

MINUTES
Videoconference Meeting of the GP Subcommittee
on Monday, 15th February 2021 at 7.30pm

Sederunt

Michael Anderson, Rachael Bowman, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Gordon Forrest, Helen Fox, Sheena Fraser, Norrie Gaw, John Ip, Waseem Khan, John Kyle, Susan Langridge, Gillian Leslie, Chris Mansbridge, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Steven Miller, Patricia Moultrie, Austin Nichol, Alex Potter, Dawn Rees, Michael Rennick, Paula Rogers, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor, Raymund White

Chair

Dr Alan McDevitt CBE, Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee
- Lorna Kelly, Interim Director of Primary Care, NHS Greater Glasgow and Clyde
- Susanne Millar, Primary Care Lead for Chief Officers in Greater Glasgow and Clyde
- Dr Kerri Neylon, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde

Apologies

Drs Katie Adair, Vicky Clark, Mark Fawcett, Parisa Ghanbari, Ruth Gibson, Graeme Marshall, Graham Thompson
Dr Ron Alexander, Hospital Subcommittee Representative

Notes/Reports from Meetings for Noting
20/54

1. PCIP Evaluation Steering Group, 22nd January 2021
This report was noted by the committee.
2. Primary/Secondary Care Interface, 25th January 2021
This report was noted by the committee.
3. ADTC Medicines Utilisation Sub- comm., 27th January 2021
This report was noted by the committee.

Minutes GP Subcommittee
20/55

1. Draft Minutes of the GP Subcommittee, 18th January 2021
The draft minutes were approved by the committee.
2. Draft Minutes of the GP Subcommittee's Executive, 1st February 2021
The draft minutes were noted by the committee.

Matters Arising
20/56

1. Cancellation of meetings by NHS Greater Glasgow and Clyde.
Concern was raised about the impact of cancellations of meeting on the PCIP implementation and services such as Pharmacotherapy.
Committee members were asked to advise the medical directors of any meetings that they were due to attend being cancelled by the health board.

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Covid-19

20/57

1. Community Pathway Update

The CACs figures were shared with the committee. Last week saw the lowest attendance since the start of October.

2. Covid-19 Vaccinations

Members of the committee spoke of their experiences of the vaccination programme, raising a number of issues. These are summarised below:

- The problems pertaining to delivery of the vaccination were acknowledged-these were Scotland wide issues. The board made other arrangements last week.
- The GP Subcommittee appreciates the huge efforts of practices.
- The GP Subcommittee was clear that the board should be asking practices about progress, not applying pressure-the board did need to be sighted. There was political pressure that the board had to deal with.
- There was no indication given by the LMC that neighbouring practices would take on cohorts offered to practices via the DES if practices didn't sign up to the DES.
- National messaging has not been as good as the GP Subcommittee would have liked.
- Cohort 6 does potentially present difficulties in terms of identification.
- If patients aren't showing up on the system, it is good to capture data.
- Knowing who is getting called by the mass vaccination centres is good for practices but difficulties in doing this were acknowledged.
- The board accepts that patients with allergies which mean that they can't get one vaccine shouldn't be directed to their GP practice.
- National messaging is important with regard to patients wanting placed on the priority list.
- The 15th February was not part of the DES-it was a Scottish Government target. There has been a lot of central pressure on health boards from the Scottish Government.
- It is hoped by the time practices are administering second doses that the supply of the vaccine will have improved.
- There is no expectation and there would be push back at any suggestion of GPs having to identify unpaid carers.

The huge efforts of GP practices, HSCPs and the health board in delivering the vaccination programme was acknowledged. Teething issues are understandable, so as long as lessons are learned.

The huge amount of work that has been done over the past six weeks to deliver this programme was acknowledged by Lorna Kelly. Part of cohort six is being done (patients who get the flu vaccine, not including those with asthma who are stable). The rest of cohort six is being worked on. Contacting practices did let the board know of issues practices were having but it was acknowledged that the tone of these communications is important.

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Susanne Millar acknowledged the huge effort and contribution of GPs and thanked them for their work. Going to learn lessons. Acknowledged that there have been bumps in the road.

A discussion there followed on the issue of mop up vaccinations- ie those who were due to be done by practices but couldn't be done. It was indicated that practices are only expected to invite patients twice for a vaccination. It was concluded that a centrally supported system is required. It was made clear that these arrangements are not part of the CQL's remit.

The Chair thanked the management staff for their work on this programme.

NHS Escalation

20/58

1. GP Subcommittee Leadership Engagements

There was no substantive discussion on this item.

2. NHS Escalation

There was no substantive discussion on this item.

PCIP Implementation

20/59

Progress is being made on PCIP implementation. The GP Subcommittee is represented at meetings of the Primary Care Programme Board. The medical directors recently met with the PCIP representatives and Workstream leads.

The redeployment of the pharmacy technicians to the vaccination centres was not supported by the GP Subcommittee but happened anyway. It has been advised that the delivery of the vaccination programme now means that the pharmacy technicians will likely return to their general practice role sooner than expected.

Notes/Reports from Meetings

20/60

1. Sexual Health Review Implementation Programme Board, 22nd January 2021

This report was noted by the committee.

2. RMG, 2nd February 2021

Concerns were raised regarding dermatology insisting on images when a referral is made. One committee member was told by a consultant that the GP had to conduct a face-to-face appointment or provide images, and that there is an agreement in place regarding this. There is not an agreement stating this. The Chair was clear that the GP Subcommittee doesn't accept back to referrer. The health board and GP Subcommittee both have policies that referrals without images shouldn't be rejected for that reason. The medical directors need to know if this is happening. It was intimated that the issue is one for the Interface, rather than one for the referral management group. GMS IT group is looking at the issue of photos. The dermatology app was highlighted.

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Lorna Kelly confirmed that the matter has been raised with acute and dermatology. Continued engagement with Scott Davidson and looking at the use of back to referrer will be undertaken.

Documents Requiring a Response

20/61

1. No Application to Vary Practice Area- Dr DS Dhami, 42640

It was noted that no concerns had been raised by the executive regarding the proposal.
No concerns were raised by the committee.

Action Point: Response needs to be fed back to Primary Care Support.

Any Other Business

20/62

1. Changes to Medical List

It was agreed that changes to the medical list would start going on future agendas for the committee to note again.

Action Point: Secretary to ensure information goes on future agendas.

2. Trainees Attendance at GP Subcommittee

It was queried whether trainees could attend meetings of the GP Subcommittee. This is to be considered by the executive.

Action Point: Secretary to add to agenda for next executive meeting.

- The next meeting of the GP Subcommittee will be on 15th March.
- The next meeting of the GP Subcommittee's executive will be on 1st March.