Minutes of the Meeting of the GP Sub-Committee of the Lothian Area Medical Committee held at the Holiday Inn Edinburgh City West on 11 January 2016

Dr Catriona Morton in the Chair

Welcome

The Chair welcomed to the meeting Dr Sian Tucker (Clinical Director, LUCS and also a GP Sub-Committee member), and Dr Eleanor Curry (Associate Clinical Director, LUCS) who was attending as an observer.

Presentation from Dr Sian Tucker (Clinical Director, LUCS) re Out-of-hours review

A copy of Dr Tucker’s presentation is enclosed with these minutes for information. Please also refer to the ‘Main Report of the National Review of Primary Care Out of Hours Services’, and the ‘Summary Report of the National Review Primary Care Out of Hours Services’, which are available via:

http://www.gov.scot/Publications/2015/11/9014/downloads (Main)
http://www.gov.scot/Publications/2015/11/2184/downloads (Summary)

Dr Tucker informed the Committee that this was a national review, commissioned in January 2015, and launched on 30 November 2015. There are 28 recommendations as a result, and four special groups have been identified: frail elderly, palliative care, mental health, and paediatrics. The review was commissioned due to unsustainable demand and a growing inability to staff out-of-hours services. The review has some similar aspirations to the Scottish GP Contract 2017, and one aim is to encourage and enable GPs to take back out-of-hours care by developing other workforces: there is substantial social care, mental health, and palliative care, etc, which could be done by the wider team. The new model is for out-of-hours care centres which would relate to an ‘Urgent Care Resource Hub’. It is not yet clear if there will be one hub for Lothian, one per locality, or one per region. Currently all NHS24 calls come to LUCS so this would be a big change. At the moment the hub would only operate out-of-hours, but aspire to 24 hour provision, co-ordinating urgent referrals from GP practices during daytime hours.

The next step is to establish a local group to look at how to implement the 28 recommendations (to be chaired by Mr D Small). A National Implementation Group is to be established, too, and will be tasked with developing a service specification for out-of-hours General Practice: test sites are to be set up throughout Scotland. It was felt to be essential that the out-of-hours review closely mirrors in hours, and noted that the author of the review, Sir Lewis Ritchie, is a GP.

Dr Morton thought this an excellent and well-written review, and invited questions from Committee members.

It was queried where the workforce would come from, as well as the finance required. Dr Tucker advised that she should have more information by the end of January as it is hoped the service implementation will be in place by March. Patient awareness needs to be raised, and it was noted that Sir Ritchie is now working on the implementation plan.

Dr Tucker advised that there is no blueprint as to who will staff the urgent care resource hub, but they will have to have access to all systems available. At the moment, following patient contact, NHS24 makes a decision and then forwards this to non-clinical LUCS staff. [As an entity, NHS 24 was out of the scope of this review, but, as a service, it is included]

It was commented that the review summary was also excellent. The data and technology section was undertaken by Dr Libby Morris (Scottish Government Clinical Advisor in Primary Care for eHealth, and Lothian GP) and is aspirational, but this is an area where the LMC might be able to
help. Some time ago, Dr John Steyn (Clinical eHealth Adviser, NHS Lothian) had mentioned the possibility of sharing Vision 360 more widely, so this might be considered for LUCS first. It was suggested that it may be worthwhile holding a very specific PCITOB (Primary Care IT Operational Board) meeting to look at this. However, Dr Donald advised that this had come up at the previous week’s SGPC IT meeting and so is being looked at nationally.

Dr Turvill was interested that the plan is to have a hub with access to all IT systems, as this is the basis of the East Lothian integrated elderly care service.

Mr D Small advised that the local implementation steering group is to be set up by the end of the month, and that GP Sub-Committee representation would be sought - this was welcomed. A response to the review has been requested by 30 January, and this will also be shared.

**ACTION: DS / ST**

It was queried whether the SEFAL (Supporting Effective Flow Across NHS Lothian) remit was covered by this review, particularly as SEFAL appeared to be concentrating more on transport issues alone.

An inducement for GPs to work for out-of-hours is of course pay, and there is a national working group looking at terms and conditions - its paper has not been published yet. Study leave for salaried out-of-hours GPs, and annual leave for ad hoc out-of-hours GPs are also being considered. Dr Tucker advised that there are currently 5 different ways to employ GPs!

1. **Apologies** - Drs Cook, Duncan, Hardie, Marshall, Sengupta, Thomas, N Williams
   *Absent* - Dr Lints

2. **Minutes of the last meeting held 14 December 2015**
   The minutes of the meeting of 14 December 2015 were approved and signed by the Chair.

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

   The following additional matter arising was discussed:
   
   **14/12/15 item 10 - Optometry - pathway roll out across Lothian**
   
   A GP had reported that some optometrists in West Lothian were not accepting patients with acute eye conditions, following initial GP advice. One patient had tried three opticians, and in no case was directed from one to another; another optician sent a patient to A&E. Conversely, having referred a patient to the St John’s Hospital eye clinic, one GP had to speak to several individuals at the Princess Alexandra Eye Pavilion in Edinburgh, only to be told the patient should have been directed to an optician first! There had been further discussion with Ms McNeillage and Kevin Wallace (Optometric Advisor, NHS Lothian) - who had confirmed that Optometrists are obliged to see patients with such conditions under their contract: this includes the large ‘multi-national’ providers. It was noted that the letter outlining the new arrangements had not yet been sent, and Mr Wallace had suggested that, once it was, any difficulties could be addressed at an individual level. It was also felt that provision of a list of opticians would be useful for GP practices.

   Dr Cowan added that opticians don’t have the same requirement as GPs to see patients urgently, and can state that they don’t have appointments: this must be a risk for an acute condition with potentially-serious consequences. Dr Donald added that, from a North West Edinburgh perspective, the pilot had worked very well - optometrists became a ‘one stop shop’ and would phone round each other if they were unable to see a patient that day. This does, however, require the agreement of local optometrists. It was suggested that there should be a process of implementation rather than just a letter: Ms McNeillage agreed to discuss this with Mr Wallace.

   **ACTION: AMcN**
3.1 Visit from Scott Prior re the Laboratory Van Service
A draft Committee response was considered, largely summarising the discussions of the December meeting. There was some discussion of the outsourcing model: a strong case for this is made in the ReNew document. The impression was that an outsourced model had previously operated in Lothian and had been problematic: further detail on this will be sought from laboratory management. A view was expressed that the outsourced model always meant using public funds to contribute to the profits of a private company: the experience of East Lothian was quoted and meant paying an additional £15 per hour for care workers, when the emphasis should be on the living wage. It was confirmed that this was the case, but that directly-employed staff also cost twice as much overall because of overheads! It was also remarked that outsourcing brought a loss of control and it was difficult to maintain the power and influence (particularly over large companies) required to ensure optimal services.

The comments of Iain Sneddon (Laboratory Van Service manager) were also noted and it was felt that the Committee could assist in reducing lab van driver time in practices.

One Committee member outlined difficulties with a lab van driver who appeared abrupt and impatient. However, it was also difficult for lab van drivers who operate to remarkably tight schedules. The same practice is buying bags for specimens and Dr Morton indicated that this should not happen and would pursue this further. She will also forward the final Committee response to Scott Prior and PLIG.

**ACTION:** CM

3.2 Primary Care and LUCS Update on Stage 2 Primary Care Strategic Propositions including Measures to Support Primary Care Resilience
Dr Morton had written to Susan Goldsmith (Director of Finance, NHS Lothian) and the Finance Committee, outlining the Committee’s concerns about the withdrawal of funding for Phase 1 projects (which include phlebotomy, the diabetes LES, additional LARC funding, ANP training, and so on). Mr D Small has since confirmed that from April 2016 any funding would now have to come from IJBs (Integration Joint Boards), rather than the Health Board. The letter had also been sent to IJB Chief Officers, who would then need to consider whether the projects fitted with IJB priorities, assuming there was no new funding from the Scottish Government.

Phase 2 propositions largely focus on retention, recruitment and practice resilience, and it will be very much up to individual IJBs to consider how to support these, but the hope would be for a Lothian-wide approach. The phase 3 money relates to care home provision and will be discussed at the February Committee meeting. Mr Small outlined that the IJBs may take different views of Phase 1 projects, and a proportion of each funding requirement would be attributable to each Board, according to population.

Concern about the process was expressed: potentially patients in some areas would have to be referred to outpatients following a new diagnosis of diabetes, or to Chalmers for a LARC fitting, and these specialist facilities would need to be informed that whether or not GPs did this depended on their location. Dr Morton recommended that, should funding not be forthcoming, then GPs should stop undertaking these activities, including some secondary care phlebotomy.

Dr Bickler commented that it was unlikely that IJBs would want to disaggregate services, certainly in this first year. This was welcomed, particularly as the Scottish GP Contract 2017 might bring a new approach to enhanced service work. It was highlighted that it is not clear with whom the Committee should negotiate the threatened enhanced services, although existing GMS regulation at least made it clear that this was the role of the LMC on the GP side. Dr Morton had found it difficult to even establish who the IJB leads were from their corresponding websites. Dr Tucker confirmed that LUCS remains sited in East Lothian structures.
Mr Small outlined that budgets, pay and prices were all set and that there was no new money. It was always difficult to make savings in secondary care from reduced patient footfall when the clinic itself had to be maintained. Dr Morton highlighted that, in the past, an LMC negotiating strength was that it could be argued that some clinical services were better and cheaper delivered by GPs rather than secondary care, but this argument may be more difficult to make when budgets are held by different bodies. This will be discussed at Primary Care Joint Management Group this week and it was agreed that Mr Small’s email could be circulated to the Committee.

**ACTION: DS / LMC Office**

### 3.3 10 November meeting with senior community nurses - feedback

Mr D Small and Dr Bickler confirmed that Melanie Johnson had planned a ‘LEAN’ District Nurse review in January: confirmation from the DNs of this, and minutes of the November meeting, is still awaited. Professor Alex McMahon (new Executive Nurse Director, NHS Lothian) had indicated that the draft meeting notes were useful background. He outlined that new work is to be done in the following areas: Edinburgh hospital-based complex care beds (previously known as IPCC); care home and other developments including ICF (Integrated Care Facilities); new models of working bringing in community nursing, social care workers, advanced nurse practitioners; and review of the role of the GP and hospital doctors. This would apply to services both in- and out-of hours. It was suggested that we needed to keep these new proposals - and specialist areas of nursing - separate from generic community nursing which needed to be independently strengthened.

### 3.4 Female Genital Mutilation (FGM) - GP rep required

A GP representative is still required for this work. Dr Susan Kidd (Consultant Paediatrician, Community Child Health, NHS Lothian) has confirmed that she will respond to the Committee’s recommendations in due course.

### 3.5 Arrangements for private treatment

Dr Balfour confirmed that the SPIRE Committee was yet to meet. This will be further discussed at the February meeting.

**ACTION: LMC Office**

### 4. Chair’s Business

It was noted that there was no Chair’s Group meeting in December due to the festive period.

### 5. Medical Secretary’s Business

#### 5.1 New Edinburgh locality boundaries - changes in Committee representatives

Dr Shishodia advised that, with regards the new Edinburgh locality boundaries (there were previously 5 but are now only 4 as there is no longer a South Central Edinburgh locality), initial calculations suggest that an additional North West, and South West Edinburgh Committee representatives are now required. [There has been a vacancy in SWE for some time now but it had been agreed to wait until the new boundaries were drawn before re-advertising this]. North East Edinburgh now may have one too many representatives (borderline as there is one GP representative for every 30,000 - 50,000 patients, and the figure is currently ~29,000 patients per NEE rep). However, it is anticipated that no existing representatives will be asked to leave the Committee, but rather any such discrepancies would be resolved at the time of the next biennial election of approximately half of Committee members (in 2017), and may disappear as populations continue to expand. Dr Morton added that some of this is very complicated as some practices / representatives have moved locality, so there is a need to ensure the calculations are correct and clear. Although boundaries for East, Mid and West Lothian have not changed, the numbers for
these localities will also be checked to ensure we currently have enough representatives to cover the increasing population.

**ACTION: LMC Office**

5.2 **Advice from the CLO re registrations outwith the practice boundary**

Dr Shishodia informed the Committee that Tayside had received advice from the Central Legal Office whereby practices allocated patients outwith their boundary are not obliged to do home visits, and that instead such patients should call 999. Dr Blake commented that this would not be appropriate for some, e.g. palliative care patients. Ms McNeillage advised that such allocation of patients does happen, but infrequently. The matter was raised for information only.

6. **Minutes of other committees / groups**

None.

7. **Health and Social Care Partnerships / Integrated Joint Boards**

Further to discussion under item 3.2 (above), Dr Morton commented that she had not found it easy to identify who the IJB chief officers were in order to copy them into correspondence. Mr D Small advised that this information should be available on the NHS Lothian website, and that each IJB has an integration page. Details will also be available on the Council websites (Dr Morton replied that some of the relevant pages were down when she had looked).

8. **First draft Care Home paper from Nigel Williams**

As Dr N Williams had sent apologies for this meeting, this item was deferred until February.

**ACTION: LMC Office**

9. **16/12/15 Clinical Change Forum**

Dr Haigh had attended this meeting on behalf of the Committee: it had been enthusiastic and positive, and focussed on clinical quality management systems, clinical change, shared decision-making approaches, and the West Lothian frailty pathway. It is felt to be crucial for GPs to be involved in the Forum and, although any are free to attend, funding has been sought to support a Committee representative. Professor Alex McMahon (Director of Strategic Planning, Performance Reporting & Information, NHS Lothian) has agreed to consider this.

**ACTION: CM**

10. **CRY (Cardiac Risk in the Young) cardiac screening**

An anonymised copy of a letter was circulated with the agenda papers: this had been sent to the parents of a boy, who had had cardiac screening done in a West Lothian school. The letter contained technical and ambiguous terms felt to be difficult for a lay person to interpret. There was also a recommendation for a follow-up ECG in 2 years’ time. The Committee felt that this was a poor letter in terms of patient-centred language and the recommendation to the GP, and a Committee member with relevant experience outlined that ECGs are not the correct - nor sufficient - screening for cardiac risk, and that, depending on the risk (undefined in this case), a cardiac echo was more appropriate. It was felt that such screening and consequent letters would create worry, or give parents false reassurance. It was suggested that it was not uncommon for charitable organisations to ‘invent ‘screening approaches and Dr Morton agreed to seek a Cardiology opinion on this.

**ACTION: CM**
As the screening was undertaken in a school, it was queried whether this was Council approved. Dr Haigh agreed to investigate further.

**ACTION:** SH

11. **Medinet consultants**

Dr Cook had sent apologies for the meeting, so this was discussed in his absence. GPs had reported the recurring issue of patients being asked to go to their GP for results, and that this largely related to gastroenterology. A prior email discussion had established that the longer term plan is to phase out Medinet, and that Medinet consultants are told not to direct patients to their GP for results, but that this is very difficult to police. Joan Donnelly (NHS Lothian Out-Patients) has offered to help.

Dr Turvill queried what happens when - for instance - a patient is referred to the Golden Jubilee National Hospital for cataracts, as he has found this to be incredibly cumbersome, with first one eye dealt with and then a repeat referral and assessment if the other is affected too.

Following discussion it was felt that it was difficult to change some aspects of the system. Dr A Small also cited an example whereby she had referred a patient to gastroenterology for an opinion, a Medinet consultant had performed a laparoscopy and then discharged the patient back to the GP. Dr Small has now to re-refer the patient to obtain the opinion she had requested in the first place!

Dr Morton agreed to discuss this with Dr David Farquharson (Medical Director, NHS Lothian); this is also an issue for the Primary-Secondary Care group, soon to be convened.

**ACTION:** CM

Dr Morrison advised that he was about to finalise an SEA relating to delays following a referral to urology, a Medinet consultant subsequently advising that the patient is likely to have prostate cancer. Dr Morrison agreed to forward an anonymised copy of the SEA to the Office for information.

**ACTION:** IM

12. **Children’s Services**

12.1 **Universal Health Visiting Pathway in Scotland**

12.2 **Scottish Government letter to Boards re refreshed national HV pathway**

12.3 **Integration and Governance of Children’s Services in NHS Lothian**

There is a new ‘Universal Health Visiting Pathway in Scotland’, outlining the public health role of the service. Ms Sally Egan (Associate Director and Child Health Commissioner, NHS Lothian) had discussed the pathway at the last Primary Care Forward Group, and acknowledged that there were insufficient Health Visitors in Lothian to fulfil its obligations. Committee members were concerned by the strong emphasis on house visits, with 11 recommended under the age of five. It was noted that 7 of these were to take place in the first year of life, with an initial visit of 60-90 minutes postnatally. It was considered that this was excessive, particularly in view of the huge national shortage of HVs, but it also raised expectations more generally (and unrealistically) for GPs to undertake house calls when a child was ill. It was felt that there was a clear role for some visiting, as it was essential for HVs to assess the home situation, but, particularly for well and low-risk families, there was extensive unnecessary work and repetition, particularly in the first year. It was noted that some parents are likely to find this excessive and onerous too.

There were also concerns that there was extensive reference made to the effects of poverty on child health - but no outline of weighting of house calls, contacts more generally or HV numbers, despite the existence of a weighting sub-group. It was commented that there seemed to be a move away from clinical advice - and that particularly in view of the out-of-hours evidence* this was a retrograde step. It was suggested that HVs should routinely give advice on minor illness, antibiotic use and obesity - all emerging health concerns.

However, the Committee also welcomed an initiative which should increase and stabilise the
HV workforce if properly resourced, and also support children in the first few years of life when the evidence is that this period is key to determining lifelong health status. The Committee was also reminded that a representative is still being sought for children’s service work in Lothian.

* The Lewis Ritchie report notes that three quarters of children under one attended out of hours in a one-year period, a rate which has been rising year on year.

13. **AOCB**

None.

14. **Date of next meeting** - Monday 8 February 2016, 7.30pm, Holiday Inn Edinburgh City West, 107 Queensferry Road, Edinburgh EH4 3HL

*(deadline for submission of papers - Monday 1 February 2016)*