time of the year for GP practices, and practices should not feel under pressure to start their audit straight away.

It was also noted that the initial plans included a financial reconciliation exercise in October 2022 to ensure that practices that faced additional costs for the audit work did not incur financial loss, and Committee are pushing to make sure this happens later in the year.

10. **GPAS**

Committee thanked those who joined the recent Launch Event for the GP Alert System.

There has been a good response from practices since the launch on 12th September and over 80 practices submitted their data in the most recent weekly return. It was noted that returns for the SE Edinburgh area are lower than in other parts of Lothian, and it was acknowledged that the increased pressure in this locality is likely to be a contributing factor. However it would be really useful to get a more representative picture of the area in order for the extent of any problems to be highlighted, and local area representatives were asked to encourage returns as much as possible.

We are currently building up the first few weeks of reports within the office and will look at how best to report this on a monthly basis to stakeholders.

Please continue to forward any questions on GPAS into the office.

11. **Medical Directors Business**

11.1 – **Representative movements;**

i) **Interim co-East Lothian HSCP Clinical Director appointment**

Committee noted that Dr John Hardman has taken on this interim role for the next 6 months.

ii) **Interim East Lothian GP Sub & LMC representative**

Committee welcomed back Dr Morgan Flynn who will take on the interim role of East Lothian representative while Dr Hardman is carrying out the interim HSCP appointment in (i) above.

iii) **North West Edinburgh representative**

Committee welcomed back Dr Clementine Johns after a period of absence. Committee also warmly thanked Dr Suzy Scarlett for deputising for Dr Johns and for her input to committee during that time.

iv) **GP Retainer representative**

Committee welcomed Dr Fiona Ford as the newly appointed GP Retainer representative for Lothian. Committee also warmly thanked Dr Catherine Ainscoe for her time and contribution during her time as rep.

11.2 – LMC Medical Director

Dr Jenny English has formally offered her resignation from the Medical Director post with effect from 30th November. Dr English will remain in the role of Midlothian representative on GP Sub Committee and LMC.

The Medical Director vacancy will be advertised shortly. Anyone who would like to know more should contact the office.

12. AOCB

None

Meeting closed.

Date of next meeting - **Monday 24th October 2022 via MS Teams**

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

Monday 21st November (3rd Monday) **(Novotel)**

Monday 19th December (3rd Monday)