

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 13th January 2020

7.15pm

Novotel Edinburgh Park Hotel, 15 Lochside Avenue, Edinburgh EH12 9DJ

Chair - Dr Drummond Begg

MINUTES

1. **Attending** – Dr Drummond Begg, Dr Jenny English, Dr Iain Morrison, Dr Euan Alexander, Dr Robin Balfour, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Jim Cowan, Dr Elaine Duncan, Dr Agata Dunsmore, Dr Andrew Forder, Dr Kerri Greene, Dr Steven Haigh, Dr Katharine Hill, Dr Annie Lomas, Dr Ramon McDermott, Dr Catriona Morton, Dr Elizabeth Murray, Dr Nick Payne, Dr Kim Rollinson, Dr Amy Small, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Ms Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Nigel Williams, Ryan Addison

Apologies – Dr Peter Cairns, Dr Brian Cook, Dr Morgan Flynn, Dr Rachel Hardie, Dr Hamish Reid, Dr Sian Tucker

Chair expressed his sadness at recent news and on behalf of the committee expressed his best wishes to Dr Hamish Reid and family.

Chair welcomed attendees and introduced the guests for the evening;

- Dr Jeremy Chowings, *Assistant Director of Postgraduate GP Education*
- Professor John Gillies, *Honorary Professor of General Practice, University of Edinburgh*
- Professor Bruce Guthrie, *Professor of General Practice, University of Edinburgh*
- Elouise Johnstone, *Quality & Safety Improvement Manager, NHSL*
- Dr Rebecca Green, *GP Quality Improvement Joint Lead, NHSL*
- Ryan Addison, *newly appointed GP Sub Committee Practice Manager representative*
- Dr Katerina Tober, *GPST3, Penicuik Medical Practice*
- Dr Aileen Stirling, *GPST3, Penicuik Medical Practice*

2. Medical Education & Recruitment presentations

A number of presentations were given to committee on different aspects of Medical Education and Recruitment. (Copies of all presentations will be circulated to all Lothian practices and will also be available to view on the Lothian LMC website).

1. **Academic Careers** - presented by Professor Bruce Guthrie

Professor Guthrie presented the slides issued in advance which highlighted the different academic career options in General Practice, the entry points into these and other academic opportunities that are available.

Professor Guthrie informed committee that there are no set requirements or pre-requisites for fellowship programmes, and that anyone interested should get in touch with the relevant area academic programme.

Action – KT to update fellow associates-in-training of this information.

It was noted that some research funding is available, with RCGP Scientific Foundation Board paying to backfill GP time up to a specified limit.

2. The Future of Undergraduate Medical Education in General Practice – presented by Professor John Gillies

Professor Gillies presented the slides issued in advance which highlighted why we need to re-think undergraduate medical education, recognising the projected change in Scotland's population over the coming years, the changes to the primary care workforce as a result of the 2018 GMS contract, and the Scottish Government's aim to increase the number of GPs in Scotland by 800 by 2028. As part of the presentation, Professor Gillies emphasised the importance of positive role modelling

A number of recommendations also formed part of the report, including a rise in the tariff for clinical teaching in primary care from £40 per student per session to £85 (recommendation 5). Committee asked that this increase was future-proofed by way of an annual uplift in line with annual salary increases.

It was noted that Out of Hours general practice could be targetted for increased teaching, along with Remote & Rural and Deep End practices. It was also noted that the premises funding recently announced by Scottish Government included an allowance specifically allocated to increasing provision for training.

Questions were raised around how we might pool resources with HSCPs and other bodies where appropriate in order to gain maximum return/outcomes, eg numerous requests for internet access.

3. Postgraduate Training – presented by Dr Jeremy Chowings

Dr Chowings presented an update on postgraduate education and recruitment.

The Scottish Government decision that almost all new foundation posts should be in General Practice was highlighted, which will result in an increase to

approximately 50% of Scottish FY2s with a GP post in 2023, (approximately 25-30% currently). This equates to an additional 16 Foundation GP posts in South East Scotland.

Committee reacted positively to the changes to workplace based assessments, with the reduced workload for both trainers and trainees being welcomed.

The opportunity to maximise on the expertise of past trainers in support and mentor roles was highlighted – this issue is being taken to the Specialty Training Board for discussion (ADB will be attending the regional Specialty Training Board in February).

It was noted that there is currently no specified funding or time allocated for training and supervision provided in Out of Hours. DS informed committee that discussions are currently underway regarding this and it is hoped that a proposal will be formed in the next few months.

Chair thanked Professor Guthrie, Professor Gillies and Dr Chowings for attending the meeting and for bringing committee up to date on these subjects.

3. Quality Review

GB referred to the “Review of GP Cluster working in NHS Lothian” report issued in advance of the meeting, and highlighted the key points and findings;

As part of the 2018 Scottish GMS Contract, GP Sub Committees were given responsibility for ensuring the effective collaboration between the GP Sub Committee, NHS Board and CQLs (Cluster Quality Leads). As a result, NHS Lothian GP Sub Committee commissioned this report to review the current working arrangement across Lothian.

A number of interviews took place which enabled a detailed questionnaire to be produced and issued to all CQLs, looking specifically at knowledge, support, influence and governance.

Based on the responses, a number of recommendations were made. At the highest level, these are;

- Structural support changes
- Ensure current support structures are present and effective
- Improve effective Cluster working
- Develop capable Cluster influencing

With regards to implementing these recommendations, the report proposed that the GP Tripartite Group was formalised and embedded within a newly formed Quality sub-group, forming part of the local GMS Oversight structure. The group should consist of all CQLs and representatives from the GP Sub-Committee, HSCPs and NHS Lothian.

Elouise Johnstone, Quality Improvement Manager, expressed her gratitude to GB and JE on the work done during this review. The high levels of retention within CQLs across Lothian was also noted.

Dr Rebecca Green shared that the Quality Improvement Team had collected anecdotal evidence which supports the report's findings and they are currently looking at what can be done to improve, particularly in the areas of knowledge and support. A report detailing the findings, recommendations and actions from the Quality Improvement team was shared with committee and it was agreed that this, along with the GP Cluster Review paper would be circulated to all GP Practices in Lothian, all contributors and CQLs.

AP – LMC Office to circulate “Supporting Lothian’s Cluster Quality Leads” and “Review of GP Cluster working in NHS Lothian” papers to all Lothian GP practices, all contributors and CQLs.

The reports were very well received by committee, and the work carried out by the Quality Group in providing support was also recognised. It was also recognised that in areas where there is a cohesive approach and joint philosophy with HSCPs and CQLs there have been very favourable outcomes.

Concerns were noted around the current challenges for PQLs due to lack of resource and funding. It was also highlighted that all 3 East Lothian CQLs are stepping down and there are concerns around the current level of interest for replacements.

Chair asked for Committee approval of the paper and its recommendations in advance of it being taken to GMS Oversight Group. Approval was given.

AP – LMC Office to arrange for “Review of GP Cluster working in NHS Lothian” report to be added to GMS Oversight agenda.

4. **Minutes of last meeting 9th December 2019, for approval**

2. **Diabetes MCN**, 3rd paragraph to be amended to read;

“...40,000 with Type 2 and 4,000 with Type1.”

Following this amendment, the minutes were approved.

5. Matters Arising/Actions from last meeting

5.1 Diabetes MCN team are working on proposal to bring back to GP Sub Committee. **ONGOING**

5.2 LMC currently producing a list of GP Sub Committee reps on each GMS contract workstream for issuing to committee. **IN PROGRESS**

5.3 LMC office fed back committee's comments on Orthopaedics Opt-in Approach to Chris Myers. **CLOSED**

5.4 TG is continuing to progress the current RHSC bloods process and will provide an update to committee once complete. A number of additional recent examples were given at the meeting and TG asked that the specifics of these cases were forwarded for inclusion. **ONGOING**

AP – JE and **AD** to pass details of the RHSC bloods service examples shared with committee to TG.

6. Chair's Business

6.1 General practice review of onward referral of patients by consultants

It was agreed that this agenda item would be carried forward for discussion at the February meeting.

AP – LMC office to carry forward "General practice review of onward referral of patients by consultants" agenda item to February meeting

6.2 Communication of Death in Primary Care with Secondary Care

Chair highlighted the paper issued in advance of the meeting, and TG informed committee that she will investigate further before feeding back to committee at a future meeting.

AP – TG to investigate "Communication of Death in Primary Care with Secondary Care" and provide further update to committee.

7. Halfway Point Questionnaire

Chair highlighted the papers issued in advance and acknowledged the good work done by the team involved, led by Anna Cunningham, with the outputs from this activity helping to inform next steps in the transformation programme.

Committee were asked to forward any queries to AMcN for feedback to the survey group. It was also agreed that any HSCP specific points will also be fed back to the relevant HSCP director(s).

AP – ALL to feedback any queries from the Halfway Point questionnaire to AMcN.

8. GMS Oversight Group update

Chair highlighted the draft minutes from the December GMS Oversight meeting, and expressed his thanks to the secretariat of the GMS Oversight meeting for enabling these to be available for this meeting.

As these minutes were issued shortly before the meeting, it was agreed that this agenda item would be carried forward to the February meeting for any further discussion or comment.

AP – LMC office to add GMS Oversight / further comments from December minutes to February GP Sub Committee agenda

9. Sexual Health Programme Board update

AL summarised the main changes as detailed in the paper issued in advance of the meeting. A number of points were discussed;

- Asymptomatic patients, Implanon and IUD insertions should now book an appointment rather than walk in for Chalmers Clinic and Howden Health Centre. Walk in is still available at both sites, however unless symptomatic, these will be signposted to the booking service or given an appointment for a later date.

Current wait times for implants were queried, along with confirmation of the different ways to make an appointment, recognising that not everyone will be able to do this online. AL agreed to come back to committee to confirm.

AP – AL to confirm the current wait times for implants, and also to confirm the options available for making an appointment at Chalmers Clinic and Howdens.

- As part of the three deliverables agreed for the programme over the next 12 months, it was highlighted that a working group will be set up to look at increased delivery of IUD services in primary care and they will be looking for volunteers keen to be involved in this initiative. The question around resourcing and funding should IUD services move into primary care was raised, and AL took an action to look into this further.

AP – AL to look into the transfer of resources/funding if IUD work moves from Chalmers to GP practices.

10. Transgender Prescriptions & Monitoring

Chair updated committee on requests from the Gender Clinic for prescriptions and monitoring to be undertaken by General Practice. There has been communication to the LMC Office from constituents raising concerns about the current situation.

It was noted that CM is currently involved in some work in this area which will be taken to Chairs Group before being brought to GP Sub Committee for discussion.

Recognising that the Gender Clinic is an NHS service, committee agreed that we should engage with them to discuss and define an agreed process. It was suggested that Chris Bruce, Equality & Diversity Lead, should also be engaged in these discussions.

In the meantime, committee agreed that as there is currently no clear pathway or process in place, it is an individual practitioner's choice/decision on whether to provide the requested treatment based on their clinical knowledge and expertise.

11. Medical Secretaries' Business

None

12. AOCB

None

The meeting closed.

Date of next meeting – Monday, 10th February 2020