[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the COMMITTEE held on 17th February 2020 in the Committee's offices at 40 New City Road, Glasgow G4 9JT

SEDERUNT: Drs Katie Adair, Ronnie Burns, Maureen Byrne, Mark Fawcett, Andrew Fitchett, Gordon Forrest, Sheena Fraser, Parisa Ghanbari, John Ip, John Kyle, Susan Langridge, Gillian Leslie, William Macphee, Alan McDevitt, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Patricia Moultrie, Alan Petrie, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Samir Shukla, Jasmeet Singh, Alastair Taylor, Graham Thompson and Blair Walker.

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

APOLOGIES: Apologies for absence were received from Drs Vicky Clark, Gayle Dunnet, Norrie Gaw, Michael Haughney, Chris McHugh, Kathryn McLachlan, Paul Miller, Kerri Neylon, Mark Storey, David 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.

Dr Gillian Penrice Consultant in Public Health and Head of Health Protection NHS GGC.

Dr Lucienne Donaldson, ST3 Clydebank Health Centre

Mrs Mary Fingland. Secretary to the GP Subcommittee.

ACCEPTED:

(a) Report ADTC Therapeutics Subcommittee Wednesday 15th January 2020

Noted.

(b) Report Public Health Standing Committee Wednesday 29th January 2020

Noted.

(c) Report eMDT Thursday 23rd January 2020

Noted.

Action Point: Send King's Fund Paper to GP Subcommittee members.

(d) Report Medicine Utilisation Prescribing Education (MUPE) Wednesday 22nd January 2020

Noted.

Oxygen

Members thought the issue of oxygen supplies in Primary Care had been resolved and practices were able to request an increase in their allocated supply if needed.

Action Point: Establish the protocol for requests to increase oxygen supplied to GP practices. Newsletter.

(e) Report Paediatric Interface Thursday 16th January 2020

Noted.

Urgent Referrals viewed as Cancer

Noted service suggested use of letter if referral to be expedited rather than second referral.

Action Point: Raise issue of referrals and use of SCI Gateway to establish if a better system can be put in place. Highlight no contact details provided therefore SCI Gateway only method that should be used.

(f) Changes to the Medical List

Noted.

MINUTES: 19/067

The GP Subcommittee received the Minutes of the meeting held on 20th January 2020.

The Minutes of the 20th January 2020 were approved and signed by the Chair.

MATTERS ARISING: 19/068

(a) Growth Hormone (Somatropin) in Children with Growth Disturbance; Shared Care Agreement (SCA)

Members noted that historically growth hormone prescribing has mostly been carried out in Primary Care and there would be no impact on current Prescribing budgets as a result. Members heard this was a very longstanding shared care agreement in need of updating. Members approved this SCA for use in Primary Care.

Action Point: Agreed.

(b) Vitamin D Testing

Members noted the recommendation from the Executive Committee with regard to changes to Vitamin D testing and were happy to endorse same. Members welcomed the removal of 'Secondary Care request' tick box from the drop down menu.

Action Point: Agreed change to ordering of Vitamin D testing and will revisit if necessary.

(c) Sandyford Sexual Health Services and GP Feedback

The GP Subcommittee noted Sandyford was creating an email link on its website for GPs to feedback concerns to the service. Sandyford will advise when the link is available and provide a screenshot for members to view.

Action Point: Publicise in newsletter when link available.

2019 NOVEL CORONAVIRUS:19/069

(a) Covid 19 Incident Management Team Update – Dr Gillian Penrice Consultant in Public Health and Head of Health Protection NHS GGC

Members heard globally 70,000 cases reported with 1700 deaths. 9 cases reported in the UK but none so far in Scotland.

NHS GGC

72 people met the case definition (possible cases) however all tested negative. Around 200 enquiries had come to Public Health thus far. Members heard this was an evolving situation and the best resources could be found on the Health Protection Scotland (HPS) coronavirus website. Members noted the advice on the website was reviewed and updated as new information emerged. Members heard the testing involved had to be carried out with full PPE and was not something GPs would be asked to do. The GP Subcommittee was informed an outpatient clinic had been set-up at the Brownlea with medical, bank nurses and support staff. A pathway exists for patient admission if needed. Community testing would be carried out with Brownlea support. Self-isolation could cease on clearance.

The GP Subcommittee heard it was unknown at this stage how the situation would evolve whether services would be able to contain or if a 'bad winter' scenario might happen during the summer. Worst case scenario was the 1957 pandemic containment. Members noted Public Health was receiving a significant number of calls and advice was being given.

The Chair told members a Primary Care Group to deal specifically with community issues would have its first meeting on Thursday. In

answer to a query on testing members heard results should be returned within 48 hours. Members raised the issue of cases appearing in surgeries with consulting rooms requiring deep cleansing, isolated and out of action and how this would be handled. Dr Penrice told members guidance was being updated and would be issued as soon as it was available.

A member recounted their experience of a patient self-presenting in the health centre and the resultant uncertainty as the Scottish Ambulance Service refused to attend stating a Special Operating Retrieval Team (SORT) was needed. Dr Penrice told members a PPE ambulance would be needed which will take time and dealing with such scenarios would be clunky initially. The GP Subcommittee heard similar had taken place during planning for H1N1, had been clunky and there was a need to streamline processes.

A member asked if practices and health centres should have an identified room for suspected cases and heard if the patient presents in a consulting room, the consultation should be stopped and the patient left in the room. A member advised it was extremely difficult to get opening messages changed on centralised switchboards to include statements on travel abroad and symptoms.

Dr McDevitt thanked Dr Penrice for attending and updating the GP Subcommittee and wondered if previous H1N1 guidance would be revisited.

Members heard the cleaning issue had been picked up by Primary Care Support and would be taken forward by the new group. Members heard there were on-going discussions regarding GPs being first point of contact in-hours. A member asked what would happen if a patient tested positive and heard they should self-isolate for 14 days. Another member queried what would happen if their partner was a healthcare worker and heard separate guidance would cover this eventuality.

The advice to GPs was not to download guidance as guidance was constantly changing to meet new developments and a link to the PHS website for the most recent and relevant information would be more appropriate for GPs. A member enquired whether any consideration had been given to sessional doctors who may have to self-isolate and heard Dr Moultrie would be happy to raise this with SGPC and Scottish Government. Members heard that death in benefits was already being looked at. A member enquired whether an information poster for patients was available and heard this was being organised and a print run for GP practices was imminent.

DOCUMENTS REQUIRING A RESPONSE: 19/070

(a) Proposed GP Imaging Pathway – Direct Access to CT of Chest/Abdomen/Pelvis for Patients with Unidentified Suspected Malignancy

Discussed.

The GP Subcommittee heard the suggested pathway followed clinical guidelines and members' views were being sought. Members noted it was proposed to run a pilot for 6 months and then revisit if difficulties develop. A member queried how a patient with an unknown primary would be dealt with. Another member suggested an agreement between Radiology and Secondary Care on reporting was required with a recommendation to the GP on where a patient should be seen. A further member questioned how useful this would be as it would relate to only 1 or 2 patients per year in their practice and didn't think there was robust evidence that the pathway would not increase demand.

A member felt the pathway was very soft in its approach and items 2 and 10 in the recommendations section could be handled through Consultant Connect. A member was concerned that at the moment the cancer tracking service was not working as effectively as it should be.

Action Point: Seek clarification on the cancer tracking process.

A member advised there was a CUP clinic in Stobhill Hospital.

Summary of Views:

- Duty Radiologist is needed.
- No other pathways should change because of this new one.
- Patients should be directed to an appropriate clinic/service.
- Advice on what speciality to send patient to should be included with result.
- No OOHs contact should be necessary.

Action Point: Drs Ip and Moultrie to write to the service.

(b) Pathway for Shared Administration of Decapeptyl

Discussed.

Members agreed with the Executive Committee's comments and recommendation.

Action Point: Not appropriate for GP practice.

(c) Proposed RCT Cervical Cytology and SMS

Discussed.

Members agreed with the Executive Committee's comments and recommendation. A member welcomed any help through the use of available technologies which may assist in increasing uptake rates.

Action Point: Seek DPO advice and clarify legal justification for passing personal information for use by another service.

GP REPRESENTATION REQUIRED:19/071

(a) NHSGGC Pain Pathways Group

Dr Susan Langridge will attend as GP Subcommittee Representative to this Group.

(b) Moving Forward Together – Community Hub Workshop Thursday 5th March 2020

Dr Gordon Forrest will attend as GP Subcommittee Representative to this event.

NOTES AND REPORTS OF MEETINGS (FOR DISCUSSTION): 19/072

(a) HSCP Prescribing Planning Thursday 6th February 2020

Received.

Polypharmacy Review

Members noted proposals to fund practices to support pharmacists carrying out this work and the focus would be on patients who had three or more repeat drugs.

A member told the GP Subcommittee he would not support this proposal as the Board was nowhere near reaching pharmacotherapy pledges to meet the new GP contract and this would increase GP workload not reduce it. Members heard Ayrshire and Arran have a good pharmacy system in place with all pharmacists engaged in its work. Following discussion the GP Subcommittee could not support this proposal.

Action Point: Not agreed and Dr Byrne to take back GP Subcommittee's views to the planning group.

(b) Respiratory MCN Tuesday 4th February 2020

Received.

Just in Case Medications

Mr Leese told members the list of services available in Pharmacy 1st was being extended and marketing materials for the general public were being produced which rebrand minor ailments. Members heard it was unclear where doxycycline and prednisolone initiative had evolved as it had not been agreed at senior level and Mr Leese would raise the matter directly with Pharmacy.

Respiratory Action Plan

A member advised they had suggested group consultations to the MCN and their practice was currently training on this. A member noted there was now little Primary Care input at the MCN and felt there were a number of areas under discussion including community pulmonary rehabilitation which need GP and Primary Care input and awareness. It was suggested this may be an area for clusters as part of the GP tripartite to explore.

Action Point: Medical Directors to progress development of the GP Tripartite Group.

A member noted engagement with patients especially in deprived areas was an issue. Another member agreed having referred patients to the service who then did not attend.

(c) Primary Secondary Care Interface Thursday 30th January 2020

Received.

Pre-operative Assessment Pathways

Members noted Jonathan Best Chief Operating Office Acute Services NHSGGC was taking this issue forward. Members voiced concerns about the increasing amount of work coming to GPs from pre-operative assessment clinics and having no pathway for patients to get back into the system or clinic to manage their condition whilst they wait to meet pre-operative criteria. It was disappointing that the significant collaborative work done on pre-op assessment pathways as part of the "On the Move" activity appeared to have been forgotten.

One Stop Clinics and Patients with Incapacity

Members heard concerns from Secondary Care clinics about patients with incapacity being unable to consent to procedures and how GPs could be encouraged to provide information on capacity in the initial referral. Members understood incapacity certification is situation specific and a blanket comment on capacity would not be appropriate. Members stated that assessment of capacity to consent would have to be carried out as part of the process of obtaining informed consent by the service undertaking the procedure. .

Action Point: Raise with Interface that clinics appeared to be suggesting an inappropriate approach to assessing capacity and obtaining informed consent.

GP CLUSTERS: 19/073 **(a) Primary Care Quality Improvement Group - Terms of Reference**

Received.

Members heard group membership needs to be looked at and the proposal requires more work. Another member asked where the Group would fit in with all the other work that was taking place at the moment particularly the intended development of the GP Tripartite group which along with GP Clusters is the vehicle to deliver professionally led quality improvement. Mr Leese told members this may be intended to be short not long term and undertook to bring membership and remit back for further discussion.

GP CONTRACT IMPLEMENTATION: 19/074

Standing agenda item. No update.

AOCB: 19/075

(a) Primary Care Addiction Treatment

A member raised an issue whereby GPs within their area were being asked to take on work normally carried out by the addiction team and wondered if this was happening GGC wide. Members heard this was a local issue which would be raised with HSCP management for the area involved.

Action Point: Dr Ip to raise with East Renfrewshire HSCP management.

(b) Nursing Homes Step Down Beds

A member advised that a HSCP Primary Care Development Officer had emailed practices seeking GP cover for emergency sessions for step-down beds to free up delayed discharges from hospitals. Members heard this was non-GMS work and entirely at the discretion of individual GPs to agree to carry out this non-GMS work. Mr Leese told members this was a Glasgow City local issue and would pick it up with Primary Care Support.

DATE OF NEXT MEETING

The date of the next GP Subcommittee meeting is **Monday 16th March 2020**.

The date of the next Executive meeting is Monday 2nd March 2020.