

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the
COMMITTEE held on 20th May
2019 in the Committee's offices at
40 New City Road, Glasgow G4
9JT

- SEDERUNT:** Drs Ronnie Burns, Vicky Clark, Mark Fawcett, Andrew Fitchett, Gordon Forrest, Sheena Fraser, Norrie Gaw, Michael Haughney, John Ip, Gillian Leslie, William Macphee, Alan McDevitt, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Patricia Moultrie, Alan Petrie, Alex Potter, Michael Rennick, Paul Ryan, Samir Shukla, Jasmeet Singh, Mark Storey and Alastair Taylor.
- CHAIR:** Dr Alan McDevitt Chair of the Committee chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Maureen Byrne, Gayle Dunnet, Sandesh Gulhane, John Kyle, Susan Langridge, Chris McHugh, Graeme Marshall, Paul Miller, Kerri Neylon, Paula Rogers, Mohammed Sharif, David Taylor, Blair Walker and Raymund White.
- Dr Ron Alexander, Hospital Subcommittee Representative.
- ATTENDING:** Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.
- Dr David Beggan, ST3 Midlock Practice (Observer)
Dr Aoibhin Gormley, ST3 Kessington Medical Practice (Observer)
- Mrs Mary Fingland, Secretary to the GP Subcommittee.
- MEMBERSHIP OF THE COMMITTEE:** Dr McDevitt welcomed and introduced new members Drs Gillian Leslie and Alan Petrie to the GP Subcommittee and welcomed observers Drs David Beggan and Aoibhin Gormley.
- MINUTES: 19/011** The GP Subcommittee received the Minutes of the meeting held on 15th April 2019.
- The Minutes of the 15th April 2019 were approved and signed by the Chair.
- MATTERS ARISING:** There were no matters arising.
19/012
- GGC OOHs SERVICE:19/013** (a) GP OOHs and Cessation of Walk-ins
- Dr McDevitt advised members the service was unable to attend this evening's meeting. Members noted the planned cessation of walk-ins

had been postponed until August. The GP Subcommittee were advised another meeting would be arranged as soon as possible.

**DOCUMENTS
REQUIRING A
RESPONSE: 19/014**

(a) Diabetes Type 2 Pathway

Received.

The GP Subcommittee noted the Executive discussion on the pathway and further commented on proposals in the pathway. Members heard the pathway appeared to suggest establishing large centres outwith practices which raised concerns of a remote/bespoke service being set up which did not fit with the direction of travel for General Practice and Primary Care. A member voiced concern around premises and questioned where infrastructure would be located.

Action Point: Dr Ip to feedback the GP Subcommittee's view.

(b) Methotrexate (Subcutaneous) Shared Care Agreement (SCA)

The GP Subcommittee heard this was a revision of an older and out of date protocol. Members queried why a SCA was necessary given the detail in the NPT Enhanced Service Specification. A member noted the agreement included a section on Secondary Care responsibilities. It was suggested the SCA should follow the same process as the enhanced service specification and go through the Contracts Group.

Action Point: Advise should go through contracts group.

**GP
REPRESENTATION
REQUIRED: 19/015**

(a) Diabetes MCN

Dr Jasmeet Singh was nominated as GP Subcommittee representative to the Diabetes MCN.

(b) Access Collaborative Short Life Working Group (SLWG)

Orthopaedics

Unfortunately, no member was able to attend this SLWG.

Gastroenterology

Dr Sheena Fraser may be able to attend subject to practice commitments.

Action Point: Feedback meetings are held at an awkward time for GPs. Dr Fraser to confirm attendance to Gastroenterology meetings.

NOTES AND

(a) Report Primary Care Programme Board Thursday 18th April

Received.

The GP Subcommittee heard a lot of work was already underway with a whole day development session being held on Thursday 23rd May which will include taking stock of developments thus far.

Advanced Physiotherapy Practitioners (APP) Update

The GP Subcommittee noted the service was looking at best models for service delivery including skill mix with work progressing on recruitment.

Pharmacotherapy

The GP Subcommittee noted a meeting had been arranged with Gail Caldwell, Director of Pharmacy who was new in post.

Premises

The GP Subcommittee heard there were still issues around premises and what accommodation and infrastructure was needed to deliver MoU.

A member expressed disappointment that no GP Subcommittee representative had been able to attend the premises event on 14th May. Mr Leese told members the Community Estate was not in bad shape with a rolling programme of replacement, new sustainability loans and lease programmes underway. Members noted the following:-

- The Board was taking stock of premises 'hot spots' including short-term challenges.
- Issue is short to medium term focus with Board taking on leases.
- Medium to longer term question is where HSCPs and Board expect to be. Replace and update premises in a like for like fashion or undertake something more radical.

A member asked if a report would follow the premises event. Another member noted Boards were tasked to produce premises strategies that are approved annually and wondered when GGC's would be available. In response members noted the Cabinet Secretary was to publish but this had been delayed. Members noted the Scottish Government needs to develop a mid to long-term strategy which the Board never had. Members noted there were items agreed 5 years ago that still needed to be addressed. Members were advised the issue is now very much to the fore with the new GP contract.

IT for Extended Multidisciplinary Teams (eMDTs)

Agreement this should not be funded from Primary Care Implementation Funds. Discussions were ongoing with the Board around this.

Data Sharing Agreement

Members noted this was still in the pipeline.

Moving Forward Together (MFT)

MFT is moving in a parallel pathway to MoU and members noted the GP Subcommittee would be meeting with MFT regarding working together.

Trackers

A member enquired about trackers and heard these were in the process of being agreed. Mr Leese told members trackers had been scheduled for submission on 30th April but the national oversight group had put that date back to June. Members heard trackers would not become public documents unless taken through Integrated Joint Boards (IJBs) and published.

(b) Report Emerging Pathogens Group Tuesday 9th April 2019

Noted.

(c) Report GMS eHealth Steering Group Thursday 25th April 2019

Received.

Fairwarning

The Executive heard there was a concern practices were unaware of the Board's Fairwarning process which governed monitoring and misuse use of systems to access patient records inappropriately. Members noted that software was in place to monitor access and action would be taken over breaches. However, Fairwarning protocols were mainly in relation to Secondary Care raising the question as to what protocols should be adhered to in General Practice and what escalation policy should be followed especially if a breach was carried out by a GP.

Following discussion, it was agreed that the Board's Data Protection Officer would be asked to develop protocols for Primary Care and once agreed practices would be encouraged to adopt these. A member wondered if any consideration had been given to Sessional GPs and log-ins.

Action Point: Newsletter article. Take up the issue of Sessional GPs and log-ins.

Practice Websites

Members noted that forms used for patient appointments, repeat prescriptions or contact on practice websites need to be secure and encrypted to protect identifiable information especially if provided by a third party.

Action Point: Newsletter article.

Anticipatory Care Plan (ACP)

A member queried ACP and reference to East Renfrewshire HSCP and heard ACPs were being taken forward to find a national solution which would suit both Secondary and Primary Care.

(d) Report Child and Maternal Health Strategy Group Wednesday 24th April

Received.

Foetal Alcohol Spectrum Disorder (FASD)

Members noted that as parents became aware of FASD, there was no referral route for GPs to request assessment of children who may be affected.

(e) Report Primary Care Prescribing Management Group (PMG) Thursday 18th April 2019

Noted.

(f) Report Adult Immunisation Workshop Monday 15th April 2019

Received.

Influenza Immunisation

Members noted uncertainty over community services undertaking immunisation. Mr Leese agreed to pick-up the issue with Pharmacy, Public Health and others noting the difficulty seemed to lie with call and recall. A member advised that originally GP systems were used for call and recall for immunisations and noted additional expenses to continue this would be met by phase 2 of the GP contract if agreed by the profession. It was suggested that a move away from centralised clinics to more local delivery in or next to GP practices might be the way forward with GP expertise utilised. A member noted centralised immunisation delivery was Public Health driven.

(g) Report Hospital Subcommittee Tuesday 7th May 2019

Noted.

(h) Report Pre-school Immunisation Group Thursday 2nd May 2019

Noted.

(i) Report Glasgow Royal Infirmary Primary/Secondary Care Interface Group Wednesday 13th April 2019

Noted.

A member advised that statistics listed in the report were subsequently found to be incorrect and 700 more attendees were seen over the period with waiting times extended as a result. The problem appeared to be unscheduled care and A&E were facing difficulties at the moment.

(j) Report Pharmacotherapy Implementation Group Wednesday 1st May 2019

Received.

Serial Dispensing

Members noted at the moment there was no evidence that this would significantly reduce GP workload but it was thought time will prove if it is to be of value.

(k) Report Designated Medical Practitioner (DMP) Wednesday 1st May 2019

Received.

Non-Medical Prescribers (NMPs)

Members noted a process for GPs to be funded to undertake this work was being looked at. Member also heard there were varying requirements between different colleges regarding GP time commitment which was being looked at. Funding was being considered of 2 to 3 sessions and it was thought more GPs may sign up if NMPs continued to work in the practice and/or cluster.

A member enquired if it was realistic to train personnel in that timeframe as it had taken a year to mentor a nurse practitioner in their practice. A member noted 10hours had been roughly calculated at:-

- 3 x 1 hour meeting with student at the start, mid-point and end of training.
- 2 x surgeries with student sitting in e.g. normal surgery with blocked off slots for discussion.
- 2 x student led surgeries e.g. 20 minute appointment with DMP observing.

- Time to review student portfolio.
- Time to sign off clinical competencies.

Mr Leese advised that a proper proposal was being developed with tight propositions for different categories. Members heard the next course is due to start in September and this was potentially a work in progress. A member enquired about the English DMP experience and heard it was the same.

(l) Report Falls Strategic Group Thursday 14th March 2019

Received.

Live Active

Members discussed self-referral for non-heart disease patients.

Action Point: Revisit the issue of self-referral for non-heart disease patients with the service.

(m) Report Primary Secondary Care Interface Thursday 2nd May 2019

Received.

Beatson and Haematology

Members noted it had been agreed by the group that it was not acceptable for services to change pathways affecting General Practice without GP Subcommittee approval.

qFIT and Testing Kits

A member reported the impact the lack of qFIT testing Kits was having on referrals. Members heard that referrals should not be refused on lack of qFIT. Members noted 10,000 kits had been issued but only 5,000 had reached the laboratories. Members further noted the kits have a short shelf life.

Members discussed back to referral letters which seemed to come in the main from nurse led clinics or triage. A member also condemned the allocation process for qFIT kits which sees the same number being issued to a small practice as a large one. A member was concerned that patients were being bumped down waiting lists because qFIT was not available.

A member advised this had become a quality issue for his GP cluster when it was highlighted a few referrals had been returned because of a lack of qFIT.

Action Point: Raise issue of continuing returned referrals against

agreement. Need to advise nurse led services back to referrer is not acceptable. Suggest re-examination of allocation of test kits to accurately reflect demand from larger practices. Advise GPs to contact service and not accept back to referrer. Newsletter.

(n) Oral Report Care and Treatment Centres (CATC) Thursday 16th May 2019

Received.

The GP Subcommittee were told a meeting had taken place with Anne Harkness CATC Workstream Lead. The meeting was prompted by reviewing PC Implementation Plans which highlighted some areas setting up a centralised appointment system which were burdensome and not likely to be delivered in time.

Members heard it would be preferable to second staff into GP practices and that different areas were doing different things. It was suggested members should speak to their GP Subcommittee PCIP representatives where concerns have been highlighted so that difficulties can be dealt with early.

A member reported in his health centre patients there is no electronic appointment system for the treatment room with patients simply given a slip of paper to take along. Bloods can be ordered via order comms but other interventions cannot. Members heard further development of order comms was being looked at but it was unclear whether it could generate a message to other services.

GP CLUSTERS:19/017 (a) GP Tripartite Paper – GGC GP Subcommittee Position Paper

Received.

Members heard that following discussions at a recent meeting the GP Subcommittee Tripartite paper was accepted but that the Board would revise. A member commented it should not be seen as three way equality and the GP Subcommittee should remain separate from other forums as the advisory body. A member commented the Tripartite Group was seen as an opportunity to strengthen the GP voice and would be looking at pathways.

Mr Leese told member it was not about supplanting, bypassing or undermining the GP Subcommittee as it has a legal role which was recognised. A member suggested this should be made clear at the beginning. Members heard that work had already been undertaken to strengthen communications with the GP Subcommittee and its constituents.

**PRIMARY CARE
IMPLEMENTATION**

(a) Primary Care Implementation Plans (PCIPs)

**AND TRANSITION:
19/018**

The PCIP GP Subcommittee representatives were thanked for the work they had undertaken. HSCP Chief Officers and others were also thanked for taking workstreams forward.

Members heard that the GP Subcommittee would be writing to all Chief Officers showing its appreciation for the work involved in such a difficult task. Unfortunately some plans had already gone to Joint Integration Boards without the tracker information being available to augment the plans especially around the necessary workforce required. Members heard due process was followed by the GP Subcommittee with plans being passed back to HSCPs as tracker information was lacking. Members heard the plans had to be strong and robust to meet contract delivery.

**CHANGES TO THE
MEDICAL LIST:
19/019**

(a) Changes to the Medical List Inclusions, Resignations and Retirements

Noted.

AOCB: 19/020

(a) School Immunisations

A member raised concerns around school immunisation programme which did not have a recall system for pupils who may be absent when immunisations are given. The GP Subcommittee noted some pupils were expected to wait until the following year's immunisation programme to be vaccinated. Members heard it was an issue of core and non-core work for the service which did not know how to respond to anything outwith its normal delivery pathway.

Action Point: Bring up at the Vaccination Transformation Programme Board and Dr Syed Ahmed Public Health.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 17th June 2019**.

The date of the next Executive meeting is Monday 3rd June 2019.