

[Private & Confidential]

**GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE**  
**General Practitioner Subcommittee**

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

- SEDERUNT:** Drs Colin Black, Maureen Byrne, Vicky Clark, Michael Haughney, John Ip, Punam Krishan, William Macphee, Alan McDevitt, Kathryn McLachlan, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Patricia Moultrie, Alex Potter, Jean Powell, Mohammed Sharif, Mark Storey, 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 Ronnie Burns, John Dempster, Mark Fawcett, Gordon Forrest, Norrie Gaw, Parisa Ghanbari, Susan Langridge, Jim Mackenzie, Euan Mabon, Bob Mair, Paul Miller, Kerri Neylon, Paul Ryan, 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: 17/022** The GP Subcommittee received the Minutes of the meeting held on 19th June 2017.  
The Minutes of the 19th June 2017 were approved and signed by the Chair.  
The approved GP Subcommittee Executive Minute of 3rd July was received.
- MATTERS ARISING:  
17/023** (a) **Minutes of the Executive GP Subcommittee of 21st August 2017 Items and Reports:-**
1. Report of the Sexual Health Review Programme Board meeting held on Friday 14th July  
Noted.
  2. Report of the MUPE meeting held on Wednesday 26th July 2017  
Noted.
  3. Report of the GRI Interface meeting held on Wednesday 16th August 2017  
Noted.

4. Report of the SHPIG Clinical Subgroup meeting held on 15th June

Noted.

5. Prescribing Efficiency meeting held on Thursday 10th August 2017

Noted.

**GP  
REPRESENTATION  
REQUIRED: 17/024**

**(a) Respiratory MCN Steering Group**

Dr Graeme Marshall nominated as GP Subcommittee representative.

**Action:** Advise Respiratory MCN Chair of Dr Marshall's nomination and forward Dr Marshall's contact details.

**(b) Primary Care Respiratory Group**

Circulate details to GP Subcommittee when details of the next meeting are confirmed.

**Action:** Circulate details to members when next PC Respiratory Group meeting date is confirmed and seek a GP Subcommittee representative at that point.

**NOTES AND  
REPORTS OF  
MEETINGS 17/025**

**(a) Report of the Thrombosis Committee 18th August 2017**

Noted.

**(b) Report of the Primary/Secondary Care Interface 21st August 2017**

Received.

Adult Immunisations at the Request of Acute Services

Members heard there was agreement with Board that GPs could undertake these vaccinations if they feel able to do so after consultation with the Consultant in charge. If not Secondary Care will retain responsibility for the administration of this specialised course of vaccinations. Members noted these were usually complicated immunisation regimes e.g. for patients who had undergone bone marrow transplant. The GP Subcommittee heard this work was not contractual and many GPs were unhappy to carry out these immunisations because of the potential clinical risk. The vaccines are also required to be individually prescribed for patients.

**Action:** Newsletter article.

Surgical Receiving

Members agreed that clarification of the new contact telephone numbers would be helpful. Members noted that GPs contacting receiving units were

not getting through which caused frustration and was time consuming. A member advised that they had still not managed to get advice on patient prior to admitting using the numbers circulated. The GP Subcommittee heard that three different sets of numbers had been issued since the QUEH had opened and GPs have had no sight of pathways into receiving. Members noted the service was variable and agreed it would more effective to remove the surgical number if it is not correct.

**Action:** Need to get communications improved between Hospitals and GPs. GPs should be aware of pathways. Contact Anne Harkness Director QUEH regarding this and copy to David Leese. Ask for the contact numbers to be clarified and recirculated to GPs.

#### NHSGGC Access Policy

The GP Subcommittee noted that the Health Board is to review its access policy in light of the recent Scottish Government paper.

#### Sector Interface Groups

The GP Subcommittee discussed acute sector interface groups and heard that HSCP Clinical Directors (CDs) attend these groups as GP representatives. Members were concerned that CDs attend these groups in a management role and as the GP Subcommittee is the statutory advisory avenue for General Practice it should be involved in discussions and decision making affecting GPs. Members also noted that the LMC also has a role as an affiliate of BMA GP structures.

It was agreed to continue to seek GP Subcommittee membership on these groups.

**Action:** Chair to write to Anne Harkness, Director QUEH once again seeking GP Subcommittee representation. Letter to be copied to David Leese CO Renfrewshire HSCP and Lead CO for Primary Care.

#### **(c) Report Pain MCN 23rd August 2017**

Received.

Members heard that patient information videos are to be made available with the aim of reassuring patients about their pain management. The GP Subcommittee was told that referrals were being looked at and how trials in North and South sectors on how referrals can be managed more effectively are being undertaken. Members were told that the Pain Service was keen for ideas on how to encourage increased uptake at GP educational meetings. Members heard attendance could be affected by timing and location of education meeting. Members noted a Pain Addictions Clinic is to be set-up which the service anticipates will be located in Parkhead Health Centre.

#### **(d) Report of the ADTC 28th August 2017**

Noted.

**(e) Report of the Diagnostic Interface 4th September 2017**

Received.

Members noted that Sunquest ICE Meetings are mainly held in a virtual format at the moment.

Members noted that QFit testing is a simpler test for blood in stools but needs to come through Gastroenterology.

**Action:** Establish if NHS GGC has a Gastroenterology MCN.

**(f) Report of the GMS eHealth Steering Group 31st August 2017**

Received.

Medicines Reconciliation

Members heard of a Pilot underway in Inverclyde which imports drugs into hospital system however no patient consent is sought. There is no tick box to state consent given and the default is no patient consent. Members noted ORION clinical portal is implementing a tick box following concerns. GP Subcommittee comments were requested.

A member stated that no Health Board or practice should change access to ECS as that would require a national agreement on any change. Members heard that SGPC would withdraw its consent and all access to ECS would cease if this was the case.

**Action:** Chase up pilot in Inverclyde.

Sunquest ICE

Members noted funding has been identified to allow radiology on ICE.

DEXA Scan

The question was should DEXA be available on Gateway or ICE? It was decided Gateway worked better. A member commented that DEXA was good on Gateway.

Skype on NHS Mail

The GP Subcommittee was asked if it would be keen to have this facility. A member thought it could be beneficial for using as video conferencing. Another member commented that the Scottish Government was keen to have this switched on in Scotland and that if technology enabled would be good and allow visual patient consultations for example. However the member also queried whether the network could handle Skype and how much it would cost

to put in place. Another member was concerned that bandwidth would be a headache and noted that SWAN was fairly meagre with bandwidth. Members heard that infrastructure would need careful thought. It was agreed to explore further with eHealth. A member advised that this had also come up at the Paediatrics Committee and Consultants had also thought would be very useful for them. A member also wondered whether it would work for multi-conferencing and heard it does work and was more cost effective.

#### Transformation Fund

A member commented that their practice had obtained laptops from the last round of funding but then discovered there was no remote access if used outwith practice i.e. on home visits. The member suggested it would be beneficial to seek IT advice from the IT team to highlight what will work for a practice. The GP Subcommittee heard that with new laptops GPs need to log on using the patients' Wi-Fi and then delete on log off.

Members heard that change would depend on scale of project and eHealth was looking for ideas. A GP member of the eHealth PC Group had advised pocket translation might be a good procurement. Members noted there were around 20 practices that have yet to engage in the process.

#### **(g) Report of the Hospital Subcommittee 5th September 2017**

Received.

#### Hospital Subcommittee Representation on GP Subcommittee

Members noted it was hoped to have a Hospital Subcommittee representative who was able to attend the GP Subcommittee on a more regular basis on which was welcomed.

#### Unscheduled Care Groups

Mr Leese confirmed that the GPs attending the unscheduled care group in the North, South and Clyde sectors are the HSCP CDs. Members thought the diversion rates highlighted were very interesting especially as the RAH seems the only site still diverting with around 40 patients per month to Inverclyde. The GP Subcommittee heard that although CDs may attend such groups it should be recognised that the GP Subcommittee is the advisory Committee and its involvement is more likely to forestall any difficulties with initiatives prior to their implementation.

#### Interface

Members heard that increasingly hospital consultants were getting into email correspondence with LMC/GP Sub about difficulties encountered in Primary Care. Members agreed any consultant concerns should be taken through their own acute CD structures and then brought to the Primary/Secondary Interface. Mr Leese suggested the Director of the North Acute Sector would refresh how acute bring issues to interface. Mr Leese advised these were helpful forums

that dealt with smaller issues which caused discomfort.

### Radiology

Members agreed the solution to reporting difficulties is not for GPs to view films on portal and then try and interpret the results. The GP Subcommittee advised there was a medico-legal risk for GPs when patients were advised by hospital administrators to simply attend their GP for their results.

A member also commented about radiology services in the community and noted that patients in Clydebank had in the past enjoyed an x-ray that day until the service introduced appointment system with GPs now having to identify priority on referral i.e. very urgent, urgent, current or routine which lengthened the patient journey.

**Action:** Welcome Hospital Subcommittee input. Write to Dr Ron Alexander. Welcome GP Subcommittee involvement in Unscheduled Care Programme Board.

A member commented that redirection is a big problem without proper consultation.

### **(h) Report of the GP Premises Subgroup 5th September 2017**

Received.

### Premises Assessments

The GP Subcommittee heard the Scottish Government was about to fund a national premises assessment and it was suggested that SG & GGC assessments both match up. There remained disappointment at % grants as GPs in England were currently receiving 100% improvement grants.

### Back Scanning

Members heard that recent back scanning in Clydebank Health Centre however the end product was not a searchable pdf. Members were told this creates issues in terms of time spent trawling record for information.

The GP Subcommittee heard that PSD had offered to scan every paper record that comes through them from non to back scan. Dr Leese advised that unfortunately PSD did not have the correct equipment and it would cost over £1m for a 'super scanner'. Members heard that back scanning frees up space but there needs to be a standard agreed format across the Board as there are a number of different methods to achieve putting a paper record into an electronic format.

A member wondered if there was any mention of retrospective reimbursement for practices that had funded their own back scanning and heard no. A member queried who owned the record and wondered if those responsible should be liable for cost of maintaining? Members heard the answer was not

clear and currently there was discussion on the possibility of joint data controllers with NHS, SG. Members heard negotiators were deliberating where responsibility starts and stops.

**Action:** SPGC to be contacted regarding issue of back scanned practices receiving paper records.

**(i) Report of the Pre-5 Immunisation Group 1st September 2017**

Noted.

**HEALTH SOCIAL  
CARE  
PARTNERSHIPS 17/026**

**(a) HSCP Update**

Members heard that most issues had already been dealt with under other agenda items and Mr Leese will take these back to fellow COs and the Board.

Clusters

A member asked for an update on third party involvement as increasingly third parties are attending cluster meetings to promote change in their services. Members heard that Clusters are meant to set own agenda and content and were set up initially to look at quality in practices. Members noted that GP Subcommittee will be involved in future with tripartite working between GP Subcommittee, CDs and Cluster Leads.

**CHANGES TO THE  
MEDICAL LIST: 17/027**

**(a) Inclusions, Mergers, Resignations, Retirals**

Noted.

Recruitment and Retention

Members heard that recruitment was difficult in Inverclyde. The GP Subcommittee was told that in East Ayrshire 9 GP practices were on the verge of going 2c and in Northern Ireland County Fermanagh had seen GP practices fall from 20 to 7. Members heard negative recruitment reports were coming back from across the country.

**AOCB: 17/028**

There was no further competent business.

**DATE OF NEXT  
MEETING**

The date of the next GP Subcommittee meeting is **Monday 16th October 2017**.

The date of the next Executive meeting is Monday 2nd October 2017.