[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the COMMITTEE held on 19th February 2018 in the Committee's offices at 40 New City Road, Glasgow G4 9JT

SEDERUNT: Drs Colin Black, Maureen Byrne, Ronnie Burns, Elizabeth Denholm, Mark Fawcett, Gordon Forrest, Norrie Gaw, Michael Haughney, John Ip, Susan Langridge, Jim Mackenzie, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Paul Miller, Patricia Moultrie, Kerri Neylon, Jean Powell, Paul Ryan, Mohammed Sharif, Mark Storey, Alastair Taylor and Michael Rennick.

CHAIR: Dr Alastair Taylor, Chair of the Committee, chaired the meeting.

APOLOGIES: Apologies for absence were received from Drs Vicky Clark, John Dempster, Norrie Gaw, Parisa Ghanbari, Graeme Marshall, Steven Miller, David Taylor, Alex Potter, Chris Tervit, Blair Walker, Alasdair Wilson and Raymund White.

Dr Ron Alexander, Hospital Subcommittee Representative.

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.

ACCEPTED:-

(a) **Report of the Medicine Utilisation Prescribing Education meeting held on Wednesday 24th January 2018**
(b) **Report of the GMS eHealth Steering Group meeting held on Thursday 25th January 2018**
(c) **Report of the Practice Activity Report Cluster Leads Activity Reports Short Life Reference Group meeting held on Tuesday 23rd January 2018**
(d) **Draft Board Guidance Duty of Candour Compliance**

MINUTES: 17/058 The GP Subcommittee received the Minutes of the meeting held on 15th January 2018.

The Minutes of the 15th January 2018 were approved and signed by the Chair.

MATTERS ARISING: 17/059

(a) **Sexual Health Services Review – Presentation Rhoda Macleod Head of Adult Services Sexual Health, Dr Pauline McGough Clinical Director Sandyford Sexual Health Service:-**

Received.

The GP Subcommittee was told the review paper had been presented to and well received by the Health Board's Corporate Management Board.

Members were informed that the service redesign involved:-

- Making the service more accessible.
- Recognising that the current system was not operating at its optimum.
- Improving call handling.
- Addressing problems with skills mix/base.
- Freeing up staff to meet national criteria.
- Working with GPs to find a way forward.
- Looking at other methods of service provision i.e. on-line and pharmacy.
- Determining what services should run in the evenings.

At the end of the presentation the Chair invited questions from members.

A member noted the comment on service finances and enquired how a 15% financial reduction over 5 years would be achieved. In response Ms MacLeod advised the service would be looking at its skill mix and introducing management changes which would hopefully allow efficiencies. Members heard the service was also looking to secure additional funding and was currently submitting bids for more investment. Dr McGough also advised that the service is also looking to on-line self-testing and prescribing to cut costs.

A member commented that the strategies appeared very ambitious and felt they would need to be pump primed. A member enquired in what regard the new GP contract presented an "opportunity" for the service as referred to in the document and was informed that this indicated the view that the service review was an opportunity to work together. Dr McGough told the GP Subcommittee the service was looking at how it could benefit from Primary Care funding. A member advised that the £250 million announced by the Scottish Government was clearly ring-fenced for activities in direct support of General Practice. Members heard there another £250m had been announced to meet other areas of work and that the service could possibly look to this.

A member commented on symptomatic patients presenting in Out Of Hours (OOHs) where Sandyford's aim of being seen in 48hr can be unrealistic especially over 4 day closures. The member suggested there was a need to develop pathways to deal with such patients in

OOHs. A member asked if the professional helpline would continue and heard it would as the Sandyford recognised the need to improve telephone accessibility for both professionals and patients and that its omission from the report had been an oversight which they intended to address..

The Chair thanked Ms MacLeod and Dr McGough for attending.

(b) TIA SCI Referrals and $ABCD_2$ Score

Discussed.

The GP Subcommittee heard that GGC was keen to fast track TIAs referrals in order to provide a 24hr service. To achieve this timeframe an $ABCD_2$ score was needed at triage; as a result the service wanted to include the score as mandatory fields in the SCI referral. A member cautioned that in the past the GP Subcommittee had only supported mandatory fields where a service was not doctor led. A variety of concerns were raised including the practical implications where administrative staff are involved in processing SCI referrals. Concern was also raised that the introduction of mandatory fields could impede prompt submission of the referral. For these reasons before agreeing to this request it was suggested that establishing the extent of the problem would be useful and it was therefore decided to ask the service to inform the committee as to what proportion of referrals currently do not contain sufficient information to allow the service to triage effectively.

Action: Get information on how many referrals do not contain sufficient information to allow the service to triage effectively.
If numbers are small it may be inappropriate for the reasons given above to change whole system.
Bring back to Committee.

(c) Respiratory MCN Tuesday 6th March 2018 10:30am Boardroom Ground Floor GRI – Deputy required

No member present was able to deputise at this meeting.

Action: Email absent members with details of the meeting.

(*Subsequent to meeting Dr Susan Langridge will attend*).

DOCUMENTS REQUIRING A RESPONSE 17/060

(a) Public Health Strategy Document 2018 to 2028

The GP Subcommittee heard that a new Public Health Committee had been set-up by the Board with Dr Moultrie attending as the GP

Subcommittee representative. Members heard Public Health was keen to have feedback from the Board's advisory structures. Mr Leese told members HSCP Chief Officers had also reviewed this document.

It was suggested a response to the document should be made in the context of the new GP contract and direction of travel for Primary Care. A member noted there was no comment on frailty or mention of realistic medicine in the strategy. Members felt the document was slightly out of sync with other developments being undertaken in health. A member thought that encouraging patients to take responsibility for their care should be a Public Health goal. It was also suggested Public Health could help promote self-management generally for short lived conditions that do not require the intervention of a GP.

Action: Response should be viewed in the direction of travel for NHS services and GP contract. Query inclusion of frailty and realistic medicine. Could Public Health assist with the promotion of self-management?

NOTES AND REPORTS OF MEETINGS (FOR ACTION OR COMMENT) 17/061

(a) Report of the Prescribing Efficiency Summit held on Thursday 8th February 2018

Received.

Risk Sharing and HSCPs

The GP Subcommittee heard the Board's risk sharing on prescribing was ending and noted concerns about the potential impact on front line services should HSCPs have to manage prescribing overspends.

Members noted that under normal circumstances prescribing overspends include an element of in-year management which normally balances out by year end. Members were told this year has seen the worst uncontrollable prescribing costs amassed through short supplies in pharmaceuticals and the Board is no longer required to meet the shortfall as prescribing budgets now fall to HSCPs. Members heard that this year's prescribing overspend projection for GGC was £8m. Members heard it was wrong to expect HSCPs to meet this NHS cost and the only route for savings to meet the prescribing shortfall would be through staff and service budgets.

The GP Subcommittee was told that what may be required is all four nations coming together to commission drugs on masse and to make a concerted approach to the national formulary on what items should and shouldn't be available on the NHS.

Members heard the prescribing budget is based on the outturn of the previous year and GGC has one of the most cost effective prescribing budget strategies compared to other Board areas. A member suggested looking to the Inverclyde project and suggested investing in pharmacists will save money over time. Members heard that relationships between Health Boards and HSCPs had changed with prescribing budget having been passed to HSCPs to manage as part of the integration of health and social care.

A member suggested that should meeting prescribing costs adversely impact on the provision of services such as District Nursing services, which the Scottish Government had given assurances would not be lost, these concerns should be raised at Government level. Mr Leese told members concerns around the prescribing overspend were a significant issue for HSCPs going into 2018/19 with staff budgets the only area available to make savings to meet a deficit if risk sharing with the Board is removed.

(b) Report of the Hospital Subcommittee meeting held on Tuesday 6th February 2018

Received.

Hospital Diverts

A member commented that the RAH appears to be diverting more than the rest of the hospitals in GGC. Members agreed that a divert protocol should be seen by the GP Subcommittee if it has any implications for the GP interface. Senior members commented that a divert policy had already been agreed and in place for a number of years. The policy did not involve GPs taking any action when hospitals were on divert and the members were surprised that another was now needed. Members heard that GP OOHs also needed to be involved especially with regards to the Vale of Leven service if the current protocol is being changed and noted that it was unsafe to have OOHs GPs looking after very unwell patients who need to be cared for in a larger hospital which has the necessary equipment and specialist staff.

Action: Divert policy to come to the GP Subcommittee if there is any implication for the GP interface and OOHs should be involved if change is being made. Dr Mark Storey to feed back.

Instant Flu Testing in Secondary Care

The GP Subcommittee discussed instant flu testing and agreed it was not an appropriate test for a General Practice setting.

Action: Instant flu testing more appropriate to Secondary Care for bed management and isolation of patients with influenza.

GP Clusters: 17/062

(a) GP Subcommittee/GP Cluster Interface

The GP Subcommittee noted that a mapping exercise was being undertaken by the GP Subcommittee to match its members and cluster areas.

A member advised that guidance was being produced nationally on bringing together GP Subcommittees, CQLs and CDs and how these groups would work together.

HEALTH SOCIAL CARE PARTNERSHIPS 17/063

(a) HSCP PC Implementation Planning Groups

Members heard that the model being adopted was to have a GP Subcommittee representative in each of the HSCP PC Implementation Planning Groups who would be a GP practicing within the HSCP area.. The GP Subcommittee noted that Drs Ip and Moultrie would be increasing GP Subcommittee sessions over the next 6 months or so to meet the additional workload and would be looking specifically at how the GP Subcommittee interacts with CDs and CQLs.

Mr Leese told members that work had already commenced in GGC. Members noted a framework was being developed with a set of commonly agreed slides detailing locally agreed principles in addition to the MOU principles which are fully adopted in addition to an overarching statement. The GP Subcommittee heard GGC COs had presented the work to the National HSCP Chief Officers Group where it had been positively received and resonated with work in other Health Board areas. Members heard that there was a strong message being given that this new work was not a window of opportunity to transfer work to Primary Care. Members noted this was also being taken to the Health Board and COs were receptive and understanding how to take this forward.

The GP Subcommittee noted that the GMS Steering Group was 'morphing' into the PC Programme Board where PC Improvement Planning will be reported. Members noted GGC was also working with Health Improvement Scotland (HIS). A member stated that it was very important for GPs to take ownership and participate in the planning. Another member commented that a lot of GPs were disillusioned in their dealings with management. Members heard the mapping being carried out was very important and should allow the GP Subcommittee to improve interaction with clusters.

<u>Woodside Health Centre and Reception Areas</u>

Two members spoke of GP unhappiness with the design of the new Woodside Health Centre with management not taking on board GP concerns.

Action: Establish if Woodside GP practices would like further support in this matter.

Premises

Mr Leese advised that the Board was working on criteria for premises loans in the new GP contract. Members noted it will be decided nationally on how funding is allocated. Members heard the process for 3rd party leases was also being explored.

CHANGES TO THE MEDICAL LIST: 17/064

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 17/065

No further competent business.

DATE OF NEXT MEETING

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

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