

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the
COMMITTEE held on 17th
September 2018 in the
Committee's offices at 40 New City
Road, Glasgow G4 9JT

- SEDERUNT:** Drs Ronnie Burns, Maureen Byrne, Vicky Clark, Mark Fawcett, Gordon Forrest, Sheena Fraser, Michael Haughney, John Ip, John Kyle, Susan Langridge, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Paul Miller, Steven Miller, Patricia Moultrie, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Jasmeet Singh, Mark Storey, Alastair Taylor and Raymund White.
- CHAIR:** Dr Alastair Taylor Chair of the Committee chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Gayle Dunnet, Andrew Fitchett, Norrie Gaw, Graeme Marshall, Kerri Neylon, Samir Shukla, David Taylor and Blair Walker.
- Dr Ron Alexander, Hospital Subcommittee Representative.
- ATTENDING:** Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.
- Dr Mary Anne Burrows, BMA Scottish Sessional Representative.
- Mrs Mary Fingland, Secretary to the GP Subcommittee.
- MEMBERSHIP OF THE COMMITTEE:** (a) **GP Subcommittee Membership**
- Dr Taylor welcomed and introduced Dr John Kyle to members of the GP Subcommittee. Dr Kyle was co-opted as a Sessional GP representative and brings a wealth of experience to the GP Subcommittee.
- ACCEPTED:-** (a) **Primary Care Intelligence meeting Thursday 13th September**
(b) **qFIT meeting Friday 31st August 2018**
(c) **Changes to Medical List Inclusions, Resignations, Retirements**
- MINUTES: 18/024** The GP Subcommittee received the Minutes of the meeting held on 18th June 2018.
- The Minutes of the 18th June 2018 were approved and signed by the Chair.
- MATTERS ARISING:** There were no matters arising.
18/025

(a) Report of the GP Appraisal Steering Group meeting Thursday
13th September 2018

Received.

Members discussed the local ROs reported position that 50 sessions of GP work are a requirement for positive recommendation for revalidation. Members noted such a requirement would impact on GPs working abroad, portfolio GPs and GPs retiring from substantive posts but wishing to continue in another capacity and was a change in the Board's stated position from as recently as February of this year. Members heard there was a process recognising the value of increased reflection for GPs who undertake low volume of clinical work in England and suggested this could be looked into. Members queried why such a stance was now being undertaken given the chronic state of GP recruitment and retention nationally. Members questioned the evidence base for requiring a set amount of sessions for revalidation and wondered if it fitted with the view of the GMC. It was suggested that whilst there may be a good reason for developing this proposal there was an overriding need to retain doctors in the system and GGC may be challenged if a GP was refused revalidation on these grounds. There was concern this may also alienate GPs who moved abroad and create a barrier to their return.

Action point: Write to Responsible Officer (RO) with concerns in a proactive manner and highlight workforce and retention and need to encourage doctors to stay in system.

(b) Report of the Diagnostic Interface meeting held on Thursday
30th August 2018

Received.

Urine Tests Early Pregnancy

Short discussion but no decision on whether needed or not as it may be down to individual clinical situation.

Radiology Reporting Times

Discussion on reporting times and the lack of a GP target time for reporting. Members heard it was a workforce issue and there were not enough radiologists to undertake the necessary work. Members noted the issue had been raised at the Area Medical Committee (AMC) a number of years ago and at the time the Board undertook outsourcing to clear the backlog of reporting. Members agreed there

was a need to support colleagues and look at what is being requested. Members heard a large number of tests come through A&E and Secondary Care.

Action: Engage with radiology if requested, support information in PARs/ CLARs

Vitamin D

The GP Subcommittee discussed the need for Vitamin D testing especially following Scottish Government advice that everyone living in Scotland should take supplement and the possible benefit of this being available over the counter free of charge without the need for a prescription.

GP Direct Access for Chest, Abdomen and Pelvis (CAP)

Members heard concern about evidence base that GP Direct Access improves the patient pathway. Concern was expressed this would need GP effective follow-up, tracking and interpretation of results as clinical responsibility would lie with the GP requesting the test. Concerns also expressed about increased reporting times currently being seen in imaging.

Action: Respond not appropriate for GPs at moment but this may change in future. Highlight concerns including the need for follow-up, interpretation, tracking and discussing results with patients when treatment options may not be known.

qFIT and back to referrer

Discussion around back to referrer when no blood results available or qFIT test undertaken. Members heard this was not the agreed way forward. A member expressed the view that this was a denial of service to patients.

Action: Contact service this is unacceptable, not the agreed process.

(c) Hospital Subcommittee meeting held on Tuesday 21st August 2018

Received.

Administration and Secretarial - Late Consultant Letters

Members heard that Secondary Care Consultants were concerned at the length of time for their letters to be produced post consultation.

A member suggested that an audit could be undertaken by

Secondary Care which would highlight when dictated, signed off and sent out. The GP Subcommittee heard this was an ongoing Secondary Care problem which hospital subcommittee colleagues would pursue. The quality of immediate discharge letters (IDLs) and how information was now laid out was also a concern for both GPs and Consultants.

Action: For Hospital Subcommittee colleagues to action however if brought to AMC GP Subcommittee colleagues could express shared concern.

**PRIMARY CARE
IMPLEMENTATION
PLANNING 18/027**

(a) Primary Care Implementation Plans (PCIPs)

The GP Subcommittee received a brief update on the progress of the PCIPs in Greater Glasgow and Clyde (GGC).

Members heard that all PCIPs had been signed off and a contract holders meeting had taken place on 30th August which was felt to have been very successful overall with discussions on monitoring and delivery and the roles of the GP Subcommittee, LMC and HSCPs discussed and questions answered.

Members noted the Primary Care Programme Board meets again this week amid continuing collaborative working to deliver the aims of the new contract and the PCIPs.

Members heard Glasgow City HSCP was putting in place 8 to 10 working groups and the GP Subcommittee would be looking for representatives to become involved in this work.

GP Subcommittee leads were also needed for pharmacy, treatment and care centres and vaccination. Greater engagement between the GP Subcommittee and Cluster Quality Leads (CQLs) was being planned and there was a need to develop strong leadership between the GP Subcommittee, CQLs and CDs.

Members heard the work involved in agreeing the PCIPs had been a massive undertaking. The next extensive piece of work was the implementation of those plans as the next phase commences. Members were told the expertise of all on the GP Subcommittee would be needed moving forward.

Mr Leese advised members that over the course of the summer 2 day development workshops were ran which looked at models and implementation, discussion around the Memorandum of Understanding (MoU) and the services being detailed.

Members heard the following are also being looked at:

- Expanding teams.
- Enabling ability of IT.
- Urgent care and how this should be tackled.
- Mental Health Services and developing of 6 action plans. Emerging Mental Health Strategy and recruitment of 800 Mental Health workers.

The GP Subcommittee noted the PCIPs were being taken through the 6 IJBs for approval. Also being looked at were:

- Workforce planning and sourcing of workers.
- Evaluation and monitoring.
- Measurement of impact of change in patient care.

Dr Leese told members that work involved was hugely complex and all have will require huge leadership roles with the biggest change in service delivery in 30 years. Members heard that HSCPs still have to sustain practices at a time of high demand and potential collapse of struggling practices.

The GP Subcommittee heard about the the role of Healthcare Improvement Scotland and how that could be improved.

Mr Leese spoke to members about the need to strengthen ties between the GP Subcommittee and HSCPs and how the GP Subcommittee could be supported. Members heard that often confidence is needed to bring knowledge into a situation. A member commented it would be worthwhile teasing out what support is needed. A member commented that funding of £6m is being given to HIS and National Education Scotland (NES). Members heard that HSCP Chief Officers (COs) are the only group to be asked to detail where their funding is being spent in considerable detail.

Mr Leese spoke of the uncertainty felt going into this process and of the experience working with the GP Subcommittee and the excellent process and degree of collaboration reached to bring together the PCIPs in GGC which was a testament to the GP Subcommittee which had given a high value contribution to the system.

A member commented on and welcomed the recent rate increase for CQLs in GGC and members heard this was a result of people recognising the importance of the CQL role and how that can be supported.

Members briefly discussed phlebotomy for Secondary Care and how this could be removed from General Practice and heard that a process had already been proven to work but needed further refinement in Secondary Care's Trakcare system.

Action: Community phlebotomy – David Leese/John Ip to take back to Secondary Care Trakcare Development and also address why phlebotomy has fallen down the list.

A member noted that more funding through the Modernising Outpatients initiative was needed for this and acute management recognition they need the advisory structure to tell the system what is required to work.

AOCB: 18/028

(a) Spirometry and Diagnostics

A member queried the issue of no longer being unable to refer non-smokers for Spirometry. The GP Subcommittee heard that the issue may be that the Spirometry service had been set-up to meet the Quality Outcomes Framework (QoF) in the 2004 GP Contract when the Board was faced with numerous appeals from GP practices who could not achieve their full QoF points because of a lack of Spirometry for smokers. A member commented that a service should not be changed without agreement.

Action: Take back to referral management group and highlight relying on wording which was not followed in past and this should be looked at again in light of changes to contract.

DATE OF NEXT MEETING

The date of the next GP Subcommittee meeting is **Monday 15th October** 2018.

The date of the next Executive meeting is Monday 1st October 2018.