

[Private & Confidential]

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

MINUTES of the MEETING of the  
COMMITTEE held on 18th  
February 2019 in the Committee's  
offices at 40 New City Road,  
Glasgow G4 9JT

- SEDERUNT:** Drs Ronnie Burns, Maureen Byrne, Mark Fawcett, Andrew Fitchett, Gordon Forrest, Sheena Fraser, Kayleigh Gray, Michael Haughney, John Ip, John Kyle, William Macphee, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Patricia Moultrie, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Samir Shukla, Mark Storey and Raymund White.
- CHAIR:** Dr Mark Fawcett Vice-Chair of the Committee chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Vicky Clark, Gayle Dunnet, Norrie Gaw, Susan Langridge, Kathryn McLachlan, Graeme Marshall, Paul Miller, Kerri Neylon, Jasmeet Singh, Alastair Taylor, 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.
- ACCEPTED: 18/054**
- (a) Report qFIT Implementation Project Board 15th January 2019
  - (b) Report Immunisation Liaison Committee 4th December 2019
  - (c) Report Medicine Utilisation Prescribing Education 23rd January 2019
  - (d) Report Referral Management Group 22nd January 2019
  - (e) Report Board-wide Community Treatment and Care Service 15th January 2019
  - (f) Report Pre-school Influenza Vaccine Service Transformation 11th January 2019
  - (g) Report Pre-school Immunisations Group 11th January 2019
  - (h) Report Primary Care Implementation Planning Leadership Group 18th December 2018
  - (i) Report Falls Strategy Group 17th December 2018
  - (j) Report Primary Care Prescribing Management Group 13th December 2018
  - (k) Report GRI Primary Secondary Care Interface 12th December 2018
  - (l) Report Child and Maternal Health Strategy Group 5th December 2018
  - (m) Report Gynaecology Moving Forward Together 29th November 2018

- (n) Report Practice Nurse Forum 28th November 2018
- (o) Report Psychiatry Interface Group 15th November 2018
- (p) 16.Changes to Medical List Inclusions, Resignations, Retirements

**MINUTES: 18/055**

The GP Subcommittee received the Minutes of the meeting held on 21st January 2019.

The Minutes of the 21st January 2019 were approved and signed by the Chair.

**MATTERS ARISING:  
18/056**

There were no matters arising.

**DOCUMENTS  
REQUIRING A  
RESPONSE: 18/057**

**(a) Referral Management and Evidence Based Referral Pathways**

Discussed

Benign Skin  
Groin Hernias  
Haemorrhoids  
Minor Surgery  
Varicose Veins

Members discussed the pathways and noted they appeared not simply about patient pathways but also a means in managing referral to treatment (RTT) times. Members highlighted the following which was felt may cause obstacles for GPs: -

- Skin Lesion back to referrer not acceptable. Scottish Government have affirmed this is not acceptable practice.
- Hernia pathway concern about an expectation that GPs can manage without the patient being appointed and receiving Secondary Care assessment.
- Services may request more information but cannot simply refuse service to patient if not available.
- SCI gateway becoming unmanageable if inundated with mandatory fields via new and revised patient pathways.
- A transference of work back to GPs.
- General Practice being utilised as an outpatient service for Secondary Care.
- Concern pathways could be a means of rationing access to NHS services.

As an alternative members suggested the service could:-

- Redesign pathways as an educational opportunity rather than mandated with peer discussions on referral criteria at cluster level seen as more beneficial and appropriate.

- Promote discussion between surgeon and patient allowing patient to decide whether surgery is appropriate for them.
- Reach agreement on pathways through Tripartite structure which may be more appropriate and welcomed as an agreed clinical pathway.

**Action:** Dr Ip to take back comments to Referral Management Group.

**NOTES AND  
REPORTS OF  
MEETINGS (FOR  
DISCUSSTION):  
18/058**

**(a) Primary Care Programme Board 24th January 2019**

Received.

The GP Subcommittee noted Scottish Government representatives had attended the meeting as observers.

Pharmacotherapy

Members heard GGC Pharmacotherapy workforce projections need to be revisited and the service was aware of this. Members heard the national workforce review was ongoing and the issue was not simply lack of workforce availability as some health board areas were oversubscribed. Members noted the national agreement with the profession was for eMDT services to be in place in 2021 and any alteration of this timeframe would be a breach of the agreement with the profession and Scottish Government.

PCIP Plans

Members noted developing the second tranche PCIP plans commences in April and national guidance together with a tracker tool has been issued to assist with planning and tracing resources.

Premises

The GP Subcommittee heard all applications for sustainability loans have gone ahead. Members noted national funding had been increased with the second round for applications due to commence shortly.

**(b) Oral Report Area Medical Committee 15th February 2019**

Realistic Medicine

The GP Subcommittee was told Dr Alastair Ireland had given a presentation on Realistic Medicine which for the time being is mainly Acute based. Members heard it had been highlighted by GP members that infrastructure could be a problem and consultation with new Tripartite structure may be of benefit. Members noted the

presentation had been mostly hospital orientated and did touch on anticipatory care planning but it was apparent there was a lack of understanding how these are carried out in General Practice.

#### Infectious Disease Outbreak

Members heard of Board concerns about a lack of accuracy in media reporting of infectious disease outbreaks in GGC, causing upset to staff.

#### **(c) Oral Report Public Health Committee**

Received.

The GP Subcommittee heard both Local Authority and Public Health staff attend this meeting. Members heard an adult health report for GGC was discussed and contained very interesting statistics and information. Members heard Public Health Strategy and how to move forward with this was discussed with differing points of view from LA and Health.

A member spoke of a recent event attended by the Cabinet Secretary for Health who had asked GPs what could be done to improve screening rates. Members noted: -

- Screening had been taken away from GPs and centralised.
- GP workload no longer lent itself to opportunistic screening.

Members heard there was concern about falling rates and a recognition of the GP role in improving uptake.

#### **(d) Oral Report Public Protection Forum**

Received.

Members heard this was a high-level group which included HSCP representation and clinicians looking at child and adult protection issues. Members noted the group meets quarterly and links with a number of others including Public Health. A member enquired if its remit included Multi Agency Public Protection Arrangements (MAPPA) and heard this was unclear but would be investigated. Members discussed the lack of a warning system to alert GP practices to patients who had gone through MAPPA and deemed to be a risk. The GP Subcommittee heard that Mental Health services have an excellent system in place to alert staff which could be copied. A member advised that MAPPA information is only available to GPs when a patient registers with a practice and records are retrieved.

**Action:** Dr Moultrie to feedback GP concerns on MAPPA processes.

**PRIMARY CARE  
IMPLEMENTATION  
AND TRANSITION:  
18/059**

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

Glasgow City

Members heard five options had been considered for Primary Care Implementation Funding (PCIF) to be allocated between sectors.

1. NRAC
2. Weighted Patient
3. Weighted Deprivation
4. Registered Population
5. NRAC with exception of Pharmacotherapy

Members heard it was felt NRAC was the preferred option to allocate funding for workforce.

Link workers

A member commented on the dilution of link workers and heard these were originally a deep end focus resource and separately funded. A member commented NRAC works for bigger patient populations and had grave concerns what would happen to link workers currently in situ and heard the GP Subcommittee view should be link worker funding is not through PCIF.

A member voiced concern that HSCP areas which were not involved in the link worker project were now facing difficulty employing workers as, being a third-party resource from an external not health provider, provision of link workers was subject to procurement rules making the recruitment process time consuming and difficult.

**Action:** Raise issue of link worker procurement at PC Programme Board.

**AOCB: 18/060**

No further competent business.

**DATE OF NEXT  
MEETING**

The date of the next GP Subcommittee meeting is **Monday 11th March 2019**.

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