

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

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

- SEDERUNT:** Drs Ronnie Burns, Vicky Clark, Elizabeth Denholm, Michael Haughney, John Ip, Jim Mackenzie, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Patricia Moultrie, Kerri Neylon, Jean Powell, Alex Potter, Paul Ryan, Mohammed Sharif, Mark Storey, Alastair Taylor and Blair Walker.
- CHAIR:** Dr Alastair Taylor, Chair of the Committee, chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Colin Black, Maureen Byrne, John Dempster, Mark Fawcett, Gordon Forrest, Norrie Gaw, Parisa Ghanbari, Susan Langridge, Graeme Marshall, Paul Miller, David Taylor, Chris Tervit, Michael Rennick, Alasdair Wilson and Raymund White.
- Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.
Dr Ron Alexander, Hospital Subcommittee Representative.
- ATTENDING:** Dr Gayle Dunnet, GP Observer Inverclyde
Mrs Mary Fingland, Secretary of the Committee.
- ACCEPTED:-**
- (a) Report of the Primary/Secondary Interface meeting 12th March 2018
 - (b) Report of the ADTC meeting held on Monday 22nd February 2018
 - (c) Report of the Prescribing Management Group held on Tuesday 20th February 2018
 - (d) Report of the AMC meeting held on Friday 23rd February 2018
 - (e) Primary Care Intelligence Gathering Workgroup meeting held in March 2018
 - (f) Report of the Diagnostic Interface meeting Monday 26th February 2018
 - (g) Report of the GMS eHealth meeting Thursday 22nd February 2018
 - (h) Report of the Referral Management Group meeting 19th February 2018
 - (i) Report of the Primary Care Prescribing Management Group meeting Tuesday 15th February 2018
 - (j) Report of the Decision Support for Gastro Intestinal Pathways Tuesday 6th February 2018

MINUTES: 17/066

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

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

**MATTERS ARISING:
17/067**

(a) Sexual Health Services Review – GP Subcommittee Response

Received.

The GP Subcommittee was advised that a response to the review had been submitted with the key points on the current level of Sandyford activity raised together with comments on funding sources. Members heard a request for the Sandyford to monitor its cervical cytology and contraceptive activity levels had also been made.

(b) MSK Services

Discussed.

The Chair informed members that Chris Rowley Interim Head of Allied Professionals, NHS GGC had attended the Executive Committee meeting on 5th March and referred them to the Executive minutes. Mr Rowley had a further meeting with the Medical Secretaries prior to tonight's meeting.

Members heard that proposed pilot would be one of triage of orthopaedic referrals to either MSK or Orthopaedic appointment based on criteria . Members noted the Scottish Government was commissioning triage of four types of referrals. These were spinal, hips, knees and foot and ankle. Members heard triage would be carried out by Orthopaedics with cases that could be reviewed by Physiotherapy passed to MSK. Members noted the GGC pilot was only funded for 3,000 patients and may only last six months as a result.

A member thought this may already be taking place in the Paisley area but slightly different with ESPs not MSK. Members heard the standard is to see patients within a four week timeframe. A member voiced concern that patients should not be penalised if a barrier to ESPs resulted and suggested GPs should also have direct access to MRIs. A member raised concern about who would retain clinical responsibility and suggested patient should not be referred back to their GP but should be seen by a Consultant. Members heard that triage would be carried out by both Orthopaedics and ESPs.

A member queried where additional Physiotherapists would be sourced and was concerned that what was needed was a good community service in Primary Care. A member wondered if this was

a stratagem to allow other sectors access to new Scottish Government GP funding under the guise of Community Care.

Action: Reasonably happy for pilot to go ahead but need to clarify clinical responsibility in the triage pathway.

GP Clusters: 17/068

(a) GP Clusters and CQL Workload

Members noted CQL concern at the rising workload involved in cluster working and non-quality improvement work being sought from clusters and cluster leads. Concerns had also being raised about CQLS and PQLs appearing to be the only group of GPs consulted by management and other sectors. Members heard it was proposed to raise this issue at the forthcoming CQL event and bring to the attention of the Programme Board. It was suggested that CQL concerns should be flagged to HSCPs. A member highlighted as another area of concern practices also funding cluster working as remuneration for this work did not cover practice costs. Members were also concerned that GPs may be dissuaded from being involved in cluster working if it became too onerous.

Members heard concern that an unintentional consequence of cluster funding arrangements might see HSCPs viewed as managing clusters and it was suggested that a letter to HSCPs and Boards may be needed to clarify cluster work in the system. On remuneration members heard that GP Clusters need to preclude work that is not involved in practice quality and streamline activity to match the time allotted for cluster work.

A member advised that clusters should set their own agendas and concentrate on the work they were established for. Another member felt that, whilst there may be a duty to HSCPs, CQLs and PQLs were answerable to their peers. Members discussed funding arrangements for the recent allocation of £5k and difficulties being faced by some clusters in allocating the monies for specific projects. Members heard that some uniformity was reasonable for example all practices aiming for the same quality improvement outcome but that that would not necessarily mean purchasing the same pieces of equipment. . Members heard that in some areas funding has still to be distributed. The GP Subcommittee noted that in some sectors practices had requests for particular projects turned down. A member commented in her area funding guidance had been quite loose but with practices working towards a common goal. Some may be securing new equipment with others looking at training.

Action: Develop process to track when CQLs step down from cluster working to establish if any developing trends.

HEALTH SOCIAL

(a) HSCP PC Implementation Planning Groups

**CARE
PARTNERSHIPS
17/069**

Members noted that Inverclyde HSCP had produced a first draft of its plan, the Medical Secretaries have made some comments and have heard that these are being considered. Members heard that as a pilot site for the 'new ways' Inverclyde was ahead of others in its planning. A member thought a timetable of when plans were expected would be useful and heard the overall aim was to devise a method to manage the required workforce for the next 3 to 5 years. A member advised that once plans are agreed monies are available to start the ball rolling. Another member was concerned that not all HSCPs have a workforce to spend on.

The GP Subcommittee heard that working documents should be in place by July and budgets need to be agreed. Members noted HSCP concern on the potential impact of devolved prescribing budgets although it is hoped this would not be allowed to transpire. Members heard that managing expectations would be key. A member spoke about early stages and the need for a cultural shift and relationships between GPs and management founded on high trust basis.

**CHANGES TO THE
MEDICAL LIST:
17/070**

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 17/071

**(a) Primary Care Mental Health Development meeting 29th March
9am to 11am**

Unfortunately no member present was able to attend this meeting. A member noted the difficulty GPs would have attending as this meeting was being held on the day before a bank holiday weekend and extremely difficult for GPs to take time out from practice.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 16th April 2018**.

The date of the next Executive meeting is Monday 30th April 2018.