

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 11th March 2019

7.00pm

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

Chair - Dr AD Begg

MINUTES

Welcome: Dr Agata Dunsmore, Dr Andrew Forder, Dr Patricia Donald, Dr Richard Williams

1. Apologies - Dr Catriona Morton, Dr Rachel Hardie, Dr Theresa Cameron

2. Welcome newly elected LLMC Representatives

Chair introduced and warmly welcomed 2 new LLMC representatives;

- Dr Agata Dunsmore, GP Retainer representative
- Dr Andrew Forder, representative for East Lothian

3. Welcome – Dr Patricia Donald & Dr Richard Williams, Non-Executive members, Lothian Health Board

Chair introduced Dr Patricia Donald and Dr Richard Williams to the group and thanked them for joining us. Chair encouraged committee members to use this opportunity to ask questions of our visitors in order to get their well-rounded, experienced views.

4. “Lothian Health Board – A view from Non-Executive Board members”

Dr Richard Williams gave a brief presentation on the strategy, aims and challenges across Scottish Government, NHS Lothian and HSCPs in the near future and shared his aim that their role as Non-Executive Directors is to be a listening ear working with GPs to help this to happen.

When asked what GP Sub Committee and LLMC could do to help them, Dr Williams replied that improved communication would be good, adding that he wasn't sure that the Board hears enough about the good work that GP Sub and

LMC are doing. Dr Donald asked committee members whether the innovations they hear about at Board level are the ones that we as GPs feel should be taken forward.

It was shared that the Board will have a clear focus on meeting targets pre-elections in May 2021. However, post-election, there may be opportunities to look at targets to focus on prioritising care. Clusters were also seen as good opportunities, with the potential to get things done.

CB asked what the Board's model is for making sure that the voice of General Practice is heard. SH added that GPs have made it clear that they want to see delivery of the new contract however it's difficult to take things forward with a diminishing budget. MF added that GPs have little or no capacity to take on much more than they are already doing.

ED shared frustrations around the processes within the support services to the frontline such as HR, and the urgent need to improve these processes, remove impediments and make the organisation more agile. These support services are key to supporting the day-to-day work of GPs and need to be less painful to use.

RW wrapped up the discussion by focusing on the opportunities – real money is coming into Primary Care and he is keen that GPs get a say in how that is spent. It was recognised that our systems need to be better and that practices don't have the time or resource needed to do everything, however Clusters could be a real opportunity to move things forward.

5. Minutes of last meeting held on 11th February 2019.

Approved.

6. Clinical Governance of Advanced Practitioners

Chair summarised the paper issued in advance and asked the committee for any comments.

RW commented that the paper was very helpful although possibly not detailed enough.

DS made the committee aware that a similar paper for Physiotherapists is being produced.

JC raised a concern around how this might be interpreted by some of our nurses, specifically where it states they need to have (direct) access to a doctor during the day. SH queried whether "direct" was the word that could be misinterpreted

and suggested that “prompt” may be a more suitable alternative and it was agreed that this would be amended.

ACTION – LMC OFFICE

JC asked whether these guidelines would be mirrored by NMC guidance in order to reduce ambiguity. Chair agreed that LMC office would take this forward.

ACTION – LMC OFFICE

The proposal was approved with suggested adjustments.

7. GMS Oversight Group

DS provided a brief summary of the most recent activity and the latest meeting held on 28th February 2019.

3 colleagues from Scottish Government Primary Care Division attended the most recent meeting, and this had proved to be beneficial as they were able to provide clarification on a number of points during the discussion.

DS made the committee aware that Primary Care Improvement Plan updates are due from HSCPs in April. Chair added that in order to meet the Scottish Government deadline, HSCP reps are bringing broad outline plans for review to the April GP Sub Committee meeting, with more detailed plans being brought to the June meeting.

DS shared that there have been some good examples of the way the GMS Oversight Group works, with good opportunities to resolve issues recently being experienced.

8. NHS Lothian Malnutrition Care Pathway

Chair referenced the Malnutrition Universal Screening Tool (MUST) and Food First Nutritional documents issued in advance.

JH questioned whether GPs were still able to prescribe Oral Nutritional Supplements.

After some debate, a general consensus was reached that GPs should not prescribe and instead use the dietetics service, unless the dietetics service fails to deliver an appropriate accessible service to people in need.

SH added that the key to the success of this approach is the speed of the dietician’s response, and it was agreed that if the MUST score is 2 or more, a reply should be received within 1 week.

Chair added that if this approach is deemed to be of use, there needs to be clear guidelines, and agreed that LMC Office would feed back our concerns.

ACTION – LMC OFFICE

9. AOCB

On behalf of GP Sub Committee and LLMC, Chair thanked Dr Sue Cobbett, who is stepping down as representative for South West Edinburgh, for her valued contribution to both GP Sub Committee and LLMC over the last 10 years, and wished her well in her forthcoming retirement.

Date of Next Meeting – Monday, 15th April 2019

Future meeting dates

Monday, 13 May
Monday, 10 June
Monday, 12 August
Monday, 9 September
Monday, 14 October
Monday, 11 November
Monday, 9 December