

[Private & Confidential]

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

MINUTES of the MEETING of the  
COMMITTEE held on 11th  
March 2019 in the Committee's  
offices at 40 New City Road,  
Glasgow G4 9JT

**SEDERUNT:** Drs Ronnie Burns, Maureen Byrne, Vicky Clark, Mark Fawcett, Andrew Fitchett, Gordon Forrest, Sheena Fraser, Norrie Gaw, Michael Haughney, John Ip, John Kyle, William Macphee, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Paul Miller, Patricia Moultrie, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Mark Storey Alastair Taylor, David Taylor and Blair Walker.

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

**APOLOGIES:** Apologies for absence were received from Drs Gayle Dunnet, Susan Langridge, Kathryn McLachlan, Kerri Neylon, Jasmeet Singh, Samir Shukla and Raymund White.

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.

**ACCEPTED: 18/061**

- (a) **Report Child Maternal Health Strategy Group 12th January 2019**
- (b) **Report Hospital Subcommittee 5th February 2019**
- (c) **Report HIV Prevention, Treatment and Care Committee 7th February 2019**
- (d) **Changes to Medical List Inclusions, Resignations, Retirements**

**MINUTES: 18/062** The GP Subcommittee received the Minutes of the meeting held on 18th February 2019.

The Minutes of the 18th February 2019 were approved and signed by the Chair.

**MATTERS ARISING:** There were no matters arising.  
**18/063**

**GP REPRESENTATION REQUIRED: 18/064**

- (a) **HIV Prevention, Treatment and Care Committee; Thursday 6th June 2pm to 4pm – Deputy Only**

Dr Andrew Fitchett will attend as deputy for Dr Steven Miller.

**(a) Report GMS eHealth Steering Group 28th February 2019**  
Received.

Immunisation Data Sharing Update

Members heard there was no technical solution available as yet and it was felt receiving an electronic list of vaccinations would be more useful for practices in the meantime. It was accepted there would be workload implications and members noted there was no easy workaround. Members were told the vaccination transformation programme board had been advised a solution was needed and to follow the lead of SCCRS information sharing.

Blood Sciences

Members noted the switch off of paper results had led to a loss of cumulative blood results as the electronic information transfer was via SCI Store and not laboratory systems. Members heard the service had been asked to look again at a solution for reinstating these results. Members heard the use of clinical portal or EMIS values had been discussed but these were not practical for the few practices that still used paper results.

IT Re-provisioning

The GP Subcommittee noted three systems had been shortlisted and the process for decision making would now proceed..

Members discussed issues relating to information sharing with extended multi-disciplinary teams and additional GP workload as a consequence of that sharing. A member wondered whether Scotland nationally might follow Wales in providing supported migration change for example provision of HSCP employed staff to input child health and vaccination information on GP systems until such times as differing community systems can 'speak' to each other.

**(b) Report Primary Care Intelligence meeting 17th March 2019**

Received.

Local Intelligence Support Teams (LIST) Funding

A member informed the GP Subcommittee that LIST teams were funded through the PC Fund for use in GP practices and queried why a GP data resource is now being diverted to undertake local authority statutory work.

**Action Point:** Query why a GP resource is being redirected to undertake local authority statutory work.

## CS Templates and Vision and EMIS Guideline Development

A member advised that the format for CS template had not been transferred into EMIS and the new EMIS templates were not as user friendly and appeared to be more an educational tool for Practice Nurses. Members also heard that the templates stopped working when PCs are updated to Windows 10. The GP Subcommittee was told the new EMIS templates were being piloted in a few practices to identify flaws with a May roll-out planned.

**Action:** Dr Ip to feedback templates Windows 10 issue.

### **(c) Report Primary Care Programme Board 19th February 2019**

Received.

#### Pharmacotherapy

The GP Subcommittee noted the new pharmacotherapy paper had been presented and there was a renewed drive to get the pharmacotherapy service implemented correctly to meet expectations. Members noted the service was exploring skill mix with the recognition not all pharmacotherapy work needs to be carried out by pharmacists or necessarily pharmacy technicians.

#### Realistic Medicine

The GP Subcommittee heard a short presentation had been given.

#### Sustainability Loans

Members noted their understanding that all applications from the first tranche had been approved however practices had still to receive confirmation letters from Scottish Government. Members heard practices also need to seek individual independent legal advice when an offer is received.

### **(d) Report Substitute Prescribing Management Group 19th February**

Received.

Members heard information on the SNIPS review and the proposal to remove the specialist midwifery service from the homeless would be forwarded to the GP Subcommittee.

**Action:** Medical Secretaries to request further information from the Homeless Service and review and bring back to GP

Subcommittee for discussion if required.

**(e) Report Pharmacotherapy Implementation Group 27th February 2019**

Received.

Limit of NES funding for educational and clinical supervision of new GP clinical pharmacists to be established.

**Action Point:** Await confirmation of NES funding available for this work.

**(f) Report Practice Nurse Forum 20th February 2019**

Received.

Members noted the issue of housebound influenza vaccinations was being addressed.

Members heard the DMARDS Local Enhanced Service (LES) had been a short-term initiative which had come to an end and should not be confused with the NPT National Enhanced Service (NES) which was continuing.

**PRIMARY CARE  
IMPLEMENTATION  
AND TRANSITION:  
18/066**

**(a) Health Social Care Partnership (HSCP) Update**

Members heard the tracker tool would be completed in early April and, although completion may be difficult the GP Subcommittee was looking forward to receiving information on a local and thereafter national level from this tool.

Members noted work on the 2nd reiteration of the Primary Care Improvement Plans (PCIPs) would be commencing shortly and workforce planning would be key. Members heard it was essential to detail the workforce resources required to deliver the contract agreement. The GP Subcommittee was told it was understood that Audit Scotland would be reporting on progress with contract implementation in August or September.

Members heard if there appeared to be insufficient budget for delivery of the contract this would need to be fed back to the government. A member voiced concern about premises required to house the new services especially as potential expansion of current privately-owned GP premises was subject to a lot of bureaucracy and delay. Members heard premises regulation would be looked at nationally.

A discussion was raised on the consequences of Glasgow City HSCP deciding to divide their funding for new contract implementation

into 3 allocations for its 3 sectors. This had immediately raised the difficulty of how the 3 sectors allocations should be calculated. Members heard that the initial thought had been to use NRAC as the allocation formula. GP Subcommittee view had been sought on this and it had seemed the use of this widely used formula was more appropriate than developing a new formula and therefore GP Subcommittee had initially been inclined to support the use of NRAC if GCHSCP determined that their allocation required to be broken down by sector. However it is recognised that one sector is particularly affected by a discrepancy between registered and resident patient and it is understood that Public Health have been asked to analyse and report on various options. Members heard the GP Subcommittee did not have a fixed stance on this and would revisit its advice if required.

A member noted Glasgow City was the only sector which divided its funding between individual sectors and if a mismatch had occurred because of this it should not halt progress as at the end of the transition period the commitments under the contract must be delivered. This will benefit all practices. Members were told GP Subcommittee as the board wide statutory representative body has to attempt to balance the interests of all practices.

**Action:** Await revised information from Public Health and contact from GCHSCP.

**AOCB: 18/067**

**(a) Moving Forward Together (MFT) GP Subcommittee Paper**

Tabled.

Members heard the GP Subcommittee paper would be going to the AMC on Friday 15th March. Members were asked to forward any comments on the paper to the GP Subcommittee office before the 15th.

**DATE OF NEXT MEETING**

The date of the next GP Subcommittee meeting is **Monday 15th April 2019**.

The date of the next Executive meeting is Monday 1st April 2019.