**[Private & Confidential]**

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE

**General Practitioner Subcommittee**

MINUTES of the MEETING of

the COMMITTEE held on 15th May 2017 in the Committee’s offices at 40 New City Road, Glasgow G4 9JT

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| **SEDERUNT:** | Drs Ronnie Burns, Vicky Clark, Gordon Forrest, Parisa Ghanbari, Michael Haughney, John Ip, Punam Krishan, Susan Langridge, Jim Mackenzie, William Macphee, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Patricia Moultrie, Jim O’Neil, Alex Potter, Paul Ryan, Mark Storey, Alastair Taylor, Chris Tervit, Michael Rennick, Blair Walker and Raymund White. |
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| **CHAIRMAN:** | Dr Alastair Taylor, Chairman of the Committee, chaired the meeting. |
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| **APOLOGIES:** | Apologies for absence were received from Drs Maureen Byrne, John Dempster, Louise Dytch, Mark Fawcett, Norrie Gaw, Kathryn McLachlan, Euan Mabon, Bob Mair, Graeme Marshall, Paul Miller, Kerri Neylon, Jean Powell, Mohammed Sharif, David Taylor and Alasdair Wilson. |
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| **ATTENDING:** | Mrs Mary Fingland, Secretary of the Committee |
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| **MEMBERSHIP OF THE COMMITTEE:** | 1. **Resignation Dr Jacqueline McLoone**

Dr Taylor told members that Dr McLoone had tendered her resignation from the Committee due to family commitments. Dr Taylor thanked Dr McLoone on behalf of members. |
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| **REVISED AGENDA:** | The GP Subcommittee received the Revised Agenda. |
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| **MINUTES: 17/008** | The GP Subcommitteereceived the Minutes of the meeting held on 24th April 2017. The Minutes of the 24th April 2017 were approved and signed by the Chairman.  |
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| **MATTERS ARISING:****17/009** | 1. **Podiatry Services**

Members heard that Podiatry resource changes must be agreed with individual practices. The GP Subcommittee were told that practices were being faced with service redesign and historic podiatry resource withdrawn.Members were advised that Paragraph 40 of Investing in General Practice: The New General Medical Services Contract, Supporting Information for Scotland (16 May 2003) relates to existing funding streams and heard that should an existing service be unilaterally withdrawn it is not contractual that the GP takes on this work. The GP Subcommittee noted that clusters had been informed that unless a practice has given explicit agreement then withdrawal of a pre-existing service is unacceptable. A member asked if paragraph 40 could be applied retrospectively as Podiatry had removed a service which had been custom and practice in Greater Glasgow. The member heard that although the position may be harder to defend if practice concerns were not raised at that time, GPs are not and should not be responsible for taking on this work.Members also noted that there was now a national opinion that foot checks were unhelpful. Members suggested there was a pressing need a coherent statement on Podiatry:- 1. Should GPs undertake stratification?
2. Should low risk patients be seen or not?

If the response is not then GPs should be advised not to undertake this work. Members heard this change in Podiatry services had come from revised national guidelines which were produced by a group which, unfortunately, did not have GP or PN representation in its membership. Members were told for Diabetic patients with no foot problems no checks were required and those with foot problems should be referred to Podiatry. A member questioned whether GPs would be able to justify not carrying out a foot screening service which had been withdrawn by Podiatry and heard that, as the Health Board had taken the decision that it was a low value service and not cost effective, it was up to the Board to defend.A member commented that his Practice distributes a foot care leaflet to their diabetic patients which reinforces that should the patient develop foot problems they refer to podiatry. Another member stated that currently his practice HCSW is being trained up to take on this work and clarification would be useful as the HCSW could be utilised elsewhere. Members agreed there was a need for the Board to produce evidence that foot stratification was worthwhile and it should also be highlighted in all forums that GPs are not responsible for providing services discontinued by others.**Action:**  GP concerns to be taken to the Diabetes MCN for clarification. |
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| **GP REPRESENTATION REQUIRED: 17/010** | 1. **Test of Change Oral Nutritional Supplement (ONS) use in GGC**

**Action:** Establish date and time of next meeting.1. **Sandyford Strategic Review Programme Board**

Dr William Macphee nominated as GP Subcommittee representative. |
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| **NOTES AND REPORTS OF MEETINGS 17/011** | 1. **Report of the IM&T meeting held on Thursday 27th April 2017**

 Received.Statement on Malware Attack on Friday 12th May 2017Members heard that the Primary Care IT Support Team had been excellent in tackling the attack. The GP Subcommittee was told that affected sites were quickly shut down and the vulnerability halted. Infection was localised with the Board replacing infected machines over the weekend of the attack. Members noted that only 5 out of 241 GGC practices had been affected which was a manageable number with the IT Team now looking to understand why these few machines were affected. **Action:** Write to IT Team on a job well done.Members heard that all machines in GGC had moved away from XP. Members wondered if there was anything that practices should be doing and in response heard that, whilst the Committee could not give advice, it would be beneficial for practices to have good IT housekeeping protocols in place i.e. IT updates generally require a restart of the machine and if a machine was simply ‘logged off’ and not closed down those updates could not take place. A member commented that the length of time it takes for machines to ‘boot up’ when switched on is a problem and with GP PCs taking up to 7 or 8 minutes to start many users simply log off instead of closing down. Members heard that there was IT kit available which helps to reduce this time considerably.The GP Subcommittee heard that there may be a tightening up on non NHS software and a member suggested that users should follow Scottish Government IT protocols. A member queried whether having remote access might compromise systems and heard no as the software has built in security and it should not be a major issue for GPs accessing their systems outwith the practice.Addendum Malware Attack5 practice were noted to be affected initially on Friday 12th May but a further 6 practices had experienced some disruption to their IT system the following week due to the Malware attack.Radiology and ICEMembers were asked to consider whether Digital transformation funding should be used to allow Radiology to go onto ICE earlier than scheduled. Following discussion it was agreed that it was not the Scottish Government’s intention for this funding to be used for existing services and that there were many other IT items that would be more beneficial for GPs.**Action:**  Agreed this funding should not be used on radiology but should be used for list of IT items as before.Server UpgradesThe GP Subcommittee heard that some practices were not keen to have server upgrade changes. **Action:** Agreed to encourage practices to engage with programme.1. **Report of the Paediatric Interface Group held on Thursday 27th April 2017**

Received.GP Hubs and ClustersMembers noted that Paediatrics was looking to send referral information to GP Clusters with the aim of getting collaboration and support for a GP Hub. Members were advised that a new Primary Care Intelligent Group had been set-up which was a new body looking at information for clusters. Members were told there was growing concern that too many people/services were passing information to clusters to meet their own agendas.Consultant ConnectMembers noted this was a telephone call routing system run by a private company to allow GPs to speak to the appropriate consultant. Members heard it was very expensive at £42k per month and wondered if it should be part of the new modernising outpatient strategy. The GP Subcommittee was advised use of such services had already been discussed at Health Board level and, as such, specialities were unable to develop their own.It was also suggested that a view from the Referral Management Group should be sought amid concerns that if too many established systems are disconnected by specialities wishing an individual system this causes problems and specialities cannot simply change the interface with others to meet their own aims. It was felt that what was actually needed was:-1. A return telephone number on hospital correspondence.2. A simple list of departments and members contact numbers.Health Visitor (HV) Hospital CommunicationsMembers heard that concerns had been raised by GPs being asked to forward hospital communications to HVs. This can cause issues for local services and continuity of care especially as many GPs do not know where HVs are located as they are no longer attached to practices.**Action:** Take issue of hospital communication to HVs to Primary/Secondary Interface Group.1. **Report of the GC Primary Care Strategy Group meeting held on Tuesday 25th April 2017**

Received.Treatment Room (TR) ReviewIt was suggested that GPs attending this group should highlight the future concept that TRs will expand to take on nursing services. Members heard that GPs are not contracted to carry out nursing services.Winter PlanningMembers noted there was an acknowledgement that the concept of practice ‘buddying’ was defunct. Members heard it was also clearly stated at the meeting that clusters are not the answer.Physiotherapy Service ProvisionMembers heard this is not something GPs are responsible for or provide. Members noted that the service was attending the GP Subcommittee Executive’s meeting in June with proposals to make the service sustainable. Members heard it was currently receiving 80,000 plus referrals but could only take 60,000. The service was currently oversubscribed with budgets frozen. As a result waiting times were going up and management was keen to engage with GP Subcommittee.Members suggested three areas need to be discussed:-1. Back pain as the service is the gateway to acute referral.
2. Domiciliary.
3. Knees.

Members suggested giving GPs access to lumber back scans may also be useful.Money Advice PilotMembers heard there were concerns around Health Board employed advice worker(s) and information sharing. The GP Subcommittee was advised that such requests were data protection issues the Information Commissioner Office (ICO) and central legal departments were very concerned about. Members were told that GPs need a patient’s explicit consent before allowing third party access to patients’ medical records.Members heard that practices were constantly being contacted by various people/services using different methods of access who were stating they needed diagnoses and medication information before they could address the needs of patients. The GP Subcommittee was advised a national short life working group had been formed and would be looking at how access should be managed. Access guidance would be available hopefully this year.1. **Report of the Board Prescribing Management Group meeting held on Tuesday 25th April 2017**

Received.Members were advised that the issue of patient sharps disposal had not yet been addressed and the GP Subcommittee would strongly resist GPs taking on this responsibility.1. **Report of the Thrombosis Committee meeting held on Friday 21st April 2017**

Received.Members raised concerns about a lack of mechanisms to investigate GP concerns if the patient is simply seen by the nurse led service and no clots found. Members suggested that in such cases patients should then be seen by a consultant for further investigation. Members felt this was part of the difficulty of referral to test and there should be a recognition that some patients will need to come back. **Action:** Take forward to the GRI interface group the need for a mechanism to deal with concerns when patients are simply discharged from the Thrombotic Nurse Service without further investigations organised.1. **Report of the Primary Care Prescribing Management Group meeting held on Thursday 20th April 2017**

Received.Prescribing InitiativeThis was difficult for practices to achieve and should be returned to pharmacy.Contraceptive GuidelinesThese should not involve GPs as they have been developed for another service.1. **Report of the Pain MCN meeting held on Wednesday 19th April 2017**

Noted.Members suggested that pain and dependency clinics were needed in GGC.1. **Report of the Primary/Secondary Care Interface meeting held on Monday 20th March 2017**

 Noted.1. **Report of the Pre-school Immunisation Group meeting held on Wednesday 15th March 2017**

Received.Public Health NursesMembers noted these were the new Health Visitors and no longer called HVs.1. **Report of the Treatment Room Review SLWG meeting held on Tuesday 9th May 2017**

Received.Concern was raised that the review was developing planning based on the current service, not future services. Over the years TRs have progressively reduced what services they provide. However, the intention in new contract is for more of this work to be removed from GPs and carried out elsewhere. Members also agreed that the provision of Secondary Care bloods should not be funded by Primary Care and this was the concept of the ‘yellow blobs’ in the Acute Service Review which should be funded and resourced by the Health Board.A member noted that a successful GGC bid for funding would be part of the £250m promised from April 18 to support GP practice and is recurring. GPs will also have influence on how the funding is spent. It was reiterated that Nursing services are not and will not be provided under GP contract and the review should be looking at cost of provision of such services across the city. |
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| **HEALTH SOCIAL CARE PARTNERSHIPS 17/012** | Nothing to report. |
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| **CHANGES TO THE MEDICAL LIST: 17/013** | 1. **Inclusions, Mergers, Resignations, Retirals**

Noted. |
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| **AOCB: 17/014** | There was no further competent business.  |
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| **DATE OF NEXT MEETING**  | The date of the next GP Subcommittee meeting is **Monday 19th June 2017**The date of the next GP Subcommittee Executive meeting is Monday 5th June 2017. |