Minutes of the Meeting of the GP Sub-Committee of the Lothian Area Medical Committee held at the Holiday Inn Edinburgh City West on 12 October 2015

Dr Catriona Morton in the Chair

Present - Drs Ashcroft, Balfour, Blake, Captieux, Cobbett, Cook *(until item 9)*, Cowan, Crookes, Donald, Flynn, Fulton, Gallagher *(from item 3.1)*, Mrs Grigor (minutes), Drs Haigh, Hill, Ms Horne, Dr Lomas, Ms McNeillage, Drs Marshall, Morrison, Morton, Sengupta, Shishodia, A Small, Thomas, Turvill, N Williams, R Williams

Welcome to new members

The Chair welcomed Drs Mireille Captieux (GP Registrar Representative) and Darran Hill (Sessional GP Representative), and Ms Elaine Horne (Practice Manager Representative) to their first GP Sub-Committee meeting. Dr Captieux is a GP Registrar at St Triduana's Medical Practice, Edinburgh, Dr Hill was nominated by the Lothian Association of Sessional GPs, and Ms Horne is Practice Manager at Prestonpans Group Practice in East Lothian.

Visit from Sal Connolly (Primary Care Pharmacist, West Lothian CHCP, and also on secondment to the Pharmacy and Medicines division of the Scottish Government): "Developing a centralised dashboard for the Scottish Therapeutics Utility (STU) in NHS Lothian"

Ms Connolly outlined the proposal: 101 Lothian practices already have the STU facility, as part of a national programme utilising EMIS and Vision systems. Currently it is used as a practice-based tool to assist prescribing, and offers better ways of managing, for instance, repeat prescriptions, including medication reviews.

The proposal is analogous to the Integrated Resource Framework, in that practices (who remain the data controllers) would be asked if they are willing for prescribing data, particularly around repeat prescriptions - comprising around 77% of prescribing activity - to be exported to a tableau dashboard. This would be fully anonymised, i.e. non-patient identifiable. The hope is that this centralised data extraction would allow primary care prescribing teams to focus on supporting practices in more effective prescribing, reducing waste, and identifying gaps where additional input would be beneficial.

This is a pilot, with Lothian the first Board engaged, and will be followed by Greater Glasgow & Clyde and Highland. An analogous system has been successfully implemented in West Lothian (2013 - 2014) producing 'top line' reports. The proposed data set was outlined, but the final one will be produced by Dr John Steyn (Clinical eHealth Adviser, NHS Lothian) who will then forward this to the Committee for approval. Ms Connolly also reported that the proposal had been discussed with Ewan Urquhart, the Caldicott Guardian.

Dr Morrison raised a concern about Albasoft, as there had been issues round drug misuse enhanced service reporting. This had already been discussed with Ms Connolly and Dr Steyn, who had reported that the data extraction was sound, and this would be done and reviewed monthly. Ms Connolly had liaised with Barbara Forrest around this, but the Committee was keen to have a fuller assurance.

Clearly, having data was only the first step in prescribing change, and any recommended actions would need to be agreed between practices with the local primary care pharmacist. There was also scope for identifying good practice and sharing that within localities, and some of this work might depend on identifying other resources too. The Committee welcomed this development and agreed to it in principle. Once there is further assurance about the ESCRO data extraction utility, it would be keen to see the final details before it is sent to practices.

1. **Apologies** - Drs Bickler, Black, Duncan, Hardie, Philip, Reid, Mr D Small, Dr Tucker
Absent - Drs Lints, McDermott

2. Minutes of the last meeting held 14 September 2015

The minutes of the meeting of 14 September 2015 were approved and signed by the Chair.

3. Matters Arising / Actions from last meeting

The following additional matters arising were discussed:

14/09/15 item 3.1 - Funding of the GP Sub-Committee

Dr Morton outlined that the offer of free premises from NHS Lothian was welcome, but the monies freed would essentially belong to the LMC, other than around £3K reflecting the LMC workload relative to that of GP Sub-Committee. There is funding from the Board for the Co-ordinator's post (Mrs Grigor), which is probably proportionate to workload, and for office expenses, but not for GP time.

Dr Morton had discussed this further with Professor Alex McMahon (Director of Strategic Planning, Performance Reporting & Information, NHS Lothian) who indicated that there was no other money available. She outlined the NHS Lothian clinical programmes which were to be discussed in the next few weeks, including cancer, palliative care, sleep apnoea, care of the elderly, and so on. This was in addition to GP Sub-Committee work arising from the monthly meetings. It was noted that GP Sub-Committees in other Boards, including those that were much smaller, received much more support, and this matter will be discussed further at the LMC meeting which immediately follows this GP Sub-Committee meeting.

14/09/15 item 8 - Developing an NHS Lothian Clinical Quality Management System

Dr Cook ascertained that around a third of the Committee had heard of the Dr Brent James lecture series, organised by NHS Lothian [DVDs of these are now available]. That approach to quality improvement is now being taken forward with great momentum in NHS Lothian and has received Board approval. This will be the standard generic approach to quality improvement, and NHS Lothian is keen that it applies across all sectors. Dr Cook is concerned that primary care is currently under-represented and encouraged further medical engagement.

It was felt that there had been some confusion over previous quality initiatives, the Clinical Change Forum having extended an open invitation to GPs, but not always being well attended by primary care. There was probably some misunderstanding around the purpose of these groups, particularly with the name change from the Clinical Change Cabinet. There is now to be a 'Quality Improvement Academy', led by Dr Nikki Maran (Associate Medical Director in Patient Safety and Quality) and a training programme, led by Dr Simon Edgar (Director of Medical Education).

Dr Morton felt that primary care had not always been specifically and formally approached round this, with invitations being unclear and not outlining the primary care focus of the programme. She was considering using the Brent James approach at the primary-secondary care workshop scheduled for Thursday 12 November. It might be something which practices find useful too, and a possible topic for the LMC AGM.

Dr Cook emphasised that it was crucial that this programme was driven from the ground up, but supported from the top down. Dr R Williams highlighted that the programme outline was available on the Intranet home page, but that it was difficult for GPs to be involved during the working day, without financial support.

3.1 Meeting with Tracey Gillies on 'Emergency Special Measures'

The Committee noted that the next stage was that Ms McNeillage was to write a paper.

ACTION: AMcN

Dr Cowan had been part of a visit to Forth Valley, and had been welcomed by Miss Tracey Gillies (Medical Director, NHS Forth Valley) and the remaining Partners at a Forth Valley practice which was one of three in the Health Board area which had folded earlier this year.

The practice has almost 10,000 patients and only 2 part-time GPs remain. Miss Gillies spoke about the difficulty in moving to 2c status, and regretted the time this had taken as more GPs had left in the interim. The practice is in Health Board-owned premises so this was not an issue.

It was noted that Forth Valley has recruited eight Band 7 / 8 pharmacists, and two of these have been deployed to the practice visited, reportedly freeing up an hour of GP time per day. Paramedics from Killin were reoriented and tasked to take on house calls, with triaging being done by front end NHS 24. Patients were also triaged out to pharmacies as part of the acute medication service. The Practice is also looking to improve mental health input with patients being redirected to nurses in the community. Advance Nurse Practitioners were utilised too, and several salaried GPs were recruited.

It was thought that Forth Valley had tried to utilise physiotherapists too but were unable to recruit. The Board had written to patients to request that they take a reasonable stand on demand during the period of instability. Miss Gillies had reported no increase in attendance at A&E as a result of these actions.

Dr Cowan felt that learning was perhaps limited, particularly round peer support from local practices. A 'sustainability' enhanced service has been drawn up to encourage local practices to provide locum cover; it is not known how many practices signed up to this. It was queried whether any of the GPs who had left had been interviewed but this had not happened. It was suggested that a golden handcuff scheme should be considered in Lothian.

The Committee heard of the experience of one of its members, reporting a stable practice moving to the limits of viability in a few months, through a series of unlinked unfortunate events. The practice was unable to recruit new partners but was now having no problem finding locums, although this an expensive option and not considered tenable in the long-term. Such arrangements, and other factors including reduced contractual (e.g. QOF) payments, can very quickly lead to reduced practice profits which then make Partner recruitment very difficult indeed. It was highlighted that GPs were unique in the Health Service in that they are subject to reduced personal pay, whilst continuing to work very hard indeed for the NHS.

There was some discussion about practices in both Lothian and Forth Valley. Overall it was felt that even stable competent practices could find themselves in difficulty very quickly, through adverse factors outwith their control. However, there were also patterns emerging of multiple retirements, difficulty in recruitment, and Partners leaving as things became ever more difficult, including financially.

It was suggested that much evidence and learning was now emerging in terms of what contributed to practice implosion, and that some interventions such as increased use of clinical pharmacists were helpful. It was also suggested that there needed to be a much more rapid response to imminent practice failure in NHS Lothian, and there was a feeling that practices in difficulty were left until it was too late and that the sense of urgency did not always reflect an extremely serious situation. It was noted that the extensive interventions in Forth Valley were seen as short term 'rescues', with the hope of returning practices to Section 17j (standard GMS) in the longer term. It was also noted that delays in intervention can lead to more Partners leaving a practice where earlier action might support retention of this crucial and experienced GP workforce.

It was acknowledged that there were difficult issues of fairness too as, for instance, closing a list to registrations or applying for additional support could be resented by other practices which feel the strain, but manage to absorb that in house. Dr Turvill outlined that many practices are changing their ways of working and approaches in a very encouraging way, and that being even-handed is difficult when random external factors can determine a practice's fate, through no fault of its own.

One proposal was for an enhanced service along the lines of the previous business continuity one, which would allow time for a one-off risk assessment, and support a proactive rather than reactive approach. This may be considered further. It was also noted that

Ms McNeillage will be producing a paper which will give further opportunities to consider these issues. Some felt that there was great reluctance in Lothian to acknowledge difficulties and give support, and that, for instance, allowing concessions around QOF or other practice work might help sustainability, but instead was sometimes seen as GPs not pulling their weight.

3.2 Arranging emergency ambulances

Dr Balfour reported a wait of 28 minutes for ambulance control to answer the phone, and this had been on the GP priority line! Dr Morton had also been contacted by a Midlothian constituent who had written to their local ambulance service to request statistics for waiting times for 999 ambulances but had received no response. The constituent advised that the issue has been simmering in the background for a few years, but the practice had anecdotally noted 999 ambulance times to now be long enough that it is possible to see, assess, treat, undertake observations, perform an ECG and type up the full notes on a patient, before a 999 ambulance arrives, a response time of 15-20 minutes.

At a previous meeting, the problems experienced by some practices when trying to arrange emergency ambulances for the next day were discussed (the Scottish Ambulance Service insists that the request has to be made on the same day). Dr Shishodia has taken this up with Professor Alex McMahon (Director of Strategic Planning, Performance Reporting & Information, NHS Lothian), who in turn had forwarded it appropriately but no response has been received as yet. Dr Shishodia suggested examples of such problems be collected, and then the SAS be asked to comment.

ACTION: LMC Office

Dr Haigh advised that similar issues had been discussed at the West Lothian / SAS meeting but, despite GP concerns being made clear, it became apparent that the SAS representative who attended was not in a position to take action. The representative had agreed to pass the concerns on, but no response has been received as yet: the discussions at the meeting had been useful, but not much progress made subsequently.

3.3 Exercise Silver Swan - Pandemic Influenza

Drs Morton and Tucker attended this full day workshop. Lothian feedback is still being collated, but the workshop had a strong primary care focus and was fairly useful. Early conclusions were that much of this planning work had already been done previously, that a centralised co-ordinated approach should be sought, and that there was an over-emphasis on the role of anti-viral medication. The final report will be brought back to Committee.

ACTION: CM

3.4 Primary-secondary care workshop - Thursday 12 November 2015

This workshop has been instigated at the request of the Committee, to look at primary-secondary care working with the aim of developing a much more systems-based approach, rather than having to respond to individual complaints or concerns. Dr Carey Lunan (Edinburgh HSCP ACP / primary-secondary care liaison) will be presenting the recent Scottish RCGP GP survey on interface working, and SEAs submitted by Lothian GPs on interface issues. The hope is to have senior medical 'buy in' for taking issues forward. Dr Cook noted that he would be unable to come as this date coincided with the next Silver Swan meeting. Committee members were encouraged to attend and will be sent details shortly.

ACTION: LMC Office

3.5 Easter Public Holidays 2016/17

An updated 'NHS Lothian Public Holidays for 2016/17' proposition paper was circulated with the agenda papers. This paper came from Ruth Kelly (Associate Director of Human Resources, NHS Lothian). Following discussions at the 14 September GP Sub-Committee

and LMC meetings, Dr Shishodia had written to Mr D Small with a summary of the Committee debate, but has not heard back. Dr Morton has been copied into feedback from Dr Lewis Morrison, Chair of the Local Negotiating Committee (LNC). The LNC view was that two 3-day weekends are more disruptive than one 4-day weekend, the first Monday in August would very difficult as this is the handover period for foundation year doctors, and, should a Monday be taken during school holidays, this was felt to be an additional workload burden for those not away. Dr Shishodia advised that Dr Tucker had indicated that the proposal was not about rescuing LUCS but about patient care.
It was noted that elsewhere more was paid for shifts and these were filled, both Tayside and Ayrshire & Arran being quoted as examples. It was also reported the some Lothian practices were under the impression that the GP Sub-Committee / LMC had come to an agreement with the Board about this, which is not the case. It was queried what the timescale was for a decision to be made and Dr Turvill advised that the proposal is about to be discussed at the Board CMT.
The main discussion on this proposal will take place at the LMC meeting immediately following this GP Sub-Committee meeting.

3.6 Adult DNACPR forms

Ms McNeillage informed the Committee that Grace Prior (Supply Chain and Estates Contracts Manager, NHS Lothian) had advised that supplies of adult DNACPR forms were back in the central store last week; information will be included in the PCCO weekly email distribution.

ACTION: AMcN

Dr Shishodia reported that he was aware of 2 practices who had received forms and had not been charged for them, however, Ms Horne had had to obtain a cost code prior to ordering as it had to go through PECOS.

4. Chair's Business

4.1 From 28 September Chair's Group meetings

For information only:

- eHealth policy 2016-2020 - *review with guest Dr Iain Morrison (LMC Representative on the Primary Care IT Operational Board) - The Committee's response is still to be finalised, but emphasises good core systems for reliable everyday working over other projects.*
- ACPs requested by others - *Secondary care colleagues had requested that GPs undertake further KIS-ACPs, at their request, so that details appear on TRAK. Chair's Group view was that we do not have sufficient GP capacity for additional unresourced work and that details could be added to TRAK in other ways - this will be fed back.*

ACTION: CM

- Sleep apnoea service - *Dr Morton will be discussing this further with Respiratory Colleagues.*

ACTION: CM

- MSK report and issues
- PM representative on Committee
- Pneumococcal LES for age <65

4.2 October and November Chair's Group meetings

October: Secondary care and community nursing colleagues have requested a further meeting on elderly care: there is to be a new Associate Medical Director for Care of the Elderly, with interviews taking place this week. Dr Cook informed Committee that this was a specialist (secondary care) post, but would have a link function with other disciplines too,

and cover the whole of Lothian.
November: Dermatology had requested a meeting because of their rising workload. This was in response to the GP Sub-Committee position that Advanced Nurse Practitioner SCI Gateway referrals should be accepted by secondary care, a position that they are contending.

4.3 Ambulance response times
See item 3.2 above.

5. Medical Secretary's Business

5.1 Coeliac disease in Lothian
Dr Shishodia had written to Gastroenterology a while back, and has now received a response. The speciality is trying to prioritise workload and one of the proposals was that a dietitian would undertake the follow up for patients with coeliac disease but the GP would do the bloods. At no point was it agreed that GPs would undertake annual review.
Drs Cowan and R Williams both sat on a multi-disciplinary gluten-free group and felt that this work had already been done and agreed: it had been left with the dietitians and pharmacists to do the work but this appears to have fallen through. Dr Cowan advised there are several aspects to care for those with coeliac disease, including complying with a gluten-free diet; having annual Anti-tTG antibody levels measured (he doesn't see this being done); having a DEXA scan to determine bone density; and clinical awareness of the link between coeliac disease and lymphoma, with review where needed. Dr R Williams reiterated that it was never agreed that GPs would do this work, and Dr Cowan confirmed that this would definitely be new work.
Dr Morton thought the pharmacy-based gluten-free service excellent and wondered whether to use coeliac disease management as a case study at the 12 November primary-secondary care workshop.
Dr Shishodia will feed back Committee comments to Gastroenterology.

ACTION: PS

6. Minutes of other committees / groups

6.1 Primary Care Joint Management Group - 13 August 2015
The above minutes were circulated with the agenda papers for information / exception reporting and were received by Committee.

7. Health and Social Care Partnerships
This is a standing agenda item.
Three of the 4 IJBs (Integrated Joint Boards) are now in place, with the West Lothian one being established very soon. There is to be further discussion at the LMC meeting immediately following this GP Sub-Committee in view of the recent guidance round its statutory role.

8. Update on chronic pain service development in Lothian and Scotland
An update from Dr John Hardman, the GP representative on the Service Improvement Group, was considered. It was felt to be a very comprehensive and sensible summary of the Group's work to date, and was welcomed by Committee. The Committee also discussed the savings from the cessation of the Homeopathy service: it had previously been agreed that these could be considered for chronic pain management, one suggestion being acupuncture provision. (NB - Some physiotherapists still provide this but on an individual rather than generic service basis) Professor Alex McMahon (Director of Strategic Planning, Performance Reporting & Information, NHS Lothian) will be asked further about this.

ACTION: CM

9. PLIG Urea proposals

A copy of the PLIG (Primary Care Laboratory Interface Group) proposal for the removal of urea from the 'U&E profile (primary care)' was circulated with the agenda papers. Dr Morton stressed that this was a substantial new proposal, which had been thoroughly reviewed by the laboratories and the renal physicians. She explained that 'reflex testing' meant that the labs would automatically add urea where the test results indicated this was needed on the basis of the result (protocol-driven), so GPs do not need to request this. Dr Shishodia advised that this has already happened in Fife and colleagues have not reported any problems. The Committee agreed to the proposal and this will be fed back to PLIG.

ACTION: CM

10. Supporting Effective Flow Across NHS Lothian (SEFAL) Event

An initial meeting of this new group had been held on the 6 October, and Drs Tucker and Jim Marple had attended; Dr Bickler had also been invited. The group is looking at a much more integrated hub, and will inevitably look at alternatives to admission. 'Nugensis', a private company, offers a system linked to TRAK as a solution for communication round patient flow. The group's stated aim is that "the centre will bring together key services under one roof, who will work collectively to support the patient journey from the point of contact in the community through to returning to the appropriate place of care". The initial remit is the development of a physical flow centre encompassing bed bureau, transport hub and the Scottish Ambulance Service. An event is scheduled for Tuesday 24 November 2015, 2pm to 5pm (lunch available from 1.30pm) at Bistro Cottage, Edinburgh Corn Exchange.

Dr R Williams is keen to attend, and it was noted that Dr Balfour and Cowan are also going.

11. GIRFEC information sharing

The Committee had viewed an earlier version of this document. Dr Morton also outlined that she was part of ongoing email discussions with Ms Sally Egan (Associate Director and Child Health Commissioner, NHS Lothian) and colleagues round the implementation of GIRFEC and the Named Person system: there was understandably much activity in this area, including discussion of educational initiatives. She has also had sight of several national documents which outline a 'universal Health Visitor' pathway and recommended HV staff weightings, and these will require further review. The Committee still does not have a GP representative for children's services, and any interested parties were encouraged to contact the Office.

ACTION: ALL

12. AOCB

12.1 National Practice workforce survey

The last survey had a national response rate of 65%. This time Lothian are sitting at 15% (the Scottish average!) with a reply rate of between 0% and 38% across the Scottish Health Boards: the survey closes at the end of the month. Drs Morton and Shishodia had discussed this with Ms McNeillage and Dr N Williams and it was agreed to send a reminder from the LMC. Committee members noted that the survey was very complex and onerous to complete, that it was unfunded, and that it may not have been sufficiently highlighted to practice staff. It was acknowledged that all these difficulties were unfortunate, but not possible to change at this stage. However, it was also felt that this sort of information was crucial in arguing for better practice resource. A further reminder will be sent to practices and to the Practice Manager network.

ACTION: LMC Office / EH

13. **Date of next meeting -** Monday 9 November 2015, 7.30pm, Holiday Inn Edinburgh City West, 107 Queensferry Road, Edinburgh EH4 3HL
(deadline for submission of papers - Monday 2 November 2015)

Future meeting dates
Monday 14 December 2015

Monday 11 January 2016
Monday 8 February 2016
Monday 14 March 2016
Monday 11 April 2016
Monday 9 May 2016
Monday 13 June 2016
No meeting in July
Monday 8 August 2016
Monday 12 September 2016
Monday 10 October 2016
Monday 14 November 2016
Monday 12 December 2016