[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE General Practitioner Subcommittee

MINUTES of the MEETING of the COMMITTEE held on 18th December 2017 in the Committee's offices at 40 New City Road, Glasgow G4 9JT

- SEDERUNT: Drs Ronnie Burns, Elizabeth Denholm, Mark Fawcett, Gordon Forrest Michael Haughney, John Ip, Susan Langridge, James Mackenzie, William Macphee, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Paul Miller, Patricia Moultrie, Alex Potter, Jean Powell, Paul Ryan, Mohammed Sharif, Alastair Taylor, Michael Rennick, Blair Walker and Raymund White.
- CHAIR: Dr Alastair Taylor, Chair of the Committee, chaired the meeting.
- APOLOGIES: Apologies for absence were received from Drs Colin Black, Maureen Byrne, Vicky Clark, John Dempster, Norrie Gaw, Parisa Ghanbari, Kathryn McLachlan, Euan Mabon, Steven Miller, Kerri Neylon, Mark Storey, David Taylor, Chris Tervit and Alasdair Wilson.
- ATTENDING: Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.

Mrs Mary Fingland, Secretary of the Committee.

- **REVISED AGENDA:** The GP Subcommittee received the Revised Agenda.
- MINUTES: 17/043 The GP Subcommittee received the Minutes of the meeting held on 27th November 2017.

The Minutes of the 27th November 2017 were approved and signed by the Chair.

MATTERS ARISING: (a) Minutes of the Executive GP Subcommittee of 2nd October 2017 17/044 Items and Reports:-

1. <u>Syncope Pathway for Primary Care</u>

Noted.

2. <u>AMC Meeting 20th October – Transformational Plan Paper</u>

Noted.

3. <u>Report of the ADTC meeting held on Monday 23rd October 2017</u>

Noted.

4. <u>Report of the Diabetes MCN meeting held on Monday 23rd</u> <u>October 2017</u>

Noted.

GP REPRESENTATION REQUIRED: 17/045 (a) Respiratory MCN Tuesday 6th March 2018 10:30am Boardroom Ground Floor GRI

Dr McHugh thought he might be able to attend this Group.

(b) NHS GGC Standing Committee on Public Health

Dr Patricia Moultrie was nominated as GP Subcommittee representative with Dr Maureen Byrne as deputy.

(a) Report of the Hospital Subcommittee meeting Tuesday 5th December 2017

Noted.

(b) Report of the Child Health Transformation Programme Board meeting Monday 13th November 2017

Noted.

(c) ADTC Prescribing Interface Group meeting 12th December 2017

Noted.

(d) Preschool Immunisation Group meeting 11th December 2017

Noted.

(e) GP Appraisal Steering Group meeting Thursday 23rd November 2017

Noted.

(f) Report of the Referral Management Group meeting Tuesday 28th November 2017

Received.

Pregnancy Information Referral

A member thought that this additional question was already on the referral forms used in Clydebank. Members heard that if this was correct the form had been changed without consultation.

NOTES AND REPORTS OF MEETINGS (FOR NOTING ONLY) 17/046

<u>MSK</u>

Members were unclear why information on previous physiotherapy input was needed as the service should know this already. Members were disappointed at the suggestion that GPs now check medical records to include this additional information. Members heard it was evidently to assist the service triage patients. The GP Subcommittee agreed the inclusion of mandatory boxes in electronic referral templates should continue to be resisted unless patient safety was an issue.

Photography for Dermatology Referrals

Members noted concerns about the use of digital photographs with dermatology referrals and the impact on practice servers and obtaining patient consent.

(g) Report of the IM&T meeting held on Thursday 30th November 2017

Received.

Laboratories

Members noted DEXA would be available on SCI.

Docman

A member raised concerns about patches in pilot sites which did not address difficulties with the system and suggested that practices on 75500 should be given the new patch first before it was rolled-out GGC wide. Members heard the difficulties with Docman are a nationwide issue and not just GGC with performance failing over the last few years.

(h) Transformational Review Orthopaedics

The GP Subcommittee discussed the orthopaedics referral pilot and how it could affect the patient pathway. It was felt clarity was needed on a number of queries including the need for visual checks and whether inequalities and disabilities had been considered. A member wondered whether a patient requiring a knee operation for example might remain independent without. Members noted that two thirds of patients do not go forward and thought that a specialist nurse service should be encouraged to manage these patients appropriately. Members heard the pilot needed to be fully evaluated and patients tracked to establish the outcome for both patient and increased workload for GPs. Members heard that nine speciality groups including three cancer specialities where meeting and that local HSCP meetings were also planned.

Action: Write to service outlining concerns.

(i) Primary Care Mental Health Interface

Received.

A member commented that their experience of group intervention was that it worked really well for patients and was in favour of high volume throughput. Members spoke about the complexity identifying which service to refer to and the difficulty other services also had in referring to PCMHTs with GPs being requested to refer onwards. Members discussed the proposal to switch off mental health service fax machines in line with Board policy and concern was expressed about information being simply given to patients to hand in directly to the practice.

Action: Dr John Ip to raise establishing a single point of access for mental health service with the RMG.

(a) Report of the ADTC Committee meeting held on Monday 11th December 2017

Received.

Sodium Valproate Letter to Practices

Action: Happy with.

DOAC Booklet

Action: Acceptable as a patient aid.

(b) Report of the ADTC Medicines Utilisation Prescribing Education meeting held on 22nd November 2017

Received.

TPH Guidelines

Comments:-

- Welcome patients receiving full course of prescribed medication from service.
- Concern patients with lower limb casts are receiving adequate supplies of medicine.

NOTES AND REPORTS OF MEETINGS (FOR ACTION OR COMMENT) 17/047 • Full course as required should reduce potential wastage of medicines.

Action: Dr Raymund White to feed back to group.

AF Guidelines

Received.

(c) Report of the HIV Prevention, Treatment and Care Group meeting held on 27th October 2017

Received.

Hospital Prescribed Medication and GP Records

Changes to EMIS and Vision now allow this to be recorded without impact on GP repeat prescribing. Outside prescription functionality on both systems will not allow outside prescriptions to be printed. GP practices need to be updated if patients no longer receiving these drugs.

Action: Not unreasonable to encourage GPs to record but need feedback from service if patient still receiving medication. Take to GMS eHealth Group. Feedback to Drs Steven Miller and Keith Mercer.

(a) New GP Contract

Members heard that HSCP Chief Officers (COs) are currently looking at the new GP contract proposals and what it may necessitate for their areas. Mr Leese told members that COs are signatories to Memorandum of Understanding, delighted to be part of that and the contract is recognised as moving in the right direction across Scotland and COs looked forward to working with GP Subcommittee and LMC. Members heard that there was a lot of groundwork to undertake in 2018 but with the collaboration of HSCPs, GP Subcommittees and LMC a lot could be achieved.

A member commented that the degree of change was substantial but there was commitment from the Scottish Government, Health Boards and HSCPs to make it work. Another member welcomed Mr Leese's comments on collaboration and working together which they felt was a strong point to be taken to practices.

(a) Inclusions, Mergers, Resignations, Retirals

MEDICAL LIST: 17/049

CHANGES TO THE

HEALTH SOCIAL

PARTNERSHIPS

CARE

17/048

Noted.

(a) Hepatitis Vaccine

A member reported having considerable problems with accessing hepatitis vaccines and, although recognising the supply difficulties due to the worldwide shortage and aware that interim arrangements are not ideal, found contacting Public Health to be very problematic.

Action: There needs to be an easier way for GP practices to communicate with the service.

DATE OF NEXTThe date of the next GP Subcommittee meeting is Monday 15hMEETINGJanuary 2018.

The date of the next Executive meeting is Monday 5th February 2018.