

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the
COMMITTEE held on 15th
October 2018 in the Committee's
offices at 40 New City Road,
Glasgow G4 9JT

SEDERUNT: Drs Mark Fawcett, Andrew Fitchett, Gordon Forrest, John Ip, John Kyle, Susan Langridge, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Patricia Moultrie, Kerri Neylon, Alex Potter, Michael Rennick, Paul Ryan, Mohammed Sharif, Samir Shukla, Mark Storey, Blair Walker and Raymund White.

CHAIR: Dr Mark Fawcett Vice-chair of the Committee chaired the meeting.

APOLOGIES: Apologies for absence were received from Drs Ronnie Burns, Maureen Byrne, Vicky Clark, Gayle Dunnet, Sheena Fraser, Michael Haughney, Norrie Gaw, William Macphee, Hilary McNaughtan, Paul Miller, Jasmeet Singh, Paula Rogers, Alastair Taylor and David Taylor.

Dr Ron Alexander, Hospital Subcommittee Representative.

Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.

ATTENDING: Mrs Mary Fingland, Secretary to the GP Subcommittee.

ACCEPTED:-

- (a) Pharmacotherapy Implementation Group Tuesday 2nd October 2018
- (b) Report Primary/Secondary Care Paediatric Interface 16th August 2018
- (c) Report Prescribing Management Group 18th September 2018
- (d) Report Primary Secondary Care Interface 17th September 2018
- (e) Report GMS eHealth Group 28th September 2018
- (f) Minutes GMS eHealth Group August 2018
- (g) Changes to Medical List Inclusions, Resignations, Retirements

MINUTES: 18/029 The GP Subcommittee received the Minutes of the meeting held on 17th September 2018.

The Minutes of the 17th September 2018 were approved and signed by the Chair.

MATTERS ARISING: There were no matters arising.
18/030

GP REPRESENTATIVE (a) Diabetes MCN

REQUIRED:18/031

Action: Circulate details to members who submitted apologies.

(b) Review OOHs Project Steering Group – Deputy only

Action: Circulate details to members who submitted apologies.

(c) Falls Strategy Group

Action: Circulate details to members who submitted apologies.

NOTES AND
REPORTS OF
MEETINGS (FOR
ACTION):18/032

**(a) Report of the Child and Maternal Health Strategy Group
Wednesday 3rd October 2018**

Received.

Child Protection

Members noted that the service was reviewing its operational strategy and seeking additional consultant sessions to meet growing demand. Members heard GP Subcommittee input would be sought on any proposed changes.

Action: Dr Patricia Moultrie to contact Dr Kerry Milligan about the service review.

Health Visitor (HV) and Ante-natal Home Visiting

Members noted that under a new national pathway HVs will carry out two ante-natal home visits. Members heard this may have funding implications for the service moving forward as more HVs will need to be recruited to cope with the additional workload. It was unclear from what budgets this additional resource would come if required.

Child and Adolescent Mental Health Services (CAMHS) and Rejected Referrals Audit

Members heard that in some areas the percentage of GP referrals rejected had improved. Members noted that GP Subcommittee input into a service review may be sought. Members heard the service was considering offering an initial visit and assessment. The GP Subcommittee suggested it would be useful for the CAMHS to write or contact the patient offering an alternative service to contact if a referral was being rejected

Members noted it has been proposed to return CAMHS to mainstream Mental Health Services.

(b) Report of the Pre-school Immunisation meeting held on

Thursday 4th October 2018

Received.

Information Sharing with GPs

There was a short discussion and agreement that email would be best option at this time. However members noted that not all practices monitor their generic mailboxes on a regular basis and it was thought a short newsletter article about having a system in place may be helpful.

A member reiterated the benefit of the lifelong GP record and recording of patient information, including vaccination status, within the GP record. Another member noted that blood results for example are easily entered electronically into the GP record and felt an electronic solution that benefits both the vaccination service and GP record would result in a 'win win' situation for all.

Action: Newsletter article on having a system in place to monitor generic mailboxes on a regular basis.

Dr Ip to take to the eHealth Group the need for an electronic solution to transferring vaccination information between the services.

(c) Referral Management Group meeting held on Tuesday 25th September 2018

Received.

Urgent Suspicion of Cancer (USOC) and CT Chest

Members heard that the Executive rejected a proposal for GPs to order an urgent low dose CT chest at the same time as submitting an USOC referral. The GP Subcommittee heard issues around dual test ordering and increased clinical risk had been raised by the Executive.

SCI Referrals and Acute vs Community Service Lists

Members briefly discussed whether the single service list available at the moment should be split into separate Acute and Community service lists. Members also noted the lack of functionality and a search engine within SCI could not be remedied, hence the suggestion of splitting the list to make navigation easier. After consideration it was agreed to retain the status quo.

Action: Agreed to retain a single list for services available to

NHSGGC.

(d) Primary Care and Mental Health Services (MHS) Interface meeting held on Thursday 20th September 2018

Received.

Improving Communications between GPs and MHS

A member commented on a recent audit on facsimile usage in their cluster and suggested encouraging mailbox use instead. Another member noted facsimile usage could still be useful under certain circumstances but patient consent for information to be shared in this manner should be sought before transmission. Members noted use of facsimile was against board policy but many GPs and secondary care services still retain fax machines.

Action: Email preferable to facsimile.

(e) Geriatric Hospital Subcommittee meeting held on Tuesday 11th September 2018

Received.

Immediate Discharge Letters (IDLs)

Members noted growing concerns about the new layout of IDLs and agreed the format could be improved to make it more user friendly.

Members discussed how medicine reconciliation is now detailed and the difficulties faced in interpreting changes in prescribing as relevant information can often be spread across the IDL in free text.

Action: Ask for letter to be returned to portrait layout. Raise prescribing issues with eHealth Group.

(f) Glasgow City Primary Care Strategy Group meeting held on Thursday 26th September 2018

Received.

Primary Care Implementation Workstreams

Members heard there were 12 workstreams in Greater Glasgow and the current overarching GP Subcommittee leads for pharmacology, treatment rooms and phlebotomy and the vaccination transformation programme would also take on Greater Glasgow groups allowing continuity across GGC. Not all groups may require regular GP Subcommittee input given the nature of work underway.

Mental Health Services (MHS)

Members heard the GP Subcommittee would be writing to HSCPs Chief Officers (COs) on the development of MHS and the GP Subcommittee looked forward to working with COs and MH colleagues.

Sandyford Services

Members noted it was now generally recognised that workload shift from Sandyford to General Practice was happening. The GP Subcommittee was trying to establish how this shift was to be addressed as it is against Memorandum of Understanding (MoU) agreement and the stability agreement and the issue would be raised at the next PC Programme Board meeting.

Primary Care Mental Health Interface

A member requested that services for patients with Learning Difficulties were not overlooked and included in the Interface.

(g) Oral Report of the Area Medical Committee (AMC) meeting held on Friday 12th October 2018

Received.

eHealth

Members heard this had been an interesting presentation and very engaging with constant references to the new GP contract which was welcomed. A scoping exercise is taking place to identify what I.T. was required in both Primary and Secondary Care. Members thought electronic sharing of information would be useful.

Moving Forward Together (MFT)

This programme was now live with Jonathan Best, Director North Sector and MFT Executive, leading for the Board. Members noted that the GP Subcommittee were not involved in the steering group or current workstreams..

Prescribing Budgets

Members heard the GP Subcommittee had developed a paper on changes to high cost item prescribing and risk sharing and general pressures on prescribing budgets and the potential impact of that on front line community services and therefore the threat to both the new GP contract and the MFT programme. GP Subcommittee members to the AMC had also highlighted that much of the

prescribing undertaken in Primary Care was driven by Secondary Care.

As a result of the GP Subcommittee paper a meeting will be arranged with the HSCP COs and the GP Subcommittee Office Bearers to discuss the issues raised. Members agreed Secondary Care prescribing and its impact on Primary Care should continue to be raised at a number of fora with the intention that other arrangements for Secondary Care prescribing should be explored.

Members heard GP Subcommittee concern had been heightened following a prescribing support communication to GP practices which contained a statement “*Any shortfall in the delivery of these savings will necessitate further savings having to be made to other front line community services.*” This had evidently been driven by changes to the risk sharing arrangement between the Board and HSCPs.

Action: GP Subcommittee AMC paper to be circulated to all GP Subcommittee members for information.

**PRIMARY CARE
IMPLEMENTATION
PLANNING 18/033**

(a) Primary Care Implementation Planning

Mainly covered in received reports elsewhere in the agenda. No further update.

AOCB: 18/034

(a) Surgical Receiving

A member had raised concern about an apparent change in policy with regard to patients who had been assessed but not seen by a GP; not being accepted by the assessment unit and the GP being advised to send the patient to A&E instead. Members heard this was against Board policy. Members noted it was not only Surgical who declined but also Urology and Orthopaedics. Members also reported having difficulties communicating with A&E when sending patients up.

Action: Raise issues at the Board-wide Interface.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 19th November 2018.**

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