

[Private & Confidential]

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

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

- SEDERUNT:** Drs Ronnie Burns, Vicky Clark, Mark Fawcett, Andrew Fitchett, Sheena Fraser, Kayleigh Gray, Michael Haughney, John Kyle, William Macphee, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, 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 Maureen Byrne, Gayle Dunnet, Gordon Forrest, Norrie Gaw, John Ip, Susan Langridge, Kathryn McLachlan, Paul Miller, Steven Miller, Kerri Neylon, Samir Shukla, David Taylor and Blair Walker.
- 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.
- MEMBERSHIP OF THE COMMITTEE:** Dr Taylor introduced and welcomed Dr Kayleigh Gray; Joint ST3 representative to the Committee.
- ACCEPTED:-**
- (a) Report of the Area Medical Committee (AMC) Friday 16th November 2018
  - (b) Report of the Greater City (GC) Primary Care Implementation Leads Group Wednesday 14th November 2018
  - (c) Report of the HIV Treatment and Prevention Group Tuesday 18th September 2018
  - (d) Report Area Drug & Therapeutics Committee 8th October 2018
  - (e) Report Referral Management Group (RMG) Tuesday 27th November 2018
  - (f) Report Pre-School Immunisation (PSI) Thursday 1st November 2018
  - (g) Report Hospital Subcommittee Tuesday 6th November 2018
  - (h) Report Prescribing Management Group (PMG) 13th November 2018
  - (i) Report Area Drug Therapeutic Committee (ADTC) Medicines Utilisation Prescribing Education (MUPE) Subcommittee Wednesday 14th November 2018
  - (j) Report Pharmacotherapy Implementation Group Tuesday 20th

November 2018

**(k) Changes to Medical List Inclusions, Resignations, Retirements**

**MINUTES: 18/041**

The GP Subcommittee received the Minutes of the meeting held on 19th November 2018.

The Minutes of the 19th November 2018 were approved and signed by the Chair.

**MATTERS ARISING:  
18/042**

**(a) Report Greater Glasgow Clyde (GGC) Board Wide Treatment and Care Centres (TCCs) Development Group Thursday 8th November 2018**

Received.

A member reported that practices based in health centres had been informed that only planned bloods would now be available in health centre treatment rooms (TRs) as part of the introduction of the new TCC service. As a result, health centre practices who required urgent bloods were now being disadvantaged. It was agreed to discuss this development with the Treatment Care Centre Strategy Group and possibly the Primary Care programme board.

**Action:** Health Centre practices have been advised only planned not urgent bloods in TRs this is disadvantaging HC practices increasing workload. Pick-up discussion with CTACS group and possibly PC Programme Board.

**(b) Report of the Glasgow Royal Infirmary (GRI) Primary/Secondary Interface Group Wednesday 14th November 2018**

Received.

**GP CT Pilot**

The GP Subcommittee discussed the proposal for a GP CT Pilot and the recommendation by the Executive Committee that this would be inappropriate at this time for General Practice. Members noted the following: -

- The pilot entails an increased workload for GPs at a time when it is recognised that GP services are stretched to the limit.
- The pilot should be resubmitted at the end of the transition period when GP workload should be reduced to a manageable level.
- An increase in work being redirected from Secondary to Primary Care despite agreement on no new work.
- Pilot being raised with Primary/Secondary Care Interface and

Referral Management Group.

- Concerns about clinical governance and redesigning pathways without going through proper process.
- A similar pathway has been used by GRI for a number of years but new proposed pilot has taken this pathway further making it more complicated in the process.
- Virtual clinic cannot cope with demand and being overwhelmed.
- Disagreement that this is a GP owned process.

**Action:** Recommendation that the GP CT Pilot should be taken to both Interface Group and Referral Management Group if service wishes to pursue. Committee not supportive at present time.

**(c) Report Greater Glasgow Clyde Substitute Prescribing Group  
Tuesday 20th November 2018**

Received.

GGC Principles Benzodiazepine Prescribing with Concomitant  
Opiate Dependence

The GP Subcommittee noted there was a voluntary ban on 5mg prescribing which should be considered. A member was concerned there could develop an inequity of service between the Community Addictions Team (CAT) and practices delivering shared care. A member noted that the paper stated it was for CAT team use only but it also discussed changing shared care which it could not without negotiation at national and local levels. Members noted it was not appropriate for Primary Care and should be initiated and managed by the specialist.

**Action:** Agreed no comment required as for use in CAT team but should highlight the following: -

- That detox is not suitable for Primary Care and should be specialist only.
- Concern regarding patients who move and are no longer in either a CAT or shared care clinic no longer able to receive prescribed drugs and balancing risks.
- Possible risk of this initiative destabilising current substitute prescribing shared care arrangements.

**(d) Report GMS eHealth Thursday 29th November 2018**

Received.

The Committee would support an extension of IT support for extended hours early morning to 8pm and Saturday mornings as a clinical safety issue.

**Action:** Members concern regarding IT support and extended hours and its support for an extended IT service to be noted.

**(e) GP Subcommittee Executive Minute of 3rd December 2018**

Received.

Glasgow and Clyde Anticoagulation Service (GCAS)

**Action:** Review wording of GCAS letter re: TTRs

**NOTES AND  
REPORTS OF  
MEETINGS (FOR  
DISCUSSION):  
18/043**

**(a) Prescribing Interface Group Tuesday 11th December 2018**

Received.

Shared Care Agreements

The GP Subcommittee heard that due to a lack of funding there will be no further shared care agreements although prescribing guidance will be available. Members heard that if patients are started on drugs which require specialist monitoring any Secondary Care monitoring arrangement in new Treatment Care Centres should be funded separately by Secondary Care.

Members discussed prescribing issues being faced. A member advised they considered their new pharmacist's expertise when determining if a drug was suitable for prescribing in the practice. Members also raised GPs agreeing with specialists to take on prescribing with specialist then requesting additional work in General Practice over and above to what was agreed. The GP Subcommittee heard that GPs should not be undertaking specialist prescribing if not in the enhanced service agreement. A member noted a need to ensure GPs push back unresourced work due to current recognised unsustainable workload in General Practice.

**Action:** Check status of Shared Care Agreements as required e.g. melatonin monitoring. Newsletter.

**(b) Glasgow City Primary Care Strategy Group Wednesday 5th December 2018**

Received.

Anticipatory Care Plans (ACPs)

A member raised concern at a proposal for GP practices to transcribe a three-page ACP compiled by other services into GP systems and the cost that this will incur for GPs. A member stated there was a national agreement that the GP record would be the lifelong patient

record and suggested if the Government fund a data entry person for each practice this would solve this difficulty. A member advised that East Renfrewshire HSCP was already planning to roll this out with meetings being arranged with GPs and nursing homes. Another member advised this initiative had been agreed by the 'clinical senate'. The GP Subcommittee heard that no agreements should be made which incur additional work or cost for GPs without consultation with the GP Subcommittee and/or LMC which go against the sustainability agreement.

A member commented this is not contractual work. Another member commented that GPs can decide on a local issue but only for themselves and cannot decide on something that affects other GPs. A member suggested this item could be discussed at the CQL event. Another member stated a response was needed. A member suggested advising GPs via the newsletter that this is not agreed.

**Action:** Member to forward papers referred to in East Renfrewshire.

Advise via newsletter not agreed if necessary after sight of papers and consider communication with CDs or approach re Clinical Senate as appropriate after consideration.

#### Treatment Rooms and Capital Investment

Members heard that this was being discussed at the Premises Group.

#### **(c) Vaccination Transformation Programme (VTP) Board Thursday 6th December 2018**

##### Housebound Influenza

A member highlighted that practice housebound patients had not been vaccinated as yet and was already seeing flu cases in the practice with the practice now vaccinating housebound patients which was creating a lot of work. Members heard there appeared to be issues with the service who were now asking practices to detail capacity.

**Action:** Take up with programme board vaccination of housebound patients and practices being asked to detail capacity which seems unnecessary and inappropriate.

##### Pre-5 Immunisations

A member queried who retained responsibility when vaccinations were taken over by the new service. Members heard the intention was practices hand over at an agreed point and patients are not then

handed back. It was suggested a more formal process might be needed to agree and record when this point has been reached. A member reported complex patients being referred back to the GP practice and heard the understanding was that all patients regardless would be dealt with by the new service.

**(d) qFIT Implementation meeting Wednesday 31st October 2018**

Received.

Labelling Samples and Tracing

Problems with labelling were discussed and various possible solutions discussed. A member reported a large number of samples being returned because the bottle was contaminated and wondered whether it might be possible to find a safe method by which these samples could be processed. Members heard it would be appropriate to do another SCI Gateway referral for a patient with a reading >400 as the patient will be seen quickly. The GP Subcommittee heard that the concept of return to referral had been rejected by the Scottish Government and is a denial of service required for patient and that this needed to be considered in the qFIT pathway. It was suggested that examples where this is happening are brought back to the GP Subcommittee to raise with the appropriate service leads.

**Action:** Wait until outcome of qFIT meeting in January and then newsletter article re: labelling. Reject return to referral and remind service Scottish Government is opposed to these.

**GP CLUSTERS:  
18/044**

Standing agenda item. No update.

**PRIMARY CARE  
IMPLEMENTATION  
PLANNING: 18/045**

Standing agenda item. No update.

**CHANGES TO  
MEDICAL LIST (GP  
SUBCOMMITTEE  
RECOMMENDATION  
REQUIRED): 18/046**

**(a) Changes to Medical List – Application to Vary Practice Area  
Practice 49318**

Received.

Members heard that the GP Subcommittee had a duty to pro-actively look at applications and noted the GP contract was amended to make practice change easier.

The GP Subcommittee discussed in length the application to vary practice area from practice 49318.

**Action:** Response to Primary Care Support as follows: -

- The GP Subcommittee questions the statement that practice area is excessively large compared to others in the area and would expect the HSCP to confirm this.
- The GP Subcommittee felt that the removal of G42 0 appeared to be anomalous. There appeared no good geographical nor transportation reasons that this area, which is relatively close to the practice, should be removed compared to some other areas that were being retained.
- The GP Subcommittee is led to believe that there is a care home within the G42 0 area.
- The GP Subcommittee believes that other practices that cover these postcode sectors should have been notified of the proposal.
- Based on the above the GP Subcommittee is unable to support the application to vary practice area as the committee feels this is likely to have a detrimental effect on neighbouring practices.

**AOCB: 18/047**

No further competent business.

**DATE OF NEXT MEETING**

The date of the next GP Subcommittee meeting is **Monday 21st January 2019.**

The date of the next Executive meeting is Monday 4th February 2019.