

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 13th May 2019

7.30pm

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

Chair - Dr AD Begg

MINUTES

Guests: Dr Lucy Abraham, Veterans F1rst Point Lothian
Callum Gillespie, GP trainee, Craighill Practice

- 1. Apologies** - Dr Jenny English, Dr Ros Wight, Rachel Hardie, Dr Nigel Williams, Dr Carl Bickler, Dr Stuart Blake, Dr David Cuthbert, Dr David Wilson

2. Welcome

Chair introduced and warmly welcomed;

- Dr Nick Payne, newly appointed LLMC representative for SW Edinburgh
- Callum Gillespie, GP trainee at Craighill Practice
- Dr Lucy Abraham from Veteran's F1rst Point Lothian

3. Veteran's F1rst Point – presented by Dr Lucy Abraham

Dr Abraham gave a brief overview of Veteran's F1rst Point, a service resourced by NHS Lothian staff that provides evidence based treatment to patients who have served in HM Forces for 1 day or more.

Dr Abraham summarised the range of help services that they offer, and added that very positive outcomes have been evidenced for patients who have been involved with the service over a 1 year period. It was also noted that representatives from the service attend meetings with the Ministry of Defence to share information and trends, with the aim of mitigating issues going forward.

The service helps all veterans whatever their needs may be, but while they have onsite psychology/psychiatry to deal with mental health issues, they have supported onward referral for physical health problems.

A number of committee members shared their positive experiences of the service within their practice areas.

Patients can be referred via their GP by email or phone. Patient can also self-refer.

A copy of Dr Abraham's presentation slides will be circulated around all practices for information.

ACTION: LMC OFFICE

4. Minutes of last meeting held on 15th April 2019

The minutes of the last meeting held on 15th April 2019 were approved subject to the following amendments;

(i) 6. West Lothian HSCP – “Mental health hubs are due to open on the 24th June”

(ii) 9. Dermatology Referrals – “Concern was raised about rejection of referrals from trainees and ANPs in particular” to

“Concern was raised around the sentence in the Dermatology letter which states “Please be advised that referrals not adhering to Primary Care management as outlined in these guidelines will be cancelled and the referrer redirected to the Patient Pathways”, and the concern about rejection of referrals from trainees and ANPs in particular.”

Chair assured the Committee that these concerns are appreciated and that discussions are ongoing regarding how dermatology can improve their access for our patients. Chair expressed the fact that all GP trainees should have appropriate supervision in place and only refer within their competency or seek senior review prior to doing so.

5. Matters Arising/Actions from last meeting;

5.1– Recommended Drugs to be used in the Primary Care management of IBS. IM summarised the concerns raised about national pathways and a number of drugs on the therapeutic list that aren't approved by Lothian Joint Formulary.

In a separate conversation outside the meeting with Alan Shand, it was confirmed that there are no imminent plans to change IBS therapies locally, and that any proposed changes will follow the usual Refhelp process.

5.2- 8. GP Assignment Policy.

Chair provided an update on whether practices are obliged to carry out home visits for patients who are assigned to their practice but live outside the practice boundary area. It was confirmed that if a patient is registered with a practice, the duties under the contract to that patient remain.

5.3 - 13. AOCB. 13.1.1 LUCS update.

It was noted that the May shifts in SJH are now covered, although there are similar issues with June nights which it is hoped will also be covered. While received positively, it was recognised that this was not a long-term solution.

6. Chairs Business

6.1 – “Let’s Prevent” update

Chair highlighted the current East region project ‘A Healthier Future’ and asked committee for any comments.

The importance of diagnosing undiagnosed diabetes was recognised, however concerns around the volume of blood tests being done and the opportunity for these to be picked up by CTACs in future was also noted.

Chair suggested we take forward the balanced approach detailed in the paper and this was agreed.

7. Quality Tripartite Group/National Guidance

Chair introduced the quality aspect of the contract and handed over to GB who explained the background to the Quality Tripartite Group and summarised the attached paper.

The committee were asked for their comments.

The need to line up with and/or include complimentary work being carried out across LHB was highlighted.

GP Sub Committee agreed with the direction of travel and proposal for a Quality Tripartite Group to be formed. There was overwhelming agreement that there should be collaboration at the heart of the Group’s purpose.

It was agreed that GB would bring back a further update following the initial scoping exercise.

ACTION: GB

8. Exceptional referral Protocol

IM summarised the circulated document, which can be used as a useful reference piece when needed.

9. GMS Oversight Group

9.1 GMS Oversight meeting 18th April draft minutes

The draft minutes were taken as read, for information only.

DS provided a brief update on key developments;

- CTACS work is going well, with plans to pilot in Sighthill and East Lothian.
- Vaccination Transformation. The last of the under 5s vaccinations are now being completed. Each practice will shortly be advised of their retained funding.
- Workforce. ANP training is underway for LUCS and Primary Care, and this programme is likely to be expanded. Edinburgh and East Lothian are looking to increase ANP numbers although it was noted that care needs to be taken not to destabilise the system by taking staff from OOH to daytime hours.
- Advanced Physiotherapist Practitioner courses are being run in QMU
- Edinburgh College is doubling the intake for Pharmacy Technicians course.

9.2 National Oversight Group PCIP Guidance

Chair highlighted the National Oversight Group PCIP Guidance document which had recently been made available and it was noted that earlier sight of this document would have been helpful in the production of the PCIPs.

DS shared that he also discussed this with Richard Foggo who recognised the timing issue. However, we can use the document as a useful guide for the next iteration due in June.

Chair proposed that we continue with the approach agreed and minuted at the April GP Sub Committee meeting with regards to the June iteration of PCIPs and this was unanimously agreed.

10. Gastroenterology AI/Referrals

CM summarised the slides issued in advance and highlighted work ongoing with Lorna Porteous (Cancer Referrals Guidance) and the Referrals team.

11. Medical Secretaries Business;

11.1 Indemnity for MDT members

IM summarised the letter issued in advance.

The question was raised as to whether this also covered non-MDDUS practices. SGPC has not asked all providers but it is their belief the same should apply. However, non MDDUS practices should check with their indemnity provider to be certain. JE to circulate confirmation email to practices.

ACTION: LMC OFFICE

11.2 – GMS Contract/GP Sub Committee roles & responsibilities

IM summarised the paper issued in advance that was discussed at the recent Medical Secretaries Day. This was seen as a helpful reference document which covers the GP Sub Committee role in reviewing PCIPs and relationships with tripartite groups.

Chair highlighted the approach to funding highlighted in the paper, and it was noted that it must be spent to achieve the agreed contract aims.

12. CMO National Guidance for Monitoring Lithium

SH passed on his congratulations to LMC and any GPs who wrote to object to the previous monitoring recommendations. Our input made a difference and regular ECGs have now been removed.

Chair also added his thanks.

13. Scottish School of Primary Care Conference, 28th May 2019.

Chair highlighted the conference and strongly recommended all GPs to attend. Representatives were asked to disseminate through their networks over the coming weeks.

14. PCITOB Meeting notes & actions

The attached paper was for information only. No questions were received.

15. AOCB

None.

Date of Next Meeting – Monday, 10th June 2019

Future meeting dates

Monday, 12 August
Monday, 9 September
Monday, 14 October
Monday, 11 November
Monday, 9 December