

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of
the COMMITTEE held on 20th
February 2017 in the Committee's
offices at 40 New City Road,
Glasgow G4 9JT

- SEDERUNT:** Drs Ronnie Burns, Maureen Byrne, Vicky Clark, John Dempster, Mark Fawcett, Gordon Forrest, Michael Haughney, John Ip, Punam Krishan, Susan Langridge, Jim Mackenzie, William Macphee, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Stephen Miller, Kerri Neylon, Jim O'Neil, Alex Potter, Jean Powell, Paul Ryan, Mohammed Sharif, Mark Storey, Michael Rennick, Alastair Taylor, David Taylor, Chris Tervit, Blair Walker and Raymund White.
- CHAIRMAN:** Dr Alastair Taylor, Chairman of the Committee, chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Norrie Gaw, Parisa Ghanbari, Alan McDevitt, Jacqueline McLoone, Euan Mabon, Bob Mair, Graeme Marshall, Paul Miller, Patricia Moultrie, Alan Petrie and Alasdair Wilson.
- ATTENDING:** Mr David Leese, Chief Officer (CO) Renfrewshire HSCP
Mrs Mary Fingland, Secretary of the Committee
- REVISED AGENDA:** The GP Subcommittee received the Revised Agenda.
- MINUTES: 16/050** The GP Subcommittee received the Minutes of the meeting held on 16th January 2017.
The Minutes of the 16th January 2017 were approved and signed by the Chairman.
- MATTERS ARISING:
16/051** (a) **Podiatry Services**
The GP Subcommittee heard that discussions were ongoing with the Board. Members were advised that the final report on the pilot was being prepared and that on the subject of returned podiatry referrals a meeting had taken place with sector managers in order for the Board to see how the service engaged with practices.
A member advised it was important have a consistent approach sector wide and heard that the HSCP leading on Podiatry had asked for a consistent approach. Members heard that any service change should be discussed with practices. It was suggested that the Podiatry General Manager is invited back to the GP Subcommittee.
Action: Invite General Manager Podiatry Services to attend the April meeting.

(b) Admissions Policy QEUH

The meeting heard the GP Subcommittee was seeking clarity around this policy. A member advised that it was already happening at the RAH. Members heard that when the GRI and QEUH were closed to admission recently the patients' details were taken by a junior doctor who organised onward admission to another hospital. Members also spoke of their frustration with interdepartmental referrals being passed back to GP to undertake.

Action: Need to take forward with Clinical Director Acutes. Next Primary/Secondary Care Interface date to be agreed.

(c) Minutes of the Executive GP Subcommittee of 3rd October 2016 and Items and Reports:-

1. Renfrewshire Development Programme Discussion Paper - GP Subcommittee Response

Noted.

2. Report of the AMC meeting held on Friday 20th January 2017

Noted.

GP Workforce Paper

Members noted this had gone to the AMC and heard that Northern Ireland was the only area in the UK that had gotten this high quality data on GP workload and its effect on practices. Members heard that the SGPC GP vacancy survey has shown vacancy rates rising but also that vacancies are being filled albeit slowly. A member wondered if it would be possible to ask how many sessions GPs worked. Another member agreed this would be useful as this was a big issue when looking at the situation on the ground. Members heard it was proposed to amend the SGPC survey to gather some local data for GGC.

The GP Subcommittee was advised that HSCP conversations with practices facing difficulties range from closing lists, locum cover, buddying. Board support would also encourage practice collaborations/mergers. However, there was no ABC algorithm answer to the difficulties being faced and under the current climate practices were facing scenarios that had not been seen before. Board support also included the use of pharmacist and managers looking at practice systems. Members heard it was sometimes useful to look at situations with fresh eyes. A member expressed concern that clusters should not be seen by management as the buddying support for struggling practices. A member thought that GP clusters should be given the opportunity once mature enough to look at this and felt that Peer support would be helpful to avoid major issues.

Clinical Senate

The GP Subcommittee heard a request for a seat on the senate had been sent to the Board.

3. Report of the Medicines Utilisation Prescribing Education meeting held on Wednesday 18th January 2017

Noted.

Alirocumab Shared Care Agreement

Members noted administration is by injection and for specialist use only. A member advised that this drug was similar to Methotrexate with no additional work. However Sharps disposal arrangements had not been agreed and these should be returned to the clinic in question. A member noted that pharmacy involvement is for training only. There was also concern on the medico-legal aspect of this prescribing.

IM&T: 16/052

(a) IT Update – Presentation Dr Keith Mercer, GP IT Lead Primary Care

Dr Mercer welcomed by the Chairman and introduced to the Committee. Dr Mercer began by speaking about GP information sharing proposals.

GP Portal

Members noted that:-

- Proposed dataset is in line with SCIMP proposal.
- Current active READ codes.
- Past significant codes.
- Procedures (including immunisations).
- Examination findings.
- Smoking status.
- Allergies/ADRs.
- Exclusion of sensitive codes e.g. BBV, STI, Gender and Sexuality as per National List.

The GP Subcommittee heard that the SCIMP proposed dataset and what GGC was looking at was very similar and will be translated into EMIS readcodes. Allergies/ADRs are the only segment with free text proposed and an exclusion list will be applied as per the national list.

Medications

- All active repeat medications issued in last 18 months
- Acute medications in last 3 months
- All repeat medication issued in last 2 years

The GP Subcommittee heard that the Board had tried to align with work already done in Lanarkshire. Members noted:-

1. Moving towards West of Scotland clinical portal.
2. Information will look broadly the same.

Information Governance

The GP Subcommittee heard:-

- Access will only be through tab on clinical portal
- RBAC 1 users (senior nurses and doctors with more junior staff no access)
- Entry screen requiring definition of access role
- Terms and Conditions tick box
- Audit trail - all have log-ins and is auditable who access from where and when.
- Ongoing discussion with GGC IG regards audit of use and methods of better audit flags.
- Lanarkshire agreement - the Board retains responsibility for access.
- Posters/leaflets for patients will be distributed

Disclaimer

The GP Subcommittee was advised that a disclaimer would be in place with a warning about inappropriate access and the consequences of that.

A member enquired how many GPs were accessing clinical portal at the moment and heard that there was no information available on GP numbers. Members heard that RBAC 1 for GPs had never been switched on as per an agreement made a number of years ago and because of this GPs can't access a lot of secondary care information.

A member noted that some of the proposed sharing rules exclude symptom based codes which would miss some illnesses with no readcode. Members heard the Board had a degree of pragmatism and would review how the access was working and it would improve with learning. Members noted however that Board IT contracts make change more difficult. A member welcomed that the new system would take away the requests for more information which would potentially free up GP time. On the subject of opt-outs members were told that the system would be similar to access for ECS however patient opt-out was paper based and in Lanarkshire these were held at the GP practice.

SPIRE Update

- Delayed for various reasons
- Public information campaign due to start March 6th 2017
- Should go live early in May
- Patient data anonymised at point of leaving surgeries.

Members noted initial functionality would be for:-

- Flu dashboard.
- High risk prescribing templates – DMARDs, warfarin.
- LES & DES report templates.

- Practice workload reports.

Member heard that SPIRE data would be local within practice who would receive good quality data similar to population manager. A member described the SPIRE rollout as being very substantial and suggested that information to practices on this was very important.

PC Digital Care Fund

- Applications from all but 37 practices.
- Most popular choices are MJOG, Practice websites, additional monitors, digital dictation.
- Additional monies for 2017/18 TBC; for further discussion at GMS IM&T group.

The Chairman thanked Dr Mercer for attending and for an interesting and very useful presentation.

GP REPRESENTATION REQUIRED: 16/053

(a) Hospital Subcommittee

Dr Mark Storey was nominated as the GP Subcommittee representative to the Hospital Subcommittee.

HEALTH SOCIAL CARE PARTNERSHIPS 16/054

(a) HSCP Update

The GP Subcommittee noted that a national CQL event would take place on Thursday 23rd February. Members heard that locally all CQLs had been confirmed in GGC. The GP Subcommittee was advised that GGC NHS Board was meeting tomorrow (Tuesday 21st) to set the health budgets for IJBs for the period 2017/18. IJBs would discuss thereafter. Members were advised that GPs should be aware of the consequences and impact of that on local services.

CHANGES TO THE MEDICAL LIST: 16/055

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 16/056

There was no further competent business.

DATE OF NEXT MEETING

The date of the next GP Subcommittee meeting is **Monday 20th March 2017**.

The date of the next Executive meeting is Monday 6th March 2017.