

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

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

- SEDERUNT:** Drs Maureen Byrne, Vicky Clark, Andrew Fitchett, Gordon Forrest, Michael Haughney, John Ip, John Kyle, Susan Langridge, Gillian Leslie, William Macphee, Alan McDevitt, Kathryn McLachlan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Paul Miller, Patricia Moultrie, Kerri Neylon, Alan Petrie, Michael Rennick, Paul Ryan, Samir Shukla, Mark Storey and Blair Walker.
- CHAIR:** Dr Alan McDevitt CBE Chair of the Committee chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Ronnie Burns, Gayle Dunnet, Mark Fawcett, Sheena Fraser, Chris McHugh, Hilary McNaughtan, Alex Potter, Paula Rogers, Mohammed Sharif, Jasmeet Singh, David Taylor, Alastair Taylor and Raymund White.
- Dr Ron Alexander, Hospital Subcommittee Representative.
- ATTENDING:** Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.
- Gail Caldwell Director of Pharmacy NHS Greater Glasgow and Clyde.
- Ms Rhoda Macleod, Head of Adult Services (Sexual Health, Prison & Police Custody Health Care).
- Ms Jackie Kerr Assistant Chief Officer, Adult Services, Glasgow City HSCP.
- Dr Kay McAllister, Consultant Gynaecologist in Sexual and Reproductive Healthcare.
- Dr Douglas Rigg, Cancer Lead, West of Scotland Cancer Network.
- Mrs Mary Fingland. Secretary to the GP Subcommittee.
- MEMBERSHIP OF THE COMMITTEE:** (a) **Co-option: Drs Katie Adair and Graham Thompson North Sector.**
- The GP Subcommittee approved the co-option of Drs Katie Adair and Graham Thompson as representatives for the North Sector. Drs Adair and Thompson are GPs based in Woodside Health Centre.
- MINUTES: 19/035** The GP Subcommittee received the Minutes of the meeting held on 16th September 2019.
- The Minutes of the 16th September 2019 were approved and signed

by the Chair.

MATTERS ARISING: There were no matters arising.
19/036

**SANDYFORD
SERVICES: 19/037**

(a) **Presentation Sandyford Services Review Implementation – Rhoda Macleod, Head of Adult Services (Sexual Health, Prison & Police Custody Health Care), Jackie Kerr Assistant Chief Officer, Adult Services and Kay McAllister, Consultant Gynaecologist in Sexual and Reproductive Healthcare**

Received.

Background

The GP Subcommittee heard Sandyford was actively recruiting and hoped to see service improvement. Members noted the service was undertaking a three year improvement plan and an on-line booking service had been introduced on 22nd October as part of that plan.

PrEP

Members heard that an additional 3,000 appointments for the new PrEP service had been required in Sandyford and this had impacted on its services which was a concern.

Service Review Proposal

Members heard this was to be presented to Glasgow City IJB at its meeting on Wednesday 20th November.

TOPAR

In responding to a question from a member regarding TOPAR access for Renfrewshire patients, the GP Subcommittee heard there was no difficulty in the service and patients could be seen in Sandyford. Ms Macleod undertook to look into this.

Urgent Care

Members heard it was recognised waiting times and targets were not good but, following recent recruitment, the increase in staff should help with service delivery. Sandyford advised it was also very concerned if STI symptomatic patients are being redirected to GPs. The GP Subcommittee noted that patients are to be offered a 'Test Express' option which should help.

Routine Care

Members were told that patients contacting the service are not redirected to GPs but are advised of Sandyford waiting times which

may be the reason they are turning to GPs. A member queried the timescale for improvement and heard the service hoped to see some improvement by the end of the year and into the New Year. Ms Macleod suggested services were on the rise and its increased staffing levels would help further. Ms Kerr told members the service want to concentrate on young people's services where numbers attending are down. Staff contracts are also being looked at to include more evening work. The GP Subcommittee heard the service was consolidating sites with the intention that more young people services and clinics will be made available.

Action Point: Circulate Sandyford Presentation to GP Subcommittee.

**COMPUTERISED
TOMOGRAPHY (CT)
ACCESS: 19/038**

**(a) CT Access for GPs – Presentation Dr Douglas Rigg Cancer Lead
West of Scotland Cancer Network**

Received.

Dr Rigg told member his aim was to re-open discussions at Diagnostic Interface for safe, robust referral pathways for GPs especially for Cancer Unknown Primary (CUP). Members heard having direct access to CT would decrease waiting times for tests with better patient outcomes as those identified as non-cancer would be re-routed as appropriate. Members noted NHS Lothian CUP pilot had found only 12% of GP referrals to be inappropriate. Members heard the aspiration in GGC was to achieve a seven day turnaround for Urgent Suspicion of Cancer against a national average of fourteen days.

The Chair thanked Dr Rigg for his presentation and invited questions and comments from the GP Subcommittee.

A member asked where patients would be seen if CUP was revealed and heard a pathway would be developed to deal with such cases. Another member enquired why USOC was not tracked in elderly or general medicine and heard cancer tracking is carried out for targets and there is no target for CUP. Another member noted the safety net for patients is cancer tracking. A member voiced concern about overburdening radiology and heard this would be targeting those with developing not localised symptoms. Dr Rigg told members similar concerns had been voiced across Scotland when the service was introduced elsewhere but had proved to be unfounded.

A member noted it would be useful to have CT access to disprove cancer in the first instance. Another member told the meeting he was 100% behind this initiative but robust radiography reports would be needed by GPs. The GP Subcommittee heard access had been discussed in the past and rejected but there now was an evidence base to show the benefits. Members noted that radiology services had also improved and better placed to meet demand. A member suggested this was a useful test for GPs to take forward.

In summing up the Chair asked the GP Subcommittee if it was happy to go forward with pathway development. In response GP Subcommittee was satisfied to support the development of a direct CT Access GP pathway.

**DOCUMENTS
REQUIRING A
RESPONSE: 19/039**

(a) Methotrexate (Subcutaneous) Shared Care Agreement Revised

Executive Committee's recommendation noted and accepted.

Action: Adult section agreeable. Paediatric should remain with service and not come to General Practice.

(b) Shared Care Agreements Hepatitis B

Noted.

**NOTES AND
REPORTS OF
MEETINGS (FOR
DISCUSSION):
19/040**

(a) Report Referral Management Group Tuesday 24th September 2019

Discussed.

USOC SOPs

Referral management system discussed at Executive and Executive Committee's views noted. A member commented that guidelines are guidelines not rules. A member commented that they would not be happy to take responsibility for missed cancers. The GP Subcommittee agreed that the use of SCI Gateway not acceptable as communication needs to be pushed to GPs. Another member stated the service have to be specific about the reason they are returning a referral. A tick box is not appropriate that it failed to meet criteria is not sufficient. A member was surprised at ENT as they had seen more ENT tumours in the last year or so than lung and would be happy to speak with ENT regarding their pathways.

Action Point: Agree with Executive Committee's views and happy to speak to ENT regarding pathways.

MSK

GP Subcommittee agreed with Executive Committee's views.

Action: John Ip to respond. Alternative service provision to be identified with patient redirected by MSK.

ACS

GP Subcommittee agreed with Executive Committee's views.

Action: Not agreed. Increasing workload for GPs.

(b) Report Primary Care Prescribing Management Tuesday 17th September 2019

Noted and agree with Executive Committee's views.

(c) Report Transitions within NHSGGC Wednesday 14th August 2019

Noted.

(d) Report GMS eHealth Steering Group Thursday 27th June 2019

Commented.

A member voiced concern about the length of time for paper records to be audited after backscanning. Members heard the paper record need to be signed off before removal and destruction and this was having a knock-on effect for practices.

Action Point: Dr Ip to raise with GMS Operational Group and GMS eHealth.

(e) Report Child Protection Pathways Thursday 15th August 2019

Noted.

(f) Report VTP Board Tuesday 27th August 2019

Noted.

(g) Report Child Maternal Health Strategy Group Wednesday 28th August 2019

Noted.

(h) Report ADTC MUPE Wednesday 11th September 2019

Noted.

(i) Report Area Medical Committee Friday 20th September 2019

Noted.

GP Clusters: 19/041

(a) General Practice Nursing

A member advised that the Board had approached their cluster to seek 2 GP Cluster representatives on a new group looking at General Practice Nursing and thought this should have come to GP Subcommittee.

Action Point: Establish what the group and its remit is and redirect

to GP Subcommittee.

**GP CONTRACT
IMPLEMENTATION:
19/042**

**(a) PCIP Event Hampden Tuesday 24th and Wednesday 25th
September 2019**

The GP Subcommittee heard the event on Tuesday evening was reasonably well attended. Issues discussed included poor communication regarding MDTs with some practices unhappy that had no new service was in place. Members noted Gary Dover Glasgow City Contract Lead had taken comments on board and was looking into an improved communications strategy.

Members heard at the event on Wednesday very few questions had been raised but equity and practices not having new resources in place were items also discussed. Members heard the LMC had met with non-Glasgow City GPs and having met with Glasgow City GPs before the summer break.

Members noted that HSCPs would be identifying practices that have not had any new resource as this caused concern.

Health Care Assistants (HCAs)

A member raised the issue of being advised that HCAs should not be involved in flu vaccinations and heard this was being looked at nationally. Members heard that any changes to proposals which the Scottish Government had promised would be delivered on time would be dealt with nationally as there needs to be a negotiated agreement.

Mr Leese told members the challenge for HSCPs is to meet challenges posed especially around staff. Members heard of the need to flag up individual practices that had not received a resource. Mr Leese highlighted the other difficulty in that Scotland only has 99 pharmacy graduates per year and with England now following the MoU this had impacted on spare capacity with pharmacists leaving to work in England. Ms Caldwell advised that the pharmacy service was looking at how to deliver, retain and bring staff through pipeline.

Changes to the
Medical List:

(a) Application to vary practice area – Practice 43538

Agreed.

(b) Application to vary practice area – Practice 52024

Agreed.

**(c) Application to close branch surgery – Barclay Victoria Park
Medical Centre**

The GP Subcommittee heard the issue was the owner of branch surgery is now selling the property. Members heard most patients had tended to go to both sites and those unwilling to attend the main surgery had already registered with another GP practice.

Action Point: Agree with decision and response to HSCP. Deadline has been extended by one week.

AOCB: 19/044

(a) Telephone Interpreting Services

A member advised they had raised concerns about the service with the department for inequalities and diversity. Another member spoke of significant negative feedback about the service from their cluster. It was suggested that member obtain the call reference number and feedback problems to the Board. Another member suggested a feedback survey to all practices may be more appropriate. Members were advised to make a formal complaint.

The GP subcommittee heard a question had also been raised about the number of problems with acute telephone interpreters as re-referrals being sought from GPs for this cohort of patients were very high.

Action Point: Suggest feedback survey should be sent to all practices.

(b) Neonatal Screening and GP Results

Discussed.

The GP Subcommittee agreed GPs hold the lifelong record and these results should continue to be included.

Action Point: Continue with results to GPs.

DATE OF NEXT MEETING

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

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