

MINUTES
Videoconference Meeting of the GP Subcommittee
on Monday, 21st June 2021 at 7.30pm

Sederunt

Drs Michael Anderson, Rachael Bowman, Ronnie Burns, Maureen Byrne, Vicky Clark, Mark Fawcett, Helen Fox, John Ip, Waseem Khan, John Kyle, Susan Langridge, Gillian Leslie, Christopher Mansbridge, Chris McHugh, Hilary McNaughtan, Patricia Moultrie, Alex Potter, Dawn Rees, Mike Rennick, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor

Chair

Dr Maureen Byrne, Vice- Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee
- Elaine McLaren, Administration Assistant for the Committee
- Lorna Kelly, Interim Director of Primary Care, NHS Greater Glasgow and Clyde
- Dr Kerri Neylon, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde OBE

Apologies

Drs Katie Adair, Gayle Dunnet, Gordon Forrest, Sheena Fraser, Norrie Gaw, Parisa Ghanbari, Graeme Marshall, Alan McDevitt, Steven Miller, Austin Nichol, Paula Rogers, David Taylor, Graham Thompson, Raymund White

- Dr Ron Alexander, Hospital Subcommittee Representative
- Members were reminded to declare any relevant conflicts of interest.
- Dr Kerri Neylon was congratulated on being awarded an OBE for her outstanding contribution to health and social care.

Notes/Reports from Meetings for Noting
21/21

1. Changes to Medical List

This report was noted by the committee.

2. Diabetes MCN Steering Group Type 2 DM, 19th March 2021

This report was noted by the committee.

3. Area Medical Committee, 23rd April 2021

This report was noted by the committee.

4. ADTC Medicines Utilisation Sub- committee, 28th April 2021

This report was noted by the committee.

5. GG&C eHealth Steering Group, 29th April 2021

This report was noted by the committee.

6. PMG, 18th May 2021

This report was noted by the committee.

7. ADTC Medicines Utilisation Sub- committee, 17th May 2021

This report was noted by the committee.

8. Appraisal Steering Group, 20th May 2021

This report was noted by the committee.

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9. Area Medical Committee, 21st May 2021

This report was noted by the committee.

10. RMG, 25th May 2021

This report was noted by the committee.

11. Prescribing Initiative, 2021-22

This paper was noted by the committee.

Minutes GP Subcommittee

21/22

1. Draft Minutes of the GP Subcommittee, 17th May

The draft minutes were approved by the committee.

2. Draft Minutes of the Emergency Meeting of the GP Subcommittee, 2nd June

The draft minutes were approved by the committee.

3. Draft Minutes of the Executive of the GP Subcommittee, 7th June

The draft minutes were noted by the committee.

Matters Arising

21/22

There were no matters arising.

NHS Recovery

21/23

1. GP Subcommittee Leadership Engagements

The leadership's engagements are continuing as per previous months.

2. GP Workload Update

The GP Subcommittee's office is still receiving reports of the pressures practices are working under. SGPC recently carried out a snap survey which highlighted sustainability challenges.

Members highlighted a number of challenges they are facing including:

- Critical staffing challenges in small teams caused by the recently high need for self-isolation relating to return to school and contact tracing.
- Difficulty in enabling staff and GPs to take much needed annual leave
- Consistently longer working days being undertaken to cope with higher than normal demand from patients.
- Higher and unsustainable pressure of work affecting GP and staff wellbeing .
- The consequences of providing a demand led service which does not operate waiting lists to limit and manage demand.
- Importance of public messaging on reasonable use and expectations of primary care services
- Risks around GP retention as colleagues bring forward retirement plans as a result of current working stress
- Shortage of GP locums available to provide cover for planned and unplanned absences.
- Pressure on GP workforce which is limited and which is currently not only providing in hours and out of hours GP services but is making up the bulk of the senior clinical decision making capacity within the remote covid triage hubs and the CACs.

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Dr Neylon informed the committee that she had been on the news that day talking of the workload practices are facing and the abuse that staff are receiving. Her practice showed the reporter the different ways of working. Work is to be done by the board on public messaging too.

The board acknowledged that they are hearing what GPs are saying at the GP Subcommittee, CQL events and from hearing directly from practices. The board meets with parliamentarians regularly. The latest recovery guidance is going to practices on 22nd June.

As the medical advisory body for the board, it is important that the GP Subcommittee makes visible to the board the very real concerns of GPs regarding workload and practice sustainability.

Covid-19
21/24

1. Community Pathway Update

There was a decision taken at the emergency meeting of the GP Subcommittee to support those practices who wish to see 0-4 year old patients in practice who fit certain criteria and who have made direct contact with practices. There has been no change to the national pathway for children. There is limited evidence at this early point of the impact of this change and this will be difficult to determine as no data is currently collected on the total number of children presenting to GP and managed within GP.

The CACs/pathway are still very busy. There are concerns regarding the level of staffing-across the range of health professionals who staff the centres. There is a request for GPs to pick up shifts, where they can, particularly at Linwood. We are advised that Renfrewshire HSCP is providing all the non- GP staffing to the Linwood centre despite patients attending from other HSCPs and the GP Subcommittee would support other HSCPs being approached to provide support.

The potential need to activate the practice emergency contribution is still a concern.

The Scottish Government is not looking to withdraw the national helpline/pathway.

Before other cohorts come to general practice, the GP Subcommittee would need to know that it is safe.

Flu and Covid Vaccination Programme 2021
21/25

At the moment, it is unclear what will be required in relation to Covid booster vaccinations and whether children will receive Covid vaccinations.

With regard to this year's flu programme, the board are interested to know whether GP Practices are able to support delivery of the programme through administration of the vaccine to the 75+ cohort and by assisting with identification of those who require to have the vaccine administered at home. The committee was advised that no final decision would be taken at the meeting but that the committee leadership wished to seek the views of the committee. It was outlined that it was not yet known whether a national DES would be negotiated.

There followed a discussion and a consistent view was expressed which was :

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- GP now and in the later months of the year will be under significant and possibly very challenging workload pressure.
- Other work which has been relatively stood down will need to be prioritised particularly CDM which relies on GPN capacity
- Social distancing measures are expected to remain in place and will severely restrict capacity for delivery of vaccines as was seen earlier in the pandemic
- We are currently in a third wave the extent of which is unknown and are likely to face a fourth wave in the late autumn associated also with rise in respiratory illness
- The board's successful delivery of its flu and Covid vaccination programmes was noted including in the case of flu to those in the older age groups
- It was noted that premises may be a challenge as Covid rules are eased. The board highlighted that the programmes went well but that feedback from older people was less positive about having to go to the mass vaccination centres.
- The contractual commitment for vaccines including flu vaccine to move out of GP practice responsibility to board responsibility for delivery.
- The difficulty identifying other aspects of practice workload which can safely be taken over by other parts of the system to assist in managing GP practice workload
- The importance of all staff including GP and GPNs utilising their skills to their full potential for the benefit of patients and utilising less skilled staff where possible to administer vaccinations
- Concern was expressed about staff being moved from essential PCIP work to carry out vaccinations.
- It was unclear at this point if Covid and flu vaccinations can be given together. If they are, this may introduce complications regarding storage and administration. For the purpose of this discussion, the committee focussed therefore on the known, which is the flu delivery campaign.

As had been outlined no final decision was taken but the members of the committee present were clear in their view that the board should plan the flu programme without reliance on GP practices to deliver to a cohort of patients for the reasons given above - which may be summarised as the need to protect GP practice capacity to provide access for other patient services. The GP Subcommittee leadership will now consider the views of the committee further.

PCIP Implementation

21/26

The medical directors met with the PCIP HSCP representatives and workstream leads on 16th June. It was noted that there had been a discussion on the pharmacy hub models. The PCIP4 trackers that the representatives and medical directors have been reviewing were highlighted. Staff retention and turnover is causing issues particularly because of the significant investment of GP practice time in MDT staff development. The PCPB PCIP Oversight Group is meeting this Thursday. The first meeting of the PCPB Strategy Group took place last week. A further MoU is being agreed by the Scottish Government and SGPC with input from boards and HSCPs.

Sessional GPs

21/27

There is still outstanding work to be done by the Scottish Government and PSD to ensure that sessional GPs can submit direct claims to PSD for the £500 Covid payment.

Documents Requiring a Response

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1. Area Amendment Request- 86177, Ardgowan Medical Practice

The practice wishes to remove PA17, PA18, PA16 0 & PA16 9ND from its practice area.

Following discussions with the practice and consideration of the above, the HSCP would like to approve the removal of PA17. Due to the number of requests to remove PA18 and the small number of practices that cover this area, the HSCP would like to decline the removal of PA18. As PA16 0 includes part of Greenock, the HSCP would like to decline this request. As PA16 9ND is an individual postcode, the HSCP would like to decline the request.

The committee agreed to take no exception to the position taken by the HSCP.

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

GP Subcommittee Representation Required

21/29

1. Non-Medicines Utilisation Sub-Committee of ADTC

Members were advised to contact the secretary if they are able to represent the GP Subcommittee at this group.

2. Sexual Health and Blood Borne Viruses Strategic Planning and Oversight group

Members were advised to contact the secretary if they are able to represent the GP Subcommittee at this group.

Any Other Business

21/30

Members were advised that the committee would be in recess in July and August and the committee's approval to pass authority to the executive was therefore sought. This was agreed by the committee.

The next meeting of the GP Subcommittee will be on 20th September 2021.

The next meeting of the GP Subcommittee's Executive will be on 5th July 2021.