

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 25th September 2023

7.30pm

Virtual, via MS Teams

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 Jenny English, Dr Andrew Forder, Dr Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr John Magill, Dr Jane Marshall, Dr Ramon McDermott, Dr Laura Montgomery, Dr Rory O'Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Shelagh Stewart, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Ms Tracey Gillies, Ms Jenny Long, Ms Alison McNeillage, Dr Jeremy Chowings, Dr Hayley Harris, Ms Alisson Stewart, Mrs Nicola Smith

Apologies – Dr Catriona Morton, Dr Catherine Smith, Dr Peter Cairns, Dr Colin McArthur

Welcome – /

Chair opened the meeting and warmly welcomed committee members.

1. Minutes of the last meeting 28th August 2023

The minutes of the previous meeting were approved.

2. Matters Arising / Actions from last meeting;

2.1 – (c/f) **CM** to feedback Committee's comments on the proposed changes to CAMHS Eating Disorders RefHelp guidance to the Eating Disorders team, and bring back a final draft proposal to GP Sub when available. **Update:**– **Ongoing C/F**

2.2 - **Office** to liaise with key stakeholders to look to expedite updates to eLJF to reflect clinical changes. **Update:** This has been raised with eHealth & Formulary teams. The Formulary team feel they are working at maximum capacity and unable to improve without additional resource. We will continue to lobby, however it is acknowledged that it will be difficult to progress when the team is quite small. **CLOSED**

2.3 - **Office** to consider any additional communication to practices regarding the follow-up monitoring of post-prostatectomy patients by Urology team. **Update:** See agenda item 4. **CLOSED**

2.4 - **Office** to considering feeding back any suggestions on how to relieve the district nursing workload to Pat Wynne. **Update:** Feedback as per the suggestions has been provided to Pat Wynne. **CLOSED**

2.5 - **Office** to communicate with practices to help with understanding the importance of GPAS data, and to ask them to continue submitting their regular practice returns. **Update:** An email was issued to practices on 30/8. **CLOSED**

2.6 - **Office/PC** to consider possible eHealth support/automation opportunities to assist with gathering of GPAS practice data. **Update:** C/F

2.7 - **KR** to ask how many x-ray referrals are upgraded from routine to urgent at next Radiology Primary Care Interface Group meeting. **Update:** Stephen Glancy is currently looking into this. Further update to follow.

2.8 – **JL** to look into the challenges with the expenses claim process for practices. **Update:** The specifics of the case discussed have been fed back to the relevant contacts in Edinburgh, however the wider approach across Lothian needs to also be reviewed, and this will be taken to primary Care Joint Management Group (PCJMG) for discussion. **CLOSED**

3. **SCI Gateway update**

Following the R21 upgrade to SCI Gateway carried out over the weekend on 12⁻¹³ August, a further update, R21.1, was carried out on 20th September with the main purpose being to resolve a number of the issues caused by the earlier upgrade.

Committee were pleased to report that the majority of issues now seem to have been resolved as a result, however it was noted that issues remain with mis-filing, and further communications regarding this are expected.

4. **PSA Follow-up**

A slide presentation of the new Urology-led post-prostatectomy PSA follow-up service was shared with meeting attendees in advance.

On receiving the slides, concerns were raised with Professor Alan McNeill with regards to who would be responsible for carrying out the phlebotomy work and how their results were handled. We are continuing to work with Professor McNeill with the aim of finding an acceptable solution for all, and following this, a communication will go out to practices clarifying the process.

Committee will be updated with any further news.

5. **SCA Approval Process**

The office were contacted by the Chair of the GP Prescribing Committee (GPPC) to raise awareness of the apparent lack of any GP involvement in the forming of Shared Care Agreements (SCAs), and the resulting expectations on GPs once SCAs are approved. It was also noted that there is currently no automatic pathway by which additional resource is allocated to deal with the increase in workload generated by approved SCAs.

It was highlighted that, as there is a desire to have more medications prescribed in the community, this impacts not only GPs but also HSCPs as more new medications require SCAs and monitoring.

This has been raised with PCCO and discussions are underway to consider a whole-system approach, in conjunction with GPPC and the Area Drugs & Therapeutics Committee (ADTC), with the aim of achieving a supportive mechanism for strategic and sustainable planning.

An example of the wider, whole-system approach being applied to the annual review of DMARDS Enhanced Service was shared with committee for information.

6. **Paediatric Bloods Wait Times**

It was noted that a number of concerns continue to be raised regarding the wait times for paediatric phlebotomy which are currently standing at 12 weeks. It was also noted that practices are now also receiving requests from paediatric services for their phlebotomy work as they don't have quick enough access to the RHCYP service.

There is a fundamental lack of clarification regarding who is responsible for providing paediatric phlebotomy and, despite our best efforts to have resolve this with the Head of Children's Services, it remains unclear.

Should the RHCYP be unable to provide this service, the potential for it to be provided in the community through CTACs was highlighted, however clear definition of the service to be provided, in addition to the appropriate training requirements for new community phlebotomists, is required.

Practices were reminded that paediatric phlebotomy requests need to be made via ICE, and recent positive feedback from RHCYP regarding this was appreciated.

7. Iron in Pregnancy Change

Details of the national Pregnancy-related Anaemia Management in Scotland (PrAMS) project, which aims to reduce the incidence of significant anaemia during pregnancy and after birth, were shared with meeting attendees in advance.

The pathway aims to complement the existing "[Anaemia \(iron deficiency\) in Pregnancy and the Postnatal period and the use of Intravenous Iron Therapy](#)" guideline.

The operating procedures can be found here. [PrAMS Standard Operating Procedure](#)

The vast majority of the work will be provided by the midwifery service, however GPs will still be needed to prescribe the higher dose of iron, although the number of prescriptions should reduce due to the change in baseline dosing.

Committee queried whether there were links to ante-natal protocols via RefHelp, particularly for higher-risk situations which GPs are asked to get involved in. It was agreed that the office would contact Rebecca Cheesbrough for clarification.

AP – Office to contact Rebecca Cheesbrough for clarification around the availability of antenatal protocols on RefHelp.

8. Dressings Prescriptions

It was noted that a number of GPs are receiving requesting from care homes, CTACs and district nurses to prescribe dressings due to a lack of nurse prescriber availability.

While the current district nursing workload challenges were acknowledged, it was felt that these areas should each have sufficient nurse prescriber resource available, and that the vast majority of dressings should be able to wait until resource is available.

It is hoped that we can liaise with the teams to get agreement on an inter-departmental approach for the majority of cases and agree a pathway for the most urgent cases to be referred to GPs, which should hopefully be quite rare.

AP – Office to contact Pat Wynne to discuss possible inter-departmental approach to dressings prescriptions and pathway for urgent-only referral to GPs

9. Managing Cows Milk Protein Allergy (CMPA) in Primary Care

An overview of the Infant Feeding Difficulty pilot currently running in 20 Lothian practices was shared with meeting attendees in advance.

The service prevents over and misdiagnosis of non-IgE CMPA for infants under 12 months old in the community as well as providing a clear pathway for infants diagnosed with CMPA. It also reviews infants over 12 months old with ongoing prescriptions for hypoallergenic formula.

The pilot has received lots of positive feedback, providing an excellent service for the management of more straightforward cases and it is hoped that this will be rolled out across Lothian in the near future.

10. **GPAS**

The August GPAS report was shared in advance.

The fluctuation from week to week was highlighted, reflecting that practices are carefully considering their true position from week to week. However the overall picture shows the strain being experienced across the system as a result of ongoing workload challenges and recruitment difficulties.

Practices were thanked for continuing to submit their weekly returns.

Committee queried whether any consideration had been given to the potential impact on GPAS reporting should practices adopt the BMA's Safe Workload Guidance. It was recognised that this would result in fewer contacts being made however, as stated in the GPAS reports, fewer contacts often reflects that practices are under increased pressure due to lower levels of available resource and therefore fewer appointments are offered. This was acknowledged, although concerns were highlighted that this could be misinterpreted by some recipients.

The telephony data gathering exercise currently taking place in East Lothian was highlighted. The high engagement rate was welcomed, and it was noted that some cleaning of the data is currently happening. Committee expressed their interest in the results.

11. **Lothian Interface Group minutes (June meeting)**

The minutes from the June meeting were shared for information.

As part of the Referral Pathways and Waiting Times (item 8) discussion, it was suggested that Lothian GPs may be over-referring pigmented lesions to Dermatology as only 3% of Lothian referrals turn out to be melanomas, compared to 9% of referrals from other boards. The question was raised as to whether any more details could be found out about this.

AP – Office to look to find out more detail behind the pigmented lesions referral rates for Lothian, as per LIG June meeting discussions.

Referring to the Waiting List Guidance (item 2.2), it was queried whether the remit of the current Out-patient group activity could be expanded to consider the findings of the recent NI Public Ombudsman's report into the impact on patients of wait times. The report identified harm to wait list patients due to lack of information, while also noting the consequences for Primary Care when these patients raised further queries about their condition and/or wait time, and it highlighted that Secondary Care were responsible for providing patient care relating to these issues.

12. **Medical Directors Business**

12.1 – **GP Sub Chair.**

Following the recent request for nominations, Dr Iain Morrison has been elected unopposed for a second 3-year term as GP Sub-Committee Chair. Executive Group self-nominations have now been requested.

12.2 – Sexual Health Group representative

Dr Catherine Smith has stepped down as the representative for this group and it was noted that Dr Jane Sweeney has taken this on. Committee expressed their thanks to Cathy for her time in this role.

13. AOCB

13.1 – The 2023/24 GMS uplift announcement confirmed by Scottish Government earlier in the day was shared with Committee shortly before the meeting. The announcement confirmed a 7% increase to the Global Sum, broken down as 6% increase to GP earnings, 6.5% to practice staff earnings and 6% for other practice expenses. This amounts to an overall uplift of 7.2% to national GMS when including population growth. It was noted that while this is one of the largest uplifts in the last 20 years, it is significantly below inflation. The BMA have reported that they are very unhappy at this outcome.

It was noted that this announcement failed to address the disparity from last year when GP staff uplifts did not match those of their Agenda for Change colleagues, and the resulting impact on staff morale and practice recruitment was acknowledged.

The most recent DDRB report was also highlighted for reading [Review Body on Doctors' and Dentists' Remuneration 51st Report: 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118441/Review-Body-on-Doctors-and-Dentists-Remuneration-51st-Report-2023-2024.pdf)

Meeting closed.

Date of next meeting - **Monday 30th October 2023 via MS Teams**

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

Monday 27th November (**Novotel**)

Monday 18th December (3rd Monday)