

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 30th September 2024

7.30pm

MS Teams

Chair – Dr Andrew Forder

MINUTES

Attendance: 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 Rebecca Green, Dr John Hardman, Dr Alexander Kelly, Dr Hazel Knox, Dr Jane Marshall, Dr Ramon McDermott, Dr Douglas McGown, Dr Laura Montgomery, Dr Iain Morrison, Dr Rory O’Conaire, Dr Nick Payne, Dr Katherine Robertson, Dr Kim Rollinson, Dr Suzy Scarlett, Dr Joanna Smail, Dr Deborah Strachan, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Laura Tweedie, Mrs Nicola Smith, Ms Jenny Long, Dr Jeremy Chowings, Mrs Nicola Smith

Apologies – Dr Hayley Harris, Dr Catriona Morton, Ms Alison McNeillage, Ms Tracey Gillies, Ms Alisson Stewart

Welcome – Ms Ann Wales, *NHS Healthcare Improvement Scotland*

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

1. Presentation – High Risk Prescribing Toolkit

Ms Ann Wales, NHS Healthcare Improvement Scotland, together with Dr Peter Cairns and Dr Michelle Downer, in their capacity as NHS Lothian Primary Care IT Operational Board members, gave a short presentation to committee on the High Risk Prescribing Toolkit. It was noted that this initiative has already been presented at GP Prescribing Committee and will also go to the Area Drugs and Therapeutics Committee for consideration.

Following a successful pilot of this software within a number of GP practices in NHS Lothian and NHS Tayside in 2023, both board areas committed to support the wider roll-out of this system which is designed to identify patient-specific high-risk prescribing and reduce clinical risks to patients.

The complexity of prescribing makes it increasingly difficult for clinicians to identify high-risk prescribing. The decision support tool is designed to mitigate the risk of medicine-related adverse events by providing clinicians with patient-specific alerts and recommendations based on active patient records and address issues that often only become apparent after a prescription is made. Overall feedback from the clinicians involved in the pilot was that this will be useful in medicines and long-term condition reviews as well as in routine clinical consultations.

The system supports both EMIS and Vision and the intention is for it to be launched across practices in tranches.

Following some discussion, committee confirmed that they were happy to support this through the next phases of consideration.

Committee thanked Ann, Peter and Michelle for their presentation.

2. Minutes of the last meeting 26th August 2024

The following change to Agenda item 8. Radiology Wait Times, paragraph 4 draft was proposed;

“It was acknowledged that the recent letter from Jim Crombie, NHS Lothian Board, stated that budget savings were being made with the aim to minimise impact to patients, however it has been clear from public NHS Lothian Board meetings that, in order to meet the significant financial challenge, there will be an impact to patient services. It was noted that the decision to halt locum spend and other waiting list initiatives across the board is particularly affecting Radiology.”

It was suggested that this decision is fed back to Scottish Government to provide evidence of the true impact of budget decisions. Jenny Long agreed to check the details of this decision before agreeing any next steps.

AP – JL to look further into the details/decision to halt Radiology wait time initiatives and how this fits with Jim Crombie's earlier statement that budget savings were being focussed on non-clinical areas."

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

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

3.1 - **JC**. Following on from email of 25th June, JC to email practices clarifying the claims process for the Hepatitis C blood tests for blood transfusion patients. **Update:** It was confirmed that, while there are more patients eligible to claim, the process for claiming remains the same. As a result, it was decided that there was no benefit from issuing a further email as this may be more likely to confuse. **CLOSED**

3.2 - **JC** to discuss with Pat Wynne whether a further update/reminder to Health Visitors and Health Visitor Leads is needed to reconfirm the position with accessing practice patient notes. **Update:** Following several discussions over the last few months, a further reminder has been issued to Health Visitors and we are hopeful that the position settles into practice. **CLOSED**

3.3 – **Office** to look into what referral pathways are in place across Scotland for ME-Chronic Fatigue Syndrome patients. **Update:** The position from other Board areas was requested and, from the responses received to date, it would appear that there are no other pathways in place across Scotland. **CLOSED**

3.4 – **JL** to look further into the details/decision to halt Radiology wait time initiatives and how this fits with Jim Crombie's earlier statement that budget savings were being focussed on non-clinical areas. **Update:** JL confirmed that it has been agreed through the Corporate Management Team to reduce the additional funding that previously supported locum services in Radiology. **CLOSED**

3.5 - **Office** to issue communication to practices in order to make them aware that some safety alarms may no longer be linked to the police, and allow them to make appropriate arrangements. **Update:** Communications have been issued to all Lothian practices. **CLOSED**

3.6 - **PC** to start discussions between NHS Lothian Digital Team and PCCO to look into acceptable alternatives to the current RICOH rental agreement for practices who are looking to procure new multi-function printing devices. **Update:** – Following discussion with both the Primary Care Services Manager and Technical Services Manager within eHealth, PC provided an update to committee. It was noted that a number of practices received multi-function printers some years ago for printing/scanning of prescriptions etc. A number of these are now failing and where they cannot be repaired, it would seem unfair to ask practices to purchase new machines through RICOH, and instead the cost of these should be covered by core GMS. For those practices who currently lease multi-function printers from other large companies, the view is that once their current lease ends, they should move their lease to RICOH.

It was questioned whether the procurement process is competitive enough as there should be a vested interest across the board in achieving best value regardless of who is ultimately paying for it.

It was stated that, while the overriding position regarding the restrictions against adding any machine to the NHS Lothian network is reasonable, the decision on whether practices need to switch their future lease agreements to RICOH still needs to be answered by Procurement. PC agreed to continue to raise and discuss this through Primary Care IT Operational Board (PCITOB). **CLOSED**

3.7 - **JC** to contact NES to discuss the cuts/proposed cuts to Practice Manager Vocational Training Scheme and also NES training for practice staff. **Update:** NES confirmed they are continuing to provide education and resources to support Practice Managers and practice admin staff, and summarised what is planned for delivery in the current year. Looking specifically at the Practice Manager Vocational Training Scheme, 22 trainees are due to complete the programme in December 2024. It was also noted that Scottish Government have asked NES to review how they deliver the

current programme and there will be further details on what this will look like in the New Year.
CLOSED

4. Facilities SLA Cost Pressures update

An update on recent activity was provided.

Work continues on the updated SLA contract and it is hoped that this will be ready to share with practices in the next few weeks.

The concerns of a number of practices around whether they should engage in the process while there's no proposed SLA to review or consider were highlighted, and it was felt that it was better for practices to engage and then appeal if required, rather than do nothing. It was recognised that the delay in producing the updated SLA is in part due to Estates' engagement with LMC who, after taking legal advice, proposed a number of changes to the previous draft of the SLA.

While acknowledging and appreciating the continued hard work of Jenny Long, Director of Primary Care, Chair expressed his concerns with the whole process, and it was noted that these have been raised with Estates, NHS Lothian Board and Scottish Government.

With regards to the appeals process, concerns were raised that practices are not able to attend their appeals meeting to represent themselves, and no notes or minutes from these meetings are made available to practices afterwards. It was also noted that, while practices need to comply with the very tight deadlines imposed by Estates, Estates have regularly failed to meet the agreed timelines to provide important information to practices.

The significant impact on practices and their patients was acknowledged, with considerable amounts of practice time having to be dedicated to data gathering and reviewing each week by partners and practice managers who are under intolerable stress.

Further updates will be brought to committee.

5. Shared Care Agreement (SCA) Ratification Process

The latest version of the SCA Ratification Process document was shared with committee in advance of the meeting. It was noted that this was not the final version and that a small number of amendments were still to be made.

The main changes to the document were highlighted and include a requirement for a representative of GP Sub-committee (or nominated deputy) to be part of the ratification process, with the ability to then progress to GP Sub-committee Executive Group or full GP Sub-committee if required/complex.

The requirement for the impact on primary care workload to be considered as part of the ratification process will also form part of the updated process document.

Committee acknowledged the benefits of embedding the SCA process in a sustainable way, while highlighting that all SCAs remain at the discretion of each practice.

The final version of the Ratification process document will be brought to the next meeting for information.

AP – JC to share final version of SCA Ratification Process document for information.

6. GLP-1 RA Weight Management prescribing

Committee were informed of a number of recent letters received by practices from NHS Lothian Dietetics Weight Management Specialist team, asking GPs to consider prescribing non-formulary medicines for weight management.

While each of the drugs in question [liraglutide (Saxenda), semaglutide (Wegovy) and tirzepatide (Mounjaro)] are Scottish Medicines Consortium (SMC) approved, semaglutide and tirzepatide are not currently on the NHS Lothian formulary. As a result, the Weight Management team are unable to prescribe these medicines and are asking GPs, as independent prescribers, to consider doing so, putting them in a very difficult position with their patients and asking them to go against formulary advice.

It was noted that the committee Chair has contacted Dietetics leads to raise our concerns with this approach, and has made it clear that until there is any specific direction otherwise, the prescribing of these medicines should remain the responsibility of the specialty.

While committee recognised the potential future benefits of prescribing these medicines, it was stressed that the approach going forward needs to be very carefully managed, including the appropriate funding and resource. A national obesity strategy with a supported framework that is both deliverable and sustainable is needed. The current approach doesn't deliver on any of these fronts.

Updates will come to committee following any further discussions.

7. Hepatitis B Vaccinations

Committee were informed of the notable decline in Hepatitis B immunisation rates in recent years which may, in part, be as a result of the wider removal of vaccinations from GP practices into the community.

It was highlighted that practices are able to deliver Hepatitis B vaccinations to their patients if they are attending practice for other reasons. Delivery of the vaccine attracts additional funding for practices, with the Drug Misuse Enhanced Service having been re-written to allow for this.

8. PCIP Tracker Meeting with Scottish Government

Following the letter to Scottish Government in May 2023 which raised committee's concerns with the validity of the PCIP Trackers, and our subsequent follow-up due to receiving no response, Neil MacRitchie and Jenny Long recently met with Scottish Government to discuss our concerns.

A number of committee concerns were highlighted, including the lack of detail requested in the trackers, our reservations on how that data is then interpreted and presented, and the resulting misleading picture of the level of contract implementation that is then shared with government ministers and the public. Committee's ongoing concerns around the disproportionate allocation of PCIP funding and lack of funding to meet the continued population growth in Lothian was also raised.

It was noted that, while our points were acknowledged, there was a general feeling that there was no promise of action to resolve or improve the position which is very disappointing.

In an effort to gain a more accurate view of levels of contract implementation across Lothian, we will be issuing a short survey to practices in the next few weeks which will allow us to compare against the data provided by the PCIP Trackers.

9. Cholesterol Limits Proposal

A recent discussion at Primary Care Laboratory Interface Group was highlighted to committee, where, as a result of making updates to their IT system, the laboratory team are revisiting what is considered to be normal level results across a number of areas. It was noted that, in general in most other areas, the top 3% of results are highlighted for attention and considered as higher risk.

Committee's views were sought on cholesterol limits. Currently in Lothian, cholesterol limits greater than 5 are highlighted, while the average [level of cholesterol](#) across the UK is 5.7. If the "top 3% of results" approach was adopted as in other results areas, the limit would increase to 6.7 which was felt to be too high.

It was proposed that the cholesterol limit for highlighting is changed from 5 to 6, and following some further discussion, committee agreed that this was a reasonable limit.

10. Redaction of Patient Information

Practices were reminded to redact all patient specific information from enquiries they submit to the office if it is not relevant to the enquiry.

It was also confirmed that, as per BMA advice, all patient specific information should be redacted from any correspondence a practice provides to a Solicitor.

11. **Items for information;**

11.1 – **Calls to GPs from Scottish Ambulance Service (SAS) Clinicians**

It was acknowledged that there has been an increase in the number of enquiries from SAS clinicians to practices to discuss patients they are in attendance with. While these interactions are helpful, the role of the GP is not always clear in these cases, particularly if a decision is required rather than just information sharing.

A helpful guide, produced by Forth Valley LMC, was shared with committee with the aim of producing a similar document within Lothian which would act as a helpful reminder of the main principles to keep in mind during these discussions.

Committee agreed with the overall aim of the document, and it was suggested that it would be helpful for this to be shared with the SAS team in advance of any distribution to agree any other key points.

AP – Office to share the proposed “Calls to GPs from SAS Clinicians” document with SAS team to agree and discuss any other points.

12. **GPAS**

The August report was shared with committee in advance of the meeting.

While there was some fluctuation from week to week which shows the variety of stresses in practice, the overall monthly position is mainly static when compared to the previous month.

Some of the most useful details in the report are the comments added by practices which highlight the ongoing difficulties securing locums and practice staff and the impact of other cost challenges currently being faced by practices.

13. **Medical Directors Business**

13.1 – **Representative movements;**

- **GP Retainer Seat**

Dr Joanna Loudon has taken on this representative seat and will attend her first meeting in October.

14. **AOCB**

14.1 – The meeting dates for 2025 are currently being finalised and invites will be issued shortly.

Meeting closed.

Date of next meeting - **Monday 28th October 2024 on MS Teams.**

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

Monday 25th November – **(Novotel)**

Monday 16th December (**3rd Monday**)