

[Private & Confidential]

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

MINUTES of the MEETING of the  
COMMITTEE held on 21st  
January 2019 in the Committee's  
offices at 40 New City Road,  
Glasgow G4 9JT

**SEDERUNT:** Drs Ronnie Burns, Vicky Clark, Mark Fawcett, Andrew Fitchett, Sheena Fraser, Norrie Gaw, Sandesh Gulhane, Michael Haughney, John Ip, John Kyle, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Paul Miller, Steven Miller, Patricia Moultrie, Kerri Neylon, Alex Potter, Michael Rennick, Mohammed Sharif, Jasmeet Singh, Mark Storey, David Taylor, Blair Walker and Raymund White.

Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.

**CHAIR:** Dr Mark Fawcett Vice-Chair of the Committee chaired the meeting.

**APOLOGIES:** Apologies for absence were received from Drs Maureen Byrne, Gayle Dunnet, Gordon Forrest, Susan Langridge, Graeme Marshall, Paula Rogers, Paul Ryan, Samir Shukla and Alastair Taylor.

Dr Ron Alexander, Hospital Subcommittee Representative.

**ATTENDING:** Mrs Mary Fingland, Secretary to the GP Subcommittee.

**MINUTES: 18/048** The GP Subcommittee received the Minutes of the meeting held on 17th December 2018.

The Minutes of the 17th December 2018 were approved and signed by the Chair.

**MATTERS ARISING:** (a) **Sandyford Sexual Health Services – Site Closure**  
18/049

Discussed.

The GP Subcommittee expressed concern about the following Sandyford Community site closures for a temporary three month period:-

- Castlemilk – complete closure.
- Drumchapel – complete closure.
- Kirkintilloch – complete closure.
- Pollok – complete closure.
- Barrhead – partial closure.
- Springburn – partial closure.

- Vale of Leven – partial closure.

The GP Subcommittee noted that concerns about the flow of workload from Sandyford to GP practices which had been communicated to the Scottish General Practitioner’s Committee (SGPC) to be raised at a national level.

A member was concerned that there had been no communication to either the GP Subcommittee or local GPs prior to these closures. A member advised a meeting with Sandyford management and HSCP Clinical Directors had taken place and the reason given for the closures was a loss of both clinical and administrative staff. Members heard that evidently Sandyford had experienced difficulties over the festive period and struggled to maintain a service.

A member informed the GP Subcommittee that a formal complaint had been raised regarding Castlemilk as there had been no notice given to either the local practice or patients using Sandyford’s Castlemilk clinic that it had closed. Members heard those centres closed were mainly located in large housing scheme areas.

Members suggested formal communication with the Chief Executive Officer (CEO) of the Health Board highlighting concerns. The GP Subcommittee heard despite communication with Sandyford and the Chief Officer Glasgow City HSCP and host for the service; no positive responses to ongoing concern on workload transfer to General Practice and impact on patient care had been forthcoming.

It was agreed that the GP Subcommittee should write to the Chair of Greater Glasgow and Clyde Health Board highlighting a lack of process with these closures.

**Action:** Letter to Chair of Health Board regarding closures and service reduction, lack of consultation with local GPs and the GP Advisory structure and, increased GP workload at a time when practice sustainability is paramount.

**NOTES AND  
REPORTS OF  
MEETINGS (FOR  
DISCUSSTION):  
18/050**

**(a) Pharmacotherapy Meeting Wednesday 9th January 2019**

Received.

The GP Subcommittee noted two action points for GP Subcommittee consideration:-

1. Workforce Planning Figures
2. Upskilling Practice Staff

The GP Subcommittee heard the pharmacy workforce figures

produced so far appear to be very broad-brush in view especially as each component of workload is not known. Members heard there was a need to examine the figures in more depth as not realising or putting in place the resources required during the transition period. GP Subcommittee heard that this work was required and challenges should be made when determining the level of workforce needed to deliver the GP Contract. Members heard national negotiation of the contract had recognised the national workforce plan should be reviewed especially with regard to training places and the funding announced included monies to prioritise lessening GP workload which was crucial to the redesign of Primary Care.

Members heard workforce modelling to deliver the contract showed 2 pharmacy whole time equivalent per practice to deliver all that was pledged in the contract. Members heard pharmacotherapy was clearly defined in the contract documentation. A member commented on a need to be clear what pharmacotherapy service was required and was concerned at the suggestion of upskilling practice staff and what that meant. Practice staff should not be undertaking pharmacotherapy work.

**Action:** Take back view that whilst practices will be supporting eMDT members generally the pharmacy service has to reach the point of delivering the pharmacotherapy service at the 3yr transition point and that should not rely on practice staff who will be required for other activities such as more detailed signposting and liaising with eMDT generally. If other less skilled than pharmacy technicians to be relied on the service should be considering this in the skill mix they are currently exploring.

**(b) Area Drug and Therapeutics Committee (ADTC) Monday 10th December 2018**

Received.

Valproate in Women of Child Bearing Age and Did Not Attend (DNA) Policy

Members discussed the issue of women of childbearing age and the risk of DNA specialist service and whether these patients should be an exception to the Board's current DNA policy and remain a live case. A member commented that work to follow-up/monitor DNAs should not fall to GPs who should be kept sighted on specialist service developments.

**Action:** Drs Taylor, Fitchett and Forrest to take back to ADTC.

DNA policy should be changed for this group of patients.

Specialist service should retain responsibility of patient and GP should be kept sighted of developments.

**(c) Sexual Health Review Implementation Board December Thursday 6th December 2018**

Noted.

**(d) Planning for Mental Health Component PCIP Friday 23rd November 2018**

Received.

Members noted recognition that the service should be improved.

Single Point of Access (SPOA) and Dementia

After some discussion it was agreed that it would be useful to establish in detail what services were already in place and heard that this was a piece of work underway and that through Action 15 monies there was appetite to look at pathways and what is already available and determine where gaps in provision lie. The committee agreed that this was a very important area and that an area of particular concern to GPs is the provision of a pathway for acute presentation of distress to GPs.

**Action:** Agreed that initiatives such as SPOA and Dementia support do not seem appropriate for PCIP funding and agree to work underway to consider existing services and need for funding of other MH services in the community through Action 15 funding.

**GP CLUSTERS:  
18/051**

**(a) Cluster Quality Lead (CQL) Event Wednesday 23rd January 2019**

The GP Subcommittee noted the GP Subcommittee had been allocated a 45minute slot to discuss tripartite working in a very full agenda. Members heard that the development of the tripartite structure of CQLs, CDs and the GP Subcommittee is of prime importance and that this meeting was an important first step in that development. It was important that all parties appreciate that the role of the tripartite structure is to provide a consistent GP voice contributing to the development of quality outcomes for patients.

The GP Subcommittee heard the new GP Contract and MOU make clear the importance attached to the provision of strong clinical advice and leadership to the wider system and the role that the GP subcommittee has in coordinating that. When fully established it is intended that the new tripartite structure will provide a strong GP

voice and coherent advice to HSCP and Board structures.

Mr Leese told members he thought the tripartite structure was about GP involvement and engagement and listening to the profession but that there may still be a different outcome after listening to that put forward. He felt the GP Subcommittee could be organised more closely aligned to HSCP boundaries and also felt that CQLs roles could be better defined. It was suggested that Primary Care was in a stronger position regarding funding than it had been for some time but that extensive change was taking place at a time when overall funding within the NHS is under great pressures.

Members heard the GP Subcommittee is a board wide advisory body and has representation from all HSCPs. It has an active membership which is very valuable, has good relationships with key partners and is starting at a very positive position as the lead for the collective GP voice.

**PRIMARY CARE  
IMPLEMENTATION  
PLANNING: 18/052**

**(a) Primary Care Implementation GP Subcommittee Representative Meetings and Development**

Members noted that GP Subcommittee office bearers meet regularly with its PCIP representatives. Members heard that areas causing difficulty are workforce planning and identifying financial funding streams. The GP Subcommittee was told that development sessions to assist representatives in working effectively in their roles had been delivered which representatives had found beneficial.

**(b) HSCP Update**

A member commented on delivery of housebound flu immunisations which had not been carried out fully in his area as being a concern. The member spoke about a lack of communication between the service and GP practices with practices unclear as to which housebound patients had been vaccinated and which were still at risk. He thought the problem may just be affecting the South Sector Glasgow City HSCP.

A member advised East Renfrewshire HSCP had employed bank nurses to deliver its housebound flu. Another member was surprised that some areas were experiencing difficulties as they had thought learning from Renfrewshire HSCP's previous experience with delivering housebound flus was being shared. A member held West Dunbartonshire HSCP as an exemplar as all housebound flus are carried out annually by the HSCP.

Members noted this issue was being taken to the Vaccination Transformation Programme Board.

**AOCB: 18/053**

No further competent business.

**DATE OF NEXT  
MEETING**

The date of the next GP Subcommittee meeting is **Monday 18th  
February 2019.**

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