

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

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

- SEDERUNT:** Drs Maureen Byrne, Vicky Clark, John Dempster, Louise Dytch, Mark Fawcett, Gordon Forrest, Michael Haughney, John Ip, Punam Krishan, Susan Langridge, Jim Mackenzie, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Paul Miller, Patricia Moultrie, Alex Potter, Mohammed Sharif, Alastair Taylor, Chris Tervit, Michael Rennick and Blair Walker.
- CHAIRMAN:** Dr Alastair Taylor, Chairman of the Committee, chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Ronnie Burns, Norrie Gaw, Parisa Ghanbari, Jacqueline McLoone, Euan Mabon, Bob Mair, Kerri Neylon, Jim O'Neil, Jean Powell, Paul Ryan, Mark Storey, David Taylor, Alasdair Wilson and Raymund White.
- ATTENDING:** Mrs Mary Fingland, Secretary of the Committee
- MEMBERSHIP OF THE COMMITTEE:**
- (a) Resignation Dr Alan Petrie**
- The GP Subcommittee noted Dr Petrie's resignation from the GP Subcommittee. The Chairman thanked Dr Petrie in his absence for his sterling work in the Inverclyde New Ways project and for keeping the GP Subcommittee informed of project's progress and wished Dr Petrie well in the future.
- (b) Dr Paul Ryan Clinical Director North East Sector Glasgow City HSCP**
- The Chairman advised members that Dr Ryan had retired as Clinical Director North East Sector, Glasgow City HSCP. On behalf of the GP Subcommittee the Chairman thanked Dr Ryan for the manner in which he successfully managed and balanced the role of North East Clinical Director with his remits for Clinical Governance and Appraisal/Revalidation to mention but a few. Members were pleased to note that Dr Ryan would remain on the GP Subcommittee as an ordinary member.
- (c) Clinical Director North East Sector Glasgow City HSCP**
- The Chairman congratulated Dr Graeme Marshall on behalf of the GP Subcommittee on his appointment as Clinical Director North East Sector Glasgow City HSCP following Dr Ryan's retiral from the role.
- REVISED AGENDA:** The GP Subcommittee received the Revised Agenda.

MINUTES: 16/057

The GP Subcommittee received the Minutes of the meeting held on 20th February 2017.

The Minutes of the 20th February 2017 were approved and signed by the Chairman.

**MATTERS ARISING:
16/058****(a) Podiatry Services**

The GP Subcommittee was advised that an email response regarding the report of the Castlemilk Health Centre screening pilot had been received from Podiatry Services. Members noted the response had been disappointing in its lack of detail on evaluation and analysis of the pilot. Members heard the GP Subcommittee had subsequently suggested that a cost analysis and DNA attendance rate analysis was required before dismissing the pilot and advised that a screening service was required as services moved out of GP practices.

Action: Screening programme needed to replace service removed from practice.

There was concern that Medium/High risk patients who have already been risk stratified by practice before being referred are being returned to practices for screening. Members were also concerned to hear that Clydebank practices have been advised by the service in their area that new traffic lights would be coming out from Podiatry with medium risk patients currently attending the service being sent back to GPs. A member was also concerned that the service in his area was now requesting that bloods required by Podiatrists be carried out by GP practice.

A member also raised concerns about hospital letters regarding virtual clinics for other secondary care services and patients being directed to practices for pre-clinic or specialist bloods with no resources mentioned to fund the work involved. Members noted this issue had been raised at the Primary Secondary Care Interface where there was agreement that this work should not be undertaken by the GP practice. Concern was also raised by members that specialist patients directed to their GP and found to have abnormal blood results will have to be actioned by the GP who might not have the expertise to deal with the problem.

(b) Minutes of the Executive GP Subcommittee of 3rd October 2016 and Items and Reports:-**1. Clinical Senate – Response Dr Jennifer Armstrong Clinical Director NHS GGC**

Members noted the Clinical Senate had been discussed at the AMC and the GP Subcommittee will review its response in light of those discussions.

Members heard the Medical Director had elaborated on the role of the senate whose formation had come about following the Mid-Staffs Review and its recommendations. However the GP Subcommittee wondered where the senate sat in the GGC organisational chart and queried the remit of the group?

There was concern that strategy or policy change which affects General Practice may be agreed by the senate without having come through the proper advisory structure. Members heard that change is more likely to be achieved if potential difficulties are highlighted to management figures early in the process.

Action: Review response. Request information on the organisational chart and remit of the senate. Highlight any strategy change affecting General Practice should come to the GP Subcommittee for comment in line with its statutory advisory role to the Board.

2. BNP Testing in General Practice

The GP Subcommittee noted that the pilot was pressing for another BNP test to be available in GGC which would resolve the storage issue. Members noted:-

- The pilot had worked very well but required a separate order form as BNP test not available on order comms. If rolled out GGC wide BNP will be added to order comms.
- The BNP scheme worked to the patients' benefit.
- Pilot to be welcomed if reduce AF and Cardiology waiting times.
- Previously the clinical directive was not to store bloods in a vaccine fridge and clarification was needed if this can now happen.

3. Report of the ADTC meeting held on Monday 20th February 2017

Noted.

4. Report of the Primary Care Prescribing Management Group meeting held on Thursday 16th February 2017

Noted.

5. Report of the City Wide Primary Care Strategy meeting held on Tuesday 14th February 2017

Noted.

6. Report of the HIV meeting held in February 2017

The GP Subcommittee noted 95 new cases HIV in GGC. Members heard the vast majority of these new cases were in people injecting drugs.

7. Report of the Referral Management Group meeting held on Tuesday 31st January 2017

Acute to Acute Referrals and GP Communications:

Members were asked for their views on whether or not GPs should continue to receive communication about Secondary Care internal referrals. Members

noted that the Dental Hospital, for example, now removes GP letters from its correspondence list. Members highlighted there are cases where it would be entirely appropriate for GPs to continue to be copied in i.e. cancer cases. However there was no right or wrong answer. Some members felt it would be useful to continue to receive copies for patient record/management but another highlighted difficulties with cross boundary services and would be happy not to receive those from another Health Board as they can be difficult to process.

Action: Take GP Subcommittee comments back to RMG.

8. Report of the Psychiatric Advisory Committee meeting held on Wednesday 1st March

Noted.

9. Report of the IM&T Committee meeting held on 23rd February 2017

There had been a couple of complaints from practices about Docman which apparently cannot cope and the system either needs to be fixed or pulled following its recent upgrade. Members heard that the changes have been a major backward step with the roll-out stopped. Members heard there was a clinical safety issue as Docman remains open and at end of consultations clinicians can have a large number of Docman files open on system. The Board are currently working to rectify the problems. It had been suggested that a list of all known Docman difficulties would be useful and members were asked forward issues to the IT department.

A member asked about the BETA test sites, who are they and what are they doing? In response the GP Subcommittee heard that the BETA sites did report problems, hence roll-out stopped. Members noted that once Docman was changed it cannot move back to the older system. Multiple issues have already been reported as there are many versions of Docman and as users cannot go back to previous versions roll-outs are stopped when problems occur. A member enquired how do GPs get information on how to direct Docman as practices in England now have a system which directs 80% of work elsewhere and away from GP. Members heard that staff can be trained on how to do this and funding was available for this.

10. Report of the Heart MCN meeting held on Monday 20th February 2017

Noted.

**GP
REPRESENTATION
REQUIRED: 16/059**

(a) Diabetes MCN

Dr John Ip was nominated as the GP Subcommittee representative to the Diabetes MCN.

**HEALTH SOCIAL
CARE
PARTNERSHIPS 16/060**

(a) Area Medical Committee

Members heard that AMC discussion was now more relevant to HSCP IJBs and the proposal is to invite a HSCP Chief Officer to attend AMC meetings.

(b) GP Subcommittee and HSCP Clinical Directors Interface

Members noted the GP Subcommittee had received an invitation to attend CD quarterly meetings and this will be discussed further at the GP Subcommittee Executive meeting in April.

**CHANGES TO THE
MEDICAL LIST: 16/070**

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 16/071

There was no further competent business.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 24th April 2017**.

The date of the next Executive meeting is Monday 5th June 2017.