

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the
COMMITTEE held on 21st May
2018 in the Committee's offices at
40 New City Road, Glasgow G4
9JT

- SEDERUNT:** Drs Maureen Byrne, Vicky Clark, Elizabeth Denholm, Gayle Dunnet, Mark Fawcett, Andrew Fitchett, Gordon Forrest, Sheena Fraser, Norrie Gaw, Michael Haughney, John Ip, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Patricia Moultrie, Kerri Neylon, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor, Blair Walker and Raymund White.
- CHAIR:** Dr Alastair Taylor, Chair of the Committee, chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Ronnie Burns, Susan Langridge, Graeme Marshall, Paul Miller and Samir Shukla.
- 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.
- MEMBERSHIP OF THE COMMITTEE:** (a) **GP Subcommittee Membership**
- Dr Alastair Taylor welcomed and introduced Dr Gayle Dunnet Inverclyde and Drs Andrew Fitchett and Sheena Fraser South East to the Committee.
- ACCEPTED:-**
- (a) Report of the ADTC meeting held on Monday 23rd April 2018
 - (b) Report of the Public Health Committee on Wednesday 18th April 2018
 - (c) Primary Care Prescribing Management Group 19th April 2018
 - (d) Child Health Transformation Programme Board 16th April 2018
 - (e) Medicines Utilisation Prescribing Education Subgroup 14th March
 - Gout Guidelines
 - Chronic Pain Opioid Management Guidelines
 - (f) Report of the Hospital Subcommittee Tuesday 1st May 2018
 - (g) Report of the GMS eHealth Group Thursday 26th April 2018
 - (h) Report of the Vaccination Transformation Board Tuesday 20th March 2018

MINUTES: 18/009

The GP Subcommittee received the Minutes of the meeting held on 16th April 2018.

The Minutes of the 16th April 2018 were approved and signed by the Chair.

**MATTERS ARISING:
18/010**

(a) Moving Forward Together (MFT) – Tier 4; GP Subcommittee Response to Dr David Stewart Associate Medical Director NHSGGC

The GP Subcommittee noted that a response had not yet been received.

Members were told there is ongoing MFT engagement with stakeholders including councillors, doctors about the proposals and an MFT paper would be presented to the Board on 26th June. Members heard the paper was an outline of the direction of travel the MFT service would like to take.

Mr Leese undertook to arrange with Dr David Stewart Deputy Medical Director NHSGGC and Suzanne Miller Chief Officer (Planning and Operations) and Chief Social Work Officer Glasgow City HSCP to meet with the GP Subcommittee to address GP Subcommittee concerns.

Action: David Leese to arrange a meeting with David Stewart, Suzanne Miller Chief Officer (Strategy and Operations) & Chief Social Work Officer and others involved with the MFT agenda to meet with the GP Subcommittee.

(b) qFit Primary Care Pathway

Received.

The GP Subcommittee noted this was a proposed pathway and that Dr Jasmeet Singh was attending a qFIT Short Life Working Group on behalf of the GP Subcommittee.

A member raised concern that the proposed pathway appeared to suggest GPs should always do qFIT blood tests and also suggest GPs reassure patient who present with no red flags and rectal bleeding. The member was concerned about their legal position should it be found such a patient had cancer.

Members heard that the Colorectal specialists had stated patients with weight loss should be seen by Gastroenterology and the wording of 'essential' in the pathway was being changed to recommend and testing would not be mandatory.

A member observed that the Colorectal service was introduced to capture everyone with suspected cancer early but no evidence base was available to show this had been the case. Members heard the qFit pathway may generate a lot of work for GPs. The GP Subcommittee heard that the pathway had been discussed by the Executive. Another member commented that the difficulty might lie in the withdrawal of FOBs which had been useful in the investigation of abdominal pain and felt the new qFit pathway was complicated and required more work.

A member thought the recommendation on weight loss recommendation may have been a typing error and should be in the red flags section. The GP Subcommittee noted that the National Bowel Screening Service was also going to use qFIT.

Action: Dr Jasmeet Singh to feedback GP Subcommittee comments on proposed pathway.

**GP
REPRESENTATION
REQUIRED:18/011**

(a) Area Drugs and Therapeutic Committee (ADTC)

Action: Dr Andrew Fitchett nominated to attend.

(a) Maternity Liaison Committee

Action: Dr Raymund White will confirm if able to attend once practice commitment has been checked.

Maternity Service Wider Discussion

Mr Leese told members work was being undertaken with Maternity Services to establish links between in hours and OOHs maternity services as part of the OOHs review. Currently there was no access to a Maternity Service OOHs with pregnant women seen in GP OOHs which was not satisfactory.

Attending Meetings as a Whole

Members heard there was a growing difficulty firstly in GPs being able to leave their practice for meetings and secondly with funding for attendance at non practice meetings. A member highlighted reimbursement did not cover locum costs with practices meeting the additional cost themselves which was unfair.

A member suggested there was a need to be more creative in how meetings could be managed and the use of other devices i.e. mobile phones/SKYPE should be encouraged. Members heard the challenge was to change long established perceptions of how meetings should be run. Members also heard that it was often more effective to be present in person at meetings and that there should be some caution

moving to remote access. Members heard alternative means of accessing meetings had been discussed at length at Board eHealth groups. The GP Subcommittee noted that Dr Keith Mercer P.C. Lead for eHealth was looking into SKYPE as a possible vehicle for GPs.

Action: David Leese to promote consideration of phone-ins as an alternative to physically attending meetings where members would be otherwise unable to attend.

Dr John Ip to speak to Dr Keith Mercer Primary Care Lead eHealth for an update on use of SKYPE in GP practice.

Update GP Subcommittee meeting and representative list and forward to David Leese.

(c) Diabetes MCN – Deputy only

Action: Dr Mark Storey will attend as deputy for Dr John Ip.

(d) ADTC Therapeutics Subcommittee

Action: Dr Mohammed Sharif nominated to attend.

(c) HIV Prevention Treatment and Care Committee Tuesday 24th April 2018

Received.

The GP Subcommittee considered the three action points listed in the report.

Hospital Prescribed Medications

The GP Subcommittee agreed this should not be mandatory but it could be recommended to GPs to add hospital prescribed medications to GP systems. Members heard a new software update allows these medications to be added to GP systems without affecting repeat medications and hospital prescribed drugs are highlighted for the GP's information.

A member noted that there was excellent SCIMP guidance on this and suggested reminding practices about this in next newsletter.

Action: Newsletter article to remind practices of SCIMP guidance on adding hospital drugs to GP Systems.

A member enquired if GPs would be advised if patients are on PreP and heard they would if the patient consents to the share the information with their GP.

NOTES AND
REPORTS OF
MEETINGS (FOR
ACTION):18/012

Testing Opportunities in Primary Care BHIVA Guidance

The GP Subcommittee heard the Service would like GPs to opportunistically test as this is no longer seen as a specialist test only. A member suggested improving GP knowledge about it and another thought Sunquest ICE could be used as a prompt. Members noted there may be a reluctance to have such a conversation with a patient and heard that counselling would be available for patients diagnosed via their GP. A member commented GPs have no knowledge of the rate of testing in General Practice and suggested it may be useful for such information to go to GP clusters. Another member advised that CLARS were being developed which would be a good model for sharing this information.

Evening Educational Meetings

Members agreed educational meetings would be helpful.

Action: All three action points supported by the GP Subcommittee.
Dr Miller to feedback to the HIV Prevention, Treatment and Care Committee.
PC Intelligence group to be contact with suggestion that rates of HIV testing be included in CLAR/PARs

(a) Oral Report of the Area Medical Committee meeting Friday 18th May 2018

Received.

Moving Forward Together (MFT) Tier 4

The GP Subcommittee heard a commitment had been given that the MFT agenda would fit with the GP Contract and developments arising from the Memorandum of Understanding (MoU) and that there was no suggestion that it would be the other way around.

Scottish Ambulance Service (SAS)

Members noted SAS would be attending the June AMC and heard the GP Subcommittee's view would be helpful in addressing issues that may be raised.

A member suggested ascertaining what could change in hospital services to help the service and identifying the barriers to swift SAS attendance and patient admission.

A member reported that it was not only Glasgow that was facing difficulties with the service and similar issues were being reported across Scotland.

A member spoke of very specific difficulties during the festive OOHs periods which had been raised with the SAS and concern about triaging.

A member observed that SAS crews appear to no longer 'scoop and run' and, despite a patient already having been assessed by a doctor, appear to undertake prolonged further assessment causing delay in the ambulance being free to respond to further calls. Another member commented there appeared to be a move to try and manage the patient without the need for hospital admission at all and thought this may also be causing prolonged attention by SAS reducing their ability to respond to new calls. A further member advised that GP practices still appear to be regarded as "a place of safety" causing delay in responding and increasing patient safety risks.

Another member highlighted oxygen as an issue for practices with the new cylinders provided being inadequate for emergency use in GP surgeries where prolonged oxygen therapy is required. Members heard that there were now no large cylinders available under the national contract. Members heard restocking times have also been increased to 24hrs and the Scottish Government was working on increasing the number of cylinders provided to practices. The member suggested practices should write to PSD stating why they require an additional oxygen cylinder which PSD should then be able to arrange. A member noted that practices could still acquire large oxygen cylinders but have to meet the cost themselves.

Action: Speak to Dr Sheena Fraser re: her practice's private arrangement to meet with the SAS and First Minister.

GP Clusters: 18/013

(a) Cluster Transformational Funding

Pharmacy Support

Pharmacy support to GP practices was raised by a member and discussed by the GP Subcommittee. Members heard that support had been allocated on patient numbers, deprivation and over 65s with some practices receiving little or no additional support. It was recognised this was inequitable. Members queried if this current support would mutate into the proposed pharmacology support in the new contract.

Mr Leese told members this was pharmacy old funding which had been subject to national bidding. However the new funding letter which had been expected in April included existing funding within it.

A member voiced concern that a precedent may be set with priorities HSCP led for cost saving rather than led by clusters. Members

heard funding projects now need GP Subcommittee/LMC agreement before they could be put in place.

Mr Leese spoke of difficulties spreading resource around and the need to keep input afloat. A member spoke of Inverclyde practices being sent pharmacy support agreements to sign off before contract changes. Members heard the GP Subcommittee could not approve the Inverclyde PCIP in its current form and had advised Inverclyde of that and of their disagreement with the practice/pharmacy agreements which had been issued. .

A member stated that GP clusters did have a role and the overarching group was determined that every GGC practice would receive some level of pharmacy support.

Members heard some difficult conversations may need to take place.

**HEALTH SOCIAL
CARE
PARTNERSHIPS
18/014**

(a) Inverclyde PC Implementation Planning (PCIP) and Pharmacy Support

Covered in GP Clusters.

**CHANGES TO THE
MEDICAL LIST:
18/015**

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 18/016

No further competent business.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 18th June 2018**.

The date of the next Executive meeting is Monday 4th June 2018.