

MINUTES
Videoconference Meeting of the GP Subcommittee
on Monday, 19th April 2021 at 7.30pm

Sederunt

Drs Michael Anderson, Rachael Bowman, Ronnie Burns, Maureen Byrne, Gordon Forrest, Helen Fox, Sheena Fraser, John Ip, Waseem Khan, Susan Langridge, Chris Mansbridge, Graeme Marshall, Chris McHugh, Hilary McNaughtan, Steven Miller, Patricia Moultrie, Austin Nichol, Alex Potter, Dawn Rees, Michael Rennick, Samir Shukla, Mark Storey, Alastair Taylor, Graham Thompson, Raymund White

Chair

Dr Maureen Byrne, Vice-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, Gayle Dunnet, Mark Fawcett, Norrie Gaw, Parisa Ghanbari, John Kyle, Gillian Leslie, Alan McDevitt, Paula Rogers, Jasmeet Singh, David Taylor
Dr Ron Alexander, Hospital Subcommittee Representative

Membership of the Committee:

Election of the Chair and Vice-Chair

Marco Florence took the chair to announce that Dr Alan McDevitt had been re-elected the Chair of the Committee and that Dr Maureen Byrne had been re-elected the Vice-Chair of the Committee. Proceedings were then passed to Dr Byrne, the Vice-Chair of the Committee.

Election of the Treasurer

Dr Alastair Taylor was elected as Treasurer.

Election of the 5 Ordinary Members of the Executive

Drs Ronnie Burns, Mark Fawcett, Christopher Mansbridge, Hilary McNaughtan and Michael Rennick were elected to serve as the five ordinary members of the executive.

Vice-Chair's Opening Statement

Dr Byrne welcomed the committee to the new session and provided the following statement.

Members should be mindful that the role of a committee member is not a passive one.

Members should prepare for meetings to enable you to participate fully in debates and should read carefully the agenda and papers pre-meeting as there are reports which will not be discussed but accepted as read unless a member submits a comment or query to the LMC office prior to the meeting. Members should also look to those reports that require specific consideration or action by the full Committee. These are listed separately on the agenda as notes and reports of meetings (for action).

Members should be mindful that when attending the GP Subcommittee that you are attending as representatives of your constituency and the diversity of the populations and practices that the constituency encompasses and not just your own practice.

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Members will be asked for consent to share their email addresses with their constituents so that constituency matters may be raised directly with members and addressed by the GP Subcommittee offices if needed.

Members may be asked to attend meetings or conferences on behalf of the Committee and should provide a written report of the event to the committee. The GP Subcommittee has a standard report summary form and members are encouraged to use this.

Members should be mindful that when attending other meetings/conferences on behalf of the GP Subcommittee that you remember you are there to represent the views of the whole GP Subcommittee and not your own. It is therefore important for members to ensure you understand the GP Subcommittee position before attending a meeting.

When representing the Committee it is important for members to make it clear that your presence on a committee or group is to help advise on what the GP Subcommittee might find acceptable but that anything having a significant effect on General Practice should be submitted to the main Committee for approval.

In addition, members when attending either the GP Subcommittee or other meetings as a representative must remember who you are representing and be aware of any conflict of interest. Any such conflict should be declared before a debate and it is at the discretion of the Chair whether a member can stay and contribute or be invited leave while the debate occurs. It is however recognised that those members with other interests may well have worthwhile contributions to add.

Conflict of interest should be declared annually and these forms have been sent to members.

Members should be aware of the claims process for GP Subcommittee representatives attending Board meetings. There are two forms one for the fee to be paid directly to the practice and one where payment can be made directly to the individual. These forms need to be authorised at the meeting and submitted to the Board for payment. Members should also be aware it is worthwhile keeping a record to ensure payment has been received. Currently the fees reimbursed are £210 for a daytime session and £150 for an evening. Any queries you may have on the process should be directed to Marco Florence.

Members are reminded that all GP Subcommittee documents are subject to Freedom of Information (FOI) including GP Subcommittee minutes which we publish on LMC website.

Notes/Reports from Meetings for Noting
21/01

1. Primary Secondary Care Interface Meeting, 15th March 2021
This report was noted by the committee.

2. PCIP Evaluation meeting, 26th March 2021
This report was noted by the committee.

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3. Changes to Medical List

The death in service of Dr Pauline Stewart was noted.

Minutes GP Subcommittee

21/02

1. Draft Minutes of the GP Subcommittee, 15th March 2021

The draft minutes were approved by the committee.

Draft Minutes of the GP Subcommittee's Executive, 29th March 2021

The draft minutes were noted by the committee.

Matters Arising

21/03

1. NE CT Chest Pilot

Concerns had been raised regarding the proposal. Following a further discussion with Dr Douglas Rigg and Dr Joris van der Horst, Dr Ip provided an update to the committee. The pathway is not for clearly abnormal or suspicious chest x-rays. Referrals following abnormal CXR should be done via SCI gateway as USOC route. This pathway is for use when CXR normal but ongoing clinical suspicion. The timescale for responding is seven days and the pickup rate is 5%-7%. Pathway tracked by secondary care. GPs will be asked to do immediate cancer referral to respiratory.

Concerns were raised about the expectations of secondary care in relation to GPs and the potential new workload being passed to GPs. It was however seen by others to be a positive development if the detail can be worked through. All aspects of the patient pathway require to be examined in detail and subject to the collaborative development process of the Primary Secondary Care Interface joint working if this is to move from being a local pilot to a board wide pathway.

The Committee was broadly in support of the proposal in principle if it is taken through the interface group for scrutiny and further development.

Action Point: Issue to be taken to the Interface.

Covid-19

21/04

1. Community Pathway Update

There has been a stabilisation in the CAC attendance figures. The numbers fell from January until the end of February, thereafter there was an increase. They are manageable at the moment but the figures are from a period with strict social restrictions in place. There may be a need to look at reducing the number of centres whilst ensuring capacity can rapidly increase if needed as future disease activity remains very uncertain. The need for cohorting and streaming remains to ensure patient and practice safety. Challenges through the winter around other respiratory illnesses and particularly paediatric resp illness was discussed. The committee was interested in receiving further activity data from the community pathway eg the numbers of patients requiring onward referral to SATA.

Action Point: Leadership to consider what further data on CAC activity, and remote hub activity, would be helpful to the committee

2. Covid-19 Vaccinations

Second doses have been given to just under 55,000 patients in practices. This is just under half that practices are expected to do. The last delivery of vaccine to practices will be this week. Outwith

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practices, delivery to the housebound is continuing and the 40-49 age group will be the next group to be invited for first doses.

Local guidance on managing post AZ vaccine headache is being developed to ensure that the same patient pathway is available irrespective of which part of the system the patient presents to. This will be discussed at the PC CAG and issued to practices as soon as possible.

NHS Recovery

21/05

1. GP Subcommittee Leadership Engagements

The medical directors are continuing to engage in the meetings they have previously outlined to the committee.

PCIP Implementation

21/06

The medical directors are meeting with the PCIP reps and Workstream leads on 21st April. The implications of the joint letter are being considered. GP Sub met with pharmacotherapy leads on 19th April and agreed to work closely with the service to understand and progress delivery of Level 1 pharmacotherapy services. The Primary Care Programme Board will meet on 29th April and this matter will be discussed further along with other aspects of the joint letter of December 2020. It is recognised that although efforts have been made to continue service transformation work over the pandemic period there remains a significant distance to go to achieve full implementation.

The Vaccinations Transfer Group is to start up again. It was noted that the flu vaccination programme has been further extended this year.

Notes/Reports from Meetings

21/07

1. Heart MCN, 5th March 2021

This report was noted by the committee.

2. Area Medical Committee, 19th March 2021

This report was noted by the committee.

3. Referral Management Group, 30th March 2021

Mental health assessment units are now up and running. The suggestion is that GPs use Consultant Connect but it is not mandatory. Services vary between HSCPs. The need to maintain a home visiting option in the pathway was noted. Existing options will remain. The intention here was to give in hours GP the same service as OOH GP. The service is to be piloted in the south. The committee noted that it would be important to understand how this service fits with existing pathways.

4. GMS eHealth, 1st April 2021

Re- provisioning and practice cohorts were discussed.

5. Primary Care Programme Board, 1st April 2021

Consideration is being given to establishing the end points for each MOU priority area given the detail in the joint letter regarding transfer of services. The discussion of 19th April with Pharmacy Services, which will be taken to the PCPB, is an example of this.

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Documents Requiring a Response

21/08

1. Area Amendment Request-86228, Drs Hogan, Allen & Quinn

It was outlined that the executive had requested more information from the health board and been advised that all information available had been submitted. The executive's position is that the HSCP's position is reasonable and the executive does not take exception to the HSCP's position. The Committee was content with this.

Action Point: Committee's response needs fed back to the health board.

Any Other Business

21/09

There was no other business.

The next meeting of the GP Subcommittee will be on 17th May 2021.

The next meeting of the GP Subcommittee's Executive will be on 7th June 2021.