

[Private & Confidential]

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

MINUTES of the MEETING of the
COMMITTEE held on Monday
21st September 2020 in the
Committee's offices at 40 New City
Road, Glasgow G4 9JT

SEDERUNT: Drs Katie Adair, Michael Anderson, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Mark Fawcett, Gordon Forrest, Sheena Fraser, Ruth Gibson, John Ip, John Kyle, Susan Langridge, Gillian Leslie, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Christopher Mansbridge, Graeme Marshall, Steven Miller, Patricia Moultrie, Kerri Neylon, Austin Nichol, Alex Potter, Michael Rennick, Paula Rogers, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor and Graham Thompson.

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

APOLOGIES: Apologies for absence were received from Drs Helen Fox, Norrie Gaw, Parisa Ghanbari, Kathryn McLachlan, Dawn Reese and Raymund White.

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: 20/16 The GP Subcommittee received the Minutes of the meeting held on 15th June 2020.

The Minutes of the 15th June 2020 were approved.

MATTERS ARISING: 20/17 (a) **Immediate Discharge Letters (IDLs) Briefing (Further to GMS eHealth Steering Group 27th August 2020)**

Members noted that a problem had been identified in TrakCare resulting in 6,000 IDLs over a 2-year period not being completed and sent to practices via EDT or posted to documents folder in Clinical Portal. The delayed IDLs raised the following issues: -

- Medicine reconciliation may be inaccurate.
- Protocol now required to process delayed IDLs safely into GP practice.

The GP Subcommittee agreed in principle to the historic IDLs being sent to GP practices with the following stipulations: -

- All historic IDLs need to be completed by the Acute Sector on TrakCare.
- The completion process should include highlighting any coding that is required, e.g. a procedure carried out, significant diagnosis, allergies, etc.
- Delayed IDLs require the correct metadata for example if a procedure was carried out in November 2019, the delayed IDL should have that date and not the date that it is being sent to practices.
- Delayed maternity IDLs not required to be sent if Badger net has already sent a communication to the GP. These delayed IDLs should be simply posted to Portal and not sent through EDT.
- The delayed IDL should be shown as an historic IDL and highlighted in bold as such and clearly marked as not current for medicine reconciliation purposes.
- Pharmacotherapy staff in GP practices should be involved to ensure that the patients' medications are correct considering the delay in sending IDL.

COVID-19:20/18

(a) Covid 19 Update

The GP Subcommittee discussed and noted the following: -

- Covid Assessment Centres (CACs) activity was rising substantially.
- More GP volunteers needed to man CAC shifts.

Under 12s

Members were advised of local proposals for under 12s with fever to be seen in GP practice rather in CACs as currently directed through the national pathway and the GP Subcommittee's views sought.

During the discussion:-

- A view was expressed that isolated pyrexia in children presented low risk to practices and could go to practices.
- It was stated that the board did not seek to change the national pathway but only to seek further discussion of what children could be seen safely within general practice.
- It was commented that under 12s are less likely to wear masks therefore posing greater risk of transmitting Covid.
- Under 12s would be accompanied by an adult who is likely to be infectious if the child's febrile illness is Covid.
- Surveillance Covid testing is available on site when children attend CACs, children attending GP will require to attend testing facility if this is required.
- Under 12s could be effectively triaged by practice and the relatively few requiring clinical assessment assessed in CAC

which should be configured to be able to manage paediatric patients.

- Risk to other patients especially those who were shielding and now returning to practices for CDM and other routine care, needs to be considered.
- National guidance should be followed to stop Covid spread into General Practice.
- Public messaging should remain simple and clear.
- A whole system approach in supporting CACs was needed.

Action Point: The GP Subcommittee continues to support national guidance for Covid Community Pathways.

**GP
REPRESENTATION
REQUIRED: 20/19**

(a) Hospital Subcommittee of the Area Medical Committee

Members were invited to advise Mrs Fingland of interest in attending this group.

(b) ONS Test of Change Group

Members were invited to advise Mrs Fingland of interest in attending this group.

(c) Therapeutics Group (ADTC)

Dr Ronnie Burns was nominated as GP Subcommittee representative to this group.

**NHS RECOVERY:
20/20**

(a) GP Subcommittee Leadership Engagements

The GP Subcommittee noted the following: -

- Primary Care Clinical Advisory Group. A very effective group chaired by Lorna Kelly Head of Primary Care Support which now meets one morning per week.
- Covid Assessment Group (Operational). Currently one meeting per week but this may change as second Covid wave intensifies.
- Influenza Workshops both at Board and HSCP level.
- Interface Group has been strengthened and benefiting from collaborative working.
- Primary Care Programme Board continues to oversee implementation of the new GP Contract.
- Primary Care Implementation Planning (PCIP) GP Subcommittee Officers and GP Subcommittee local PCIP workstream representatives meet on a regular basis.

Dr Ip advised GP Subcommittee officers were very involved in the planning and implementation of this year's flu programme and thanked those members who were assisting with this work.

**NOTES AND
REPORTS OF
MEETINGS (FOR
DISCUSSION): 20/21**

(a) Respiratory MCN September 2020

Received.

The GP Subcommittee noted the following: -

- Post Covid Clinic available. Patients with severe Covid being followed up by secondary care. The service would like less severe or suspected Covid patients to be referred to clinic.
- Patients recovering quicker than expected and level of fibrosis not as severe.
- Association of Local Authorities Medical Advisors Covid 19 Medical Risk Assessment tool is very useful for employers including GP practices.

Dr Ip advised if a referral pathway is required for the new lung clinic the MCN should approach the Interface Group in the first instance to agree a referral template which will then be considered by the Referral Management Group.

(b) Prescribing Interface Tuesday 8th September 2020

Noted.

(c) Thrombosis Committee Friday 4th September 2020

Received.

The GP Subcommittee discussed the following: -

- Gradual workload shift on monitoring requirements for patients switched to DOACs.

Action Point: Speak to GCAS about transfer of patients during pandemic and implementing operational protocol for patients being switched to DOAC.

(d) Area Drug and Therapeutics Committee Monday 31st August 2020

Noted.

AOCB: 20/22

There was no further competent business.

**DATE OF
MEETING**

NEXT

The date of the next GP Subcommittee meeting is **Monday 19th October 2020**.

The date of the next Executive meeting is Monday 5th October 2020.