

GP SUB-COMMITTEE OF NHS Lothian Area Medical Committee

Monday 11th November 2019

7.15pm

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

Chair - Dr Jenny English

MINUTES

1. **Attending** – Dr Jenny English, Dr Iain Morrison, Dr Robin Balfour, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Jim Cowan, Dr Agata Dunsmore, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Steven Haigh, Dr Janet Henderson, Dr Katharine Hill, Dr Annie Lomas, Dr Ramon McDermott, Dr Catriona Morton, Dr Elizabeth Murray, Dr Nick Payne, Dr Hamish Reid, Dr Amy Small, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Laura Tweedie, Dr Ros Wight, Dr Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Sian Tucker

Apologies – Dr Euan Alexander, Dr Drummond Begg, Dr Carl Bickler, Ms Theresa Cameron, Dr Elaine Duncan, Dr Rachel Hardie, Dr Jon Turvill, Dr Nigel Williams

Chair welcomed attendees and introduced the guests for the evening;

Patricia Brooks Young, Lead Nurse Palliative Care

Orla Prowse, Non Medical DNA CPR Project Lead

Catriona Drummond, Clinical Nurse Manager, District Nursing

Dr Catherine Smith, newly appointed LMC rep for NW Edinburgh

Dr Fiona Ford, ST3, West End Medical Practice

Mr Mark Hunter, Head of Finance, PCCO

2. **Non Medical DNA CPR Presentation** (*presented by Patricia Brooks Young, Orla Prowse and Catriona Drummond*)

Patricia, Orla & Catriona summarised the pilot programme to support senior non-medical practitioners: clinical nurses and physiotherapist practitioners band 6 and above, to lead anticipatory care planning discussions with patients and families, including decisions re CPR/DNACPR, and to complete NHS Scotland DNACPR forms as 'person recording this decision' and as 'responsible clinician' as appropriate to their role within the multi-disciplinary team. The development and evaluation of this advanced practice role was summarised including the

positive impacts on care for patients and families and the multi-disciplinary team. The requirement for a clear support and governance framework has been emphasised by the professional bodies for both nursing and physiotherapy. Within Lothian, participants must be senior practitioners who require to undertake this as an integral part of their post, in order to achieve and maintain competence. Service leads should ensure that discussions with the relevant senior medical staff ; GPs, consultants etc as appropriate, have taken place in advance of the practitioner undertaking the required training programme- to ensure this role is recognised, supported and works effectively. This is straightforward where practitioners work with a designated MDT and GPs. It was noted however, that in case of practitioners that work across GP teams e.g. IMPACT, then it will not be possible to discuss this with every GP. The committee noted the points raised and as outlined in the accompanying paper. The committee recognised this advanced role as positively contributing to quality of care for patients and families, and agreed support for this role in primary care across Lothian, including those practitioners that work across GP practices.

3. Minutes of last meeting, 14th October 2019

4.1 to be amended to include;

“Committee agreed that the slide presentation be shared with GP practices across Lothian.”

Following the amendment above, the minutes of the meeting held 14th October 2019 were approved.

4. Matters Arising

4.1 – Work is underway and will be discussed further at Chairs Group before being brought back to committee. **ONGOING**

4.2 – Discussions have taken place with Dr Dan Clutterbuck, Clinical Lead for Sexual and Reproductive Health, and will also be discussed at the next Programme Board meeting before bringing back to committee. **ONGOING**

4.3 – This is on the agenda to be discussed at the next informal GP Sub/PCCO meeting. **ONGOING**

5. Chair's Business

5.1 Weight Management Programme

Chair summarised a recent presentation delivered to Chairs Group by NHSL Weight Management Service, highlighting the work currently underway as part of Tier 2 of this programme, "Get Moving with Counterweight" which offers an initial 12 week programme with follow up sessions at 6, 9 and 12 months. This can be accessed through self referral.

5.2 Carers (Scotland) Act 2016

Chair summarised a recent presentation given to LMC Office by Alison Jarvis (Nursing in the Community) which highlighted the requirements for all staff involved in discharging patients who require support to identify, involve and inform unpaid carers of the services available to support them.

While this is mainly the responsibility of secondary care colleagues, it's useful for those in primary care to be aware of this due to the impact of discharge on their services and their involvement with carers once someone is at home.

Posters have been issued to practices and there is a short 4 minute video available via this link <http://vimeo.com/362951019>, password = section28. Practices can also take up the offer of a short briefing to help understand how staff can support carers. Anyone interested should contact LMC office to arrange.

It was noted that there was nothing in the documentation or video that referred to Advanced Care Planning (ACP) and that this might be a useful link for carers.

Action – LMC Office to contact Alison Jarvis to suggest that a reference to ACP could be included in the information material.

6. IT Update

PC presented an update to committee on IT activities currently underway and planned for the near future.

GP IT Re-provisioning is aiming to complete by 2021. There are a number of key decisions to be made with respect to system choice - most immediately whether this process is approached on a 'Once for Lothian' basis. There remains considerable uncertainty regarding some aspects of the re-provisioning process. It was highlighted that the process of identifying a preferred product is only a small part of a successful Primary Care eHealth strategy - it would also be important to use this process as an opportunity for us to think about what we need our data and systems to do for us particularly in respect of Primary Care Improvement Plans.

It was noted that Out of Hours is not in scope of this change, and therefore there it cannot be assumed that there will be a change from the current levels of connectivity between In Hours and Out of Hours following the roll out of the new software (although the interoperability capability of the next generation GP IT systems should be enhanced in general).

A concern was raised regarding the lack of computers/laptops within some practices which presented difficulties when trying to accommodate visiting specialists. It was agreed that where this is an issue that can't be worked around, it should be raised with the relevant HSCP who are responsible for funding any kit and any ongoing monthly support costs.

It was noted that eHealth were previously responsible for supplying the additional kit, but it was unclear when this changed to the HSCPs. TG offered to find out when the change took place.

Action – TG to confirm when responsibility for IT kit and maintenance costs moved from eHealth to the HSCPs.

7. **GMS Oversight Group**

DS informed committee that the October GMS Oversight Group meet had been postponed, therefore there was no meeting update available.

Upcoming key activities were highlighted;

- Final draft of the Travel Health plan is due in December and may require final sign off by the committee
- Mid-term reports for the Memorandum of Understanding are in progress
- Finance and IT Reprovisioning updates will be brought back to committee in December

8. **Finance**

Mark Hunter provided an update on a number of Finance papers issued in advance of the meeting and highlighted the tripartite working approach that is being taken, with GPs being involved in decisions. It was also noted that where funds are held by IJBs, decisions on spend must also be approved by GP Sub Committee.

8.1 PCIF Funding - Dedicated funding for the sole purpose of delivering services as identified in the 6 areas of the Memorandum of Understanding. . Allocated to individual IJBs for spending within their local areas. There may be circumstances where small amounts of PCIF funds may support limited, non-recurring investments in IT, premises or training however this is only with

agreement with GP Sub Committee. All Lothian IJBs are reporting that they will spend the 2019/20 allocation, so no predicted underspend.

8.2 Digital Improvement – £457k awarded to Lothian for 2019/20, allocated to eHealth. Target areas for spend include improvements to wifi, support of IT improvements across GP practices and the wider multi-disciplinary teams, and access improvements for remote & rural practices, mainly outside Lothian. eHealth will report back by end of 2019/2020 on how money has been spent.

8.3 Premises Funding - £742k awarded across Lothian and split by IJB. 60% of funding is given up front with the remainder drawn down as needed. Target areas for spend of funds are digitisation of paper records, increased space within practices for Multidisciplinary teams and Premise Improvement Grants for GP contractors who own or lease from private landlords. Reports are due at the end of the financial year to detail how the money was spent.

IM sought approval from the committee for a delegated GP Sub group, comprised of representatives from the workstreams of the new GMS contract, to scrutinise e-Health, HSCP and NHSL when prompt decisions are needed with regards to spending these funds.

A number of points were noted regarding how we ensure that a transparent process with a fair and equitable allocation across practices is in place. It was agreed that following further discussion at upcoming GMS Oversight Group and Finance Committee meetings, this would be brought back to the December meeting for further discussion.

Action – LMC to include Finance Delegated Role on the December agenda for further discussion/decision.

When asked what would happen if the full allocation of funds wasn't spent in any financial year, MH confirmed that the money wouldn't be lost and would be carried forward.

8.4 Primary Medical Services Allocations – £132.8m allocated across Lothian, which includes uplift of £3.4m, £118k Data Protection Support, £110k to support the work of GP Sub Committee and £5m funding for superannuation to reflect the increase to Employer Contribution rates.

9. Medical Secretaries' Business

9.1 IM & JE attended the recent Medical Secretaries Day on 7th November. The overall view from all LMCs represented was that, although a number of positive changes and improvements have been made, the full GMS contract

commitments would not be delivered by 2021 without an injection of additional funds from Scottish Government.

10. For information

10.1 2020 Meeting Dates

The GP Sub Committee Meeting dates for 2020 were noted;

13 th January	10 th August
10 th February	14 th September
9 th March	12 th October
20 th April	9 th November
11 th May	14 th December
8 th June	

11. AOCB

11.1 Suspicious Pigmented Lesions. A concern was raised around the new referral protocol for urgent suspicious pigmented lesions as communicated in the GMS Contract Weekly distribution of 7th November.

The communication states that all referrals would be treated as urgent suspicion of cancer and would therefore be seen within 2 weeks, however current capacity and wait times would suggest that this isn't possible. Clarity around the process and the expected wait time for urgent and non-urgent suspicions is needed. CM agreed to discuss this further with the relevant referrals advisor and Dermatology to express the concerns of the committee and seek clarity around the process.

Action – CM to raise concerns around the communicated referral protocol for urgent suspicious pigmented lesions with referrals advisor and get clarity of the process and timescales for treatment.

11.2 Paediatric blood tests at RHSC. A recent case was highlighted where a patient calling RHSC direct for a blood test appointment, as instructed by their GP, was advised that the GP needs to call to make the appointment. This seems like an unnecessary step.

A number of examples of excessive wait times were also given.

Chair informed committee that there is an ongoing capacity issue following the recent change to this process. Discussions between the office and RHSC have been taking place, with more urgent slots being made available for practices as a

result. If practices require urgent blood tests from RHSC, someone from the practice needs to call in order to get one of these urgent slots – although it doesn't need to be the GP. TG also offered to look into the current process and will update committee at a future meeting.

Action - TG to look into the current RHSC bloods process, specifically the need for urgent requests.

11.3 Resignations

Chair informed committee that this was Dr Janet Henderson's last GP Sub Committee meeting, and expressed thanks on behalf of the committee for all her work in helping to raise the profile of Sessional GPs across Lothian. Dr Kim Rollinson will replace Janet as LASGP representative to GP Sub Committee with immediate effect.

Chair informed attendees that Theresa Cameron was stepping down from her role as Practice Manager representative to GP Sub Committee with immediate effect. On behalf of the committee, Chair expressed thanks to Theresa for her contribution and support during her time in post. This vacancy will now be advertised.

Action – LMC Office to advertise vacant Practice Manager representative position.

11.4 Hospital discharge issues. A concern was raised regarding recent delays in hospital discharge letters being issued to GPs. TG asked that the CHI numbers for these cases are sent to her for further investigation.

Action – TG to investigate hospital discharge issues as raised and provide update to committee.

Date of next meeting – Monday, 9th December 2019