#### [Private & Confidential]

# GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE General Practitioner Subcommittee (Videoconference)

MINUTES of the MEETING of the COMMITTEE held on 15th June 2020 in the Committee's offices at 40 New City Road, Glasgow G4 9JT

SEDERUNT:

Drs Katie Adair, Ronnie Burns, Maureen Byrne, Vicky Clark, Mark Fawcett, Helen Fox, Gordon Forrest, Sheena Fraser, John Ip, Waseem Khan, John Kyle, Gillian Leslie, William Macphee, Alan McDevitt, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Patricia Moultrie, , Alex Potter, Michael Rennick, Paula Rogers, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor, Graham Thompson and Raymund White.

CHAIR:

Dr Alan McDevitt CBE Chair of the Committee chaired the meeting.

APOLOGIES:

Apologies for absence were received from Drs Norrie Gaw, Parisa Ghanbari, Ruth Gibson, Susan Langridge, Chris McHugh, Kathryn McLachlan, Steven Miller, Kerri Neylon, Austin Nichol and David Taylor.

Dr Ron Alexander, Hospital Subcommittee Representative.

ATTENDING:

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

Mrs Mary Fingland. Secretary to the GP Subcommittee.

**MINUTES: 20/09** 

The GP Subcommittee received the Minutes of the meeting held on 18th May 2020.

The Minutes of the 18th May 2020 were approved.

MATTERS ARISING:

20/10

There were no matters arising.

COVID-19:20/11 (a) Covid 19 Update

The GP Subcommittee discussed and noted the following: -

- Covid Community Pathway Strategy paper under development.
- Extension of CAC remit to streaming non covid symptomatic at risk and self-isolating groups requiring clinical assessment.
- Pathway designed to keep risk of infection and spread of disease out of GP practices and this is part of that strategic approach.
- Precautionary principle 14-day rule for isolation and if clinical face to face assessment required during isolation patient will be seen at CAC not in GP surgery.

- House visiting remains an important component of the pathway.
- Need for a pathway to investigate and manage on-going post Covid respiratory problems discussed.
- Standardised protocol for post Covid patients being explored by Respiratory MCN.

# (b) NHS Recovery GGC Interface Group and GP Subcommittee Role

Members noted the Interface Group will meet on Wednesday 24th June with GP Subcommittee Chair and Medical Directors attending.

# NOTES AND REPORTS OF MEETINGS (FOR DISCUSSTION): 20/12

# (a) Referral Management Group (RMG) Tuesday 26th May 2020

Received.

#### Asthma Referral Pathway (South)

The GP Subcommittee noted the Executive Committee's comments on this pathway and following further discussion found it could not support this pathway.

**Action Point:** Not supported.

The GP Subcommittee voiced concern at the worrying trend of acute clinics redirecting patients to Primary Care to reduce footfall in hospitals. Members noted the need for an agreed set of principles and processes for collaborative working.

#### Heart Failure Diagnostic Pathway

The GP Subcommittee noted the Executive Committee's comments on this pathway and following further discussion supported this pathway.

Action Point: Supported.

### (b) Respiratory MCN Wednesday 13th May 2020

Received.

The GP Subcommittee noted: -

- Vacancy currently for GP Lead for Primary Care Respiratory.
- Commitment of 1 to 1½ sessions per week required.

# (c) Immunisation Liaison Tuesday 2nd June 2020

Noted.

# (d) Substitute Prescribing Management Group (SPMG) Tuesday 19th May 2020

Noted.

#### GP CLUSTERS: 20/13

# (a) CQL Event Thursday 11th June 2020

The GP Subcommittee noted: -

- Event was well attended.
- Key challenges identified practice capacity to restart CDM and screening.
- Stratification and prioritisation of CDM necessary at practice level as practices have differing levels of capacity.
- Inability to signpost to eMDTs because of Covid restrictions and further impact on practice capacity.
- Concerns around CTAC access exacerbated by current Covid situation.
- Positivity in GP Clusters and growth of peer support persists despite very real challenges to practice capacity.
- Greater use of remote cluster meetings through VC has been helpful.

Mr Leese told members the session had been well received and he had been taken by the degree of positivity in the meeting. Members heard of the opportunities to build on changing patient behaviours and new ways of working brought about by meeting the challenges of the pandemic.

### (b) CQL vacancies

Members noted one CQL vacancy remained, but it was hoped a CQL would be in place later this week.

# GP CONTRACT IMPLEMENTATION: 20/14

# (a) Report Vaccination Transformation Programme (VTP) Board Tuesday 9th June 2020

Received.

The GP Subcommittee discussed and noted the following: -

- Restart of Programme.
- Decrease in immunisation initially with Covid 19 but now on the increase
- Pre-5s immunisation planning for 20/21 session.
- Accommodation remains a problem.
- Potential to use HCSWs to deliver immunisation in maternity services.
- Proposed Scottish expanded flu cohorts to include, social workers and 50 to 64s.
- Potential for a Covid 19 vaccine to be included by October.

- No movement on travel immunisations.
- Need for new ways of immunisation delivery, particularly mass immunisation programmes such as flu, because of Covid and consequences for delivery with social distancing and PPE requirements.
- Flu planning workshop being arranged.

#### AOCB: 20/15

# (a) Pharmacy Services Preparing for Subsequent Peaks: Common Clinical Conditions Management in Community Pharmacy; Friday 19th June 9am to noon; Louisa Jordan

Dr Mark Storey able to attend remotely for the GP Subcommittee.

# (b) Access to Domiciliary and CTAC Phlebotomy

The GP Subcommittee discussed and noted: -

- Length of time on hold to get through to service.
- Problem appears to be lack of administration to book appointments.
- SCI Gateway being looked at as an alternative to telephone.
- Service apparently being overwhelmed with Secondary Care requests being accessed through General Practice.
- Loss of capacity for GP requirements.
- Secondary Care phlebotomy should not be at the expense of Primary Care and PCIP commitments.
- Service also challenged as capacity reduced through Covid restrictions.
- Need for Secondary Care to have direct access to its own resourced facility for phlebotomy in the community noted.

**Action Point:** Request to SCI Gateway team to prioritise phlebotomy referral.

# DATE OF NEXT MEETING

The date of the next GP Subcommittee meeting is **Monday 21st September 2020**.

GP Subcommittee business was conferred to the Executive Committee for the summer recess.

The date of the next Executive meeting is to be decided.