

**GP SUB-COMMITTEE OF  
NHS Lothian Area Medical Committee**

Monday 12<sup>th</sup> October 2020  
**7.30 pm**  
Virtual meeting via MS Teams

Chair - Dr Iain Morrison

**MINUTES**

**Attending** – Dr Iain Morrison, Dr Neil MacRitchie, Dr Euan Alexander, Dr Robin Balfour, Dr Drummond Begg, Dr Carl Bickler, Dr Gordon Black, Dr Stuart Blake, Dr Peter Cairns, Dr Elaine Duncan, Dr Richard Fairclough, Dr Morgan Flynn, Dr Andrew Forder, Dr Kerri Greene, Dr Annie Lomas, Dr Ramon McDermott, Dr Laura Montgomery, Dr Catriona Morton, Dr Elizabeth Murray, Dr Rory O’Conaire, Dr Hamish Reid, Dr Katherine Robertson, Dr Kim Rollinson, Dr Amy Small, Dr Catherine Smith, Dr Elizabeth Strachan, Dr Jane Sweeney, Dr Jon Turvill, Dr Laura Tweedie, Dr Ros Wight, Mr Ryan Addison, Ms Tracey Gillies, Ms Alison McNeillage, Mr David Small, Dr Sian Tucker

**Apologies** – Dr Jenny English, Dr Nick Payne, Dr Nigel Williams

Chair welcomed attendees and formally welcomed Dr Neil MacRitchie, newly appointed Medical Director of Lothian LMC.

**1. Minutes of last meeting 14<sup>th</sup> September 2020, for approval**

The minutes from the previous meeting were approved.

**2. Matters Arising/Actions from last meeting**

2.1 – The “Health Inequalities in Scotland” paper is now with David Small for taking to a future GMS Remobilisation Meeting when appropriate. Committee were encouraged to read this very informative report if they hadn’t already done so. **CLOSED**

2.2 – **LMC office** will contact TG to discuss action required against drug companies advertising their sponsored events via email. Feedback to be given at future meeting. **ONGOING**

2.3 – “Dermatology Referrals by ANPs” is on the agenda for the next LIG meeting, and Claire Pedder is also looking into this as referrals advisor. We need to clarify the position in respect of people working to the top of their licence. **CLOSED**

**3. GP IT Re-provisioning**

Peter Cairns provided a summary of the current position of the GP IT Re-provisioning programme and the proposed change in strategy for Lothian GPs.

The original IT Re-provisioning strategy was to have at least 2 suitable ‘next-generation’ systems becoming available within months of each other. This would have allowed a Lothian cohort of practices to choose between these systems to select a single system for Lothian going forward. However, due to the timescales involved in this approach and our increased

need for an updated clinical system, we are looking to move to a direct award approach based on first available next generation system.

The situation with our potential suppliers has also evolved considerably;

**EMIS** – Originally planned to offer its new platform (EMIS-X) but have now advised that they cannot develop it in a sensible timescale so have offered EMIS-Web, currently used in England. It will take time to get EMIS-Web into a suitable format for use in Scotland, and still unclear what the exact functionality will be. The earliest that this could be considered is **Dec 2021** and the earliest first deployment date would be **Summer 2022**.

**Vision** – Good progress has been made adapting Vision to the requirements of the Scottish GP IT Re-provision contract and it's anticipated that Vision will achieve accreditation in **Feb 2021** and be available for deployment from **summer 2021**.

**Microtest/Eva** –Accreditation is expected in **Feb 2022**, with systems available for deployment from **summer 2022**.

Committee views were sought with regard to whether we continue with the option of choice, recognising that there will be a significantly lengthy wait with this approach and that the ongoing support of 2 systems brings increased clinical risks, or whether we move to a Direct Award for the first available system, which is likely to be Vision.

It was clarified that the Direct Award approach would include a proper assessment of all our needs and will also involve and engage users to best support how practices want to work, while still giving us the option to decline the offering if it doesn't meet our needs.

The recommended move to Direct Award would allow us to assess Vision for deployment at the earliest opportunity while allowing us to change course if events change. User groups would be formed to better understand our IT needs, regardless of system choice. The other alternative system options would continue to be developed in the meantime.

Committee recognised the advantages of a single system approach but raised concerns around the impact, particularly on current EMIS practices, and the need to carry out a full review. As a predominantly Vision-based Health Board, Committee were keen to acknowledge the minority EMIS practices (12) before any decision is made.

**Action: LMC Office** to contact EMIS practices to gather views and concerns.

Taking into account the timescales, risks and Clinical Advisor's view, Committee agreed in principle to support the move to the Direct Award approach.

#### 4. **PCIP3 Trackers**

The PCIP3 trackers for each constituency were circulated in advance of the meeting. A brief summary of each report was provided and Committee comments were sought prior to their approval by LMC.

HSCPs were asked to explore any expected/likely underspend that wouldn't otherwise affect 2021 planned spend, to consider whether this could be used in creative ways to directly support practices at this critical time.

It was agreed that the East Lothian PCIP Tracker required some further work ahead of sign off and submission on 15<sup>th</sup> October, and that East Lothian Committee reps should be engaged in this activity.

## 5. GMS Remobilisation update

David Small provided a summary of the key activities;

**Flu vaccinations** – These are going well in all areas now, with a higher than usual uptake being seen. Some issues with vaccine supply for over 65s, mainly in West Lothian, but this is being resolved.

**Travel Health** – Western General Hospital are still planning a “Hub and Spoke” model for travel health, and more detailed discussion around this is planned. Initial timelines were for travel vaccines to be removed from practices by March 2021, however it’s unknown whether this is still achievable.

**Immunisation Programme** – Work underway looking at the removal of the final elements (flu, pneumococcal, etc) from practices, and the wider aspect of what immunisation services will look like going forward, including what a COVID-19 vaccine cycle might look like.

**Enhanced Services** – useful communications on changes to Enhanced Services were issued from GP Sub Committee and GMS Contract team earlier in the month, which should hopefully be helpful to practices.

## 6. RefHelp Annual Review

Chair highlighted the recent constructive annual review meeting with Lothian’s RefHelp advisors, and highlighted the key points from the meeting minutes circulated in advance;

1. Changes to the post-menopausal pathway have resulted in additional days being added to the process of cancer referrals. The GP community are disappointed by this move and raised their concern that additional steps bring additional risk and we need to create a lean, whole system pathway

**Action - LMC office** to contact Radiology to understand the reasons for this change to the post-menopausal bleeding pathway and discuss how this can be improved.

2. The evolving condition of Long COVID falls between a number of specialities which is leading to difficulties in finding an owner and creating a pathway. Discussions are ongoing.

**Action – LMC office** to bring Long COVID back to GP Sub Committee in a few months to review progress.

## 7. Late Van Pick-up Service Survey

Recent discussions at Primary Care Laboratory Interface Group (PLIG) regarding the provision of a later van pick-up service were summarised to Committee.

The results of a recent survey showed a desire from practices for an additional/late van pick-up after 4pm, however concerns around the potential impact on labs and OOH as a result of this were also highlighted.

It was recognised that later van pick-up would allow practices to maximise the potential of full time phlebotomists.

Committee agreed that later van pick-up would be advantageous and would predominantly be for collection and safe storage of bloods taken later in the day, with the level of requests for emergency blood analysis likely to be low therefore minimising the impact on labs and OOH.

**Action – AL** to take GP Sub Committee view on later van pick-ups back to PLIG.

## 8. Chairs Business

### 8.1 – GPOC for Secondary Care

Committee were informed that GP Order Comms are now installed on Trak, allowing tests to be ordered and results returned to the requestor regardless of where the test was carried out.

Committee are keen that this mechanism is used, in-keeping with GMC guidance – this is a good piece of work and a huge opportunity, and credit was given to the labs for getting this set up. However it was recognised that there's still work to be done in achieving good secondary care engagement.

## 9. Lothian LMC Medical Directors Business

None

## 10. Items for Information

### 10.1 – TRAK HEPMA IDS

HEPMA is the new Hospital Electronic Prescribing and Medicines Administration system, which will replace paper prescription kardexs across NHS Lothian.

Information held on HEPMA drugs and allergies will also be pulled across to Trakcare, forming part of the patient's inpatient discharge summary (IDS) generated from TRAK and sent to Primary Care.

The implementation of HEPMA will mean that the structure of the drugs and allergies information on the IDS will change slightly. Changes to the newer format started from Monday 28<sup>th</sup> September.

### 10.2 – New Flow Centre number (03000 134000)

The new Flow Centre number was highlighted, with a reminder to update within practices as the previous number will be discontinued. This new number should enable the Flow Centre to handle volumes easier – the current shortcut of Option 1 then Option 4 to get into correct queue remains.

A number of concerns were raised regarding recent excessive wait times of 30+ minutes, particularly in OOH.

**Action – LMC Office** to raise concerns around excessive wait times with Julie Bladen/Flow Centre.

### 10.3 – Enhanced Services

The recent letter sent out jointly by GP Sub Committee and GMS Contract Team summarising the current position with Enhanced Services was highlighted to Committee. Chair thanked PCCO for their involvement in the negotiations and hope that Committee agree that this is a proportionate and pragmatic approach to Enhanced Services into 2021. The message to

practices remains to please continue to do what you can, while fully recognising that practices are under increased pressure.

## **11. AOCB**

### **11.1 - Termination of Referrals**

We have raised concerns regarding a number of recent examples of referrals to specialties waiting lists being cancelled by the specialty with no further guidance or option to appeal given, and patients being directed to their GP if they feel that a referral is still needed (Orthopaedics recent example). Work is ongoing with Caroline Whitworth, Nik Hirani and Tracey Gillies to review these letters while also establishing the best way to make optimum use of our resources to best meet the needs of patients.

### **11.2 – Dr Kim Rollinson’s last meeting**

Chair informed Committee that this was the last meeting for Dr Kim Rollinson who is stepping down from her role as LASGP representative. Dr Rollinson has continually championed her people throughout her time on Committee and we hope to welcome her back in the future.

The meeting closed.

**Date of next meeting – Monday 9<sup>th</sup> November 2020, 7.30pm**