

MINUTES
Videoconference Meeting of the GP Subcommittee
on Monday, 21st February 2022 at 7.30pm

Sederunt

Drs Katie Adair, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Mark Fawcett, Gordon Forrest, Helen Fox, Sheena Fraser, Parisa Ghanbari, John Ip, Waseem Khan, John Kyle, Susan Langridge, Gillian Leslie, Christopher Mansbridge, Alan McDevitt, Chris McHugh, Hilary McNaughtan, Steven Miller, Patricia Moultrie, Austin Nichol, Alex Potter, Dawn Rees, Michael Rennick, Paula Rogers, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor, Graham Thompson and Raymund White.

Chair

Dr Alan McDevitt CBE, Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee
- Elaine McLaren, Administration Assistant for the Committee
- Lorna Kelly, Interim Director of Primary Care, NHS Greater Glasgow and Clyde
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde

Apologies

- Drs Michael Anderson, Norrie Gaw, Graeme Marshall and Samir Shukla
- Dr Ron Alexander, Hospital Subcommittee Representative
- Susanne Millar, Chief Officer, Glasgow City HSCP

Attendance at the GP Subcommittee

21/82

The Chair advised the GP Subcommittee that this would be Lorna Kelly's last meeting before she leaves NHS GGC to become the National Strategic Lead for Primary Care, at Health and Social Care Scotland. The Chair thanked Lorna Kelly for her efforts and work as the Head of Primary Care Support and Interim Director of Primary Care.

Notes/Reports from Meetings for Noting

21/83

1. Referral Management Group, 30th November 2021
This report was noted by the GP Subcommittee.
2. Childhood Immunisation Group, 10th January 2022
This report was noted by the GP Subcommittee.
3. Primary and Secondary Care Interface Group, 17th January 2022
This report was noted by the GP Subcommittee.
4. Area Medical Committee, 21st January 2022
Concerns were raised about the abuse GPs and their staff are facing. This followed the board's Chief Executive raising the matter at the Area Medical Committee where it was apparent that this is an issue that is facing all parts of the service.

It was noted that the LMC had recognised this issue in 2021 and organised a training and development session for Practice Managers on de-escalating conflict and reducing harm experienced as a result of patient behaviour. This had been a highly successful event with the intended outcome

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being that learning from the event is shared by Practice Managers with their staff teams. This event was delivered by an external speaker and was supported by the board.

Concerns were also raised about the impact on moral of negative comment that is made online about practices.

The LMC regularly reminds GPs and practices of the wellbeing resources that are available in its communications.

Proper procedures need to be followed with regard to dealing with any incident in line with guidance. Members were reminded that there are laws to protect people in their workplace from abuse and threat which apply also to GP Practices.

Action Point: In recognition that this is a wider issue within Primary Care consideration to be given to how this can be progressed via working with the other independent contractor groups, possibly initially through discussion within the Primary Care Coordination Group.

5. Primary Care Coordination Group, 24th January 2022

This report was noted by the GP Subcommittee.

6. Vaccination Programme Board, 25th January 2022

This report was noted by the GP Subcommittee.

7. Referral Management Group, 25th January 2022

This report was noted by the GP Subcommittee.

8. ADTC Medicines Utilisation Sub- committee, 26th January 2022

This report was noted by the GP Subcommittee.

9. GG&C eHealth Steering Group, 27th January 2022

Consideration is being given to remote access for MDT staff and also more generally access to clinical systems for the MDT personnel. A clear set of principles needs to be developed. A small group of the executive is working on this.

10. Primary Care Programme Board- PCIP Oversight Group, 27th January 2022

This report was noted by the GP Subcommittee.

11. Cervical Screening Steering Group, 27th January 2022

This report was noted by the GP Subcommittee.

12. GMS Premises Development Group, 2nd February 2022

This report was noted by the GP Subcommittee.

13. Changes to Medical List

This report was noted by the GP Subcommittee.

Minutes GP Subcommittee

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21/84

1. Draft Minutes of the GP Subcommittee, 17th January 2022
The draft minutes were approved by the GP Subcommittee.
2. Draft Minutes of the GP Subcommittee's Executive, 7th February 2022
The draft minutes were noted by the GP Subcommittee.

Matters Arising

21/85

1. Format of GP Subcommittee and LMC Meetings

It was agreed that meetings of the GP Subcommittee and LMC would continue to be held online. The medical directors and administration staff are working in a hybrid manner.

Action Point: Position to be reviewed in April 2022.

Covid-19 GP Escalation

21/86

1. GP Workload Update

The practice data workload survey that is being run by the board is being completed by around 50-60 practices per week. This is showing between 100,000-110,000 appointments across GGC being provided each week, with around 65% being conducted via telephone and 30% face to face.

The LMC's Covid workload survey has been extrapolated to give estimates across the board's area of remote or in person consultations taking place in in hours GP due to acute covid illness/respiratory illness where covid cannot be excluded. These show around 700 face to face appointments per week and 2,000-3,000 remote consultations per week. When compared to activity within the CACs, where 172 people in the previous week, this clearly shows the significant workload burden that acute covid illness is now presenting to in hours GP in NHSGGC. (the figures for acute covid/respiratory case management in the GPOOH service is not being captured by the service as far as we are aware). This is a significant new workload burden coming at a time when practices are already in escalation due to workload and staffing pressures.

The committee were advised that there is currently no national or local agreement to make funding available to support the management of acute covid illness in the community when the Covid pathway is decommissioned.

Covid-19

21/87

1. Community Pathway Update

The CACs in NHSGGC will cease to assess patients on the 25th March.

There is still funding for practices if they require to make physical changes to their practices to meet IPC procedures but this will end at the end of March. Thereafter applications will be considered under improvement grant arrangements .

The LMC will be holding an event for practice managers on 17th March, which will include the significance of the end of the Covid pathway after 2 years of operation and an opportunity to hear from a board IPC

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lead and ask questions and raise concerns that practices have accommodating patients with respiratory illness and known Covid illness whilst continuing to provide services for other patients. It is also hoped to broaden this discussion to include capacity and patient access and signposting to other services as well as working with the wider MDT team through these challenging times.

2. Antiviral Treatment Pathway

The GP Subcommittee has been engaged with the board on its discussions regarding the proposed pathway for Paxlovid delivery. This is a third antiviral for Covid, is an oral medication, and will be the first line choice for suitable patients. In addition to contributing a member to work with the group tasked with developing the pathway, the GP Subcommittee has written twice raising its serious concerns about the proposal to deliver this drug through GP practices rather than through a central board delivered specialist pharmacist service.

This drug has a number of serious and life threatening drug interactions and has to be used in caution in certain medical conditions. It will be made available to a centrally identified cohort of patients and offered so long as there are no contraindications. Where there are contraindications consideration has to be given to the suitability of the other two antiviral agents. The cohort of eligible patients will be subject to being widened as the results of drug trials become available. The committee raised concerns about the pathway being proposed. Regarded it as too complex and not a good patient journey. The committee were concerned to hear that this drug is not on the GP clinical system data base and requires for interactions to be manually checked. Prescriptions require to be handwritten and will then be dispensed by a small number of participating Community Pharmacies who will deliver the drug to the patient's home. The committee were concerned that GPs would have insufficient expertise of this drug and insufficient time at short notice to be in a position to safely prescribe this medication or to support prescribing pharmacists who may be asked to prescribe. Members were not assured that prescribing pharmacists would be available at all times to all practices in the necessary timeframe to deliver the pathway as proposed. The committee were further concerned at general practice being seen as the route to obtain this drug and the difficulties this would cause when in fact the cohort of eligible patients is being centrally determined.

The committee were informed that SGPC's position is that delivery of this drug should be through development of central specialist pharmacist services. We are aware that in other board areas in Scotland this is being delivered centrally through a variety of models. In England it is being delivered through a commissioned service. The recent CMO/CPO letter describes boards putting in place single point of access arrangements for delivery of antiviral medication for Covid.

The committee were informed that in the interim this drug is being made available in NHSGGC through the flow navigation centre by the addition of prescribing pharmacist time. These pharmacists are building experience of prescribing this drug. The board is aware that not every practice has a pharmacist full time, so in the pathway which had been proposed there is commitment from HSCPs that prescribing pharmacists will be made available.

The committee however remained concerned and did not support the proposed pathway model.

The GP Subcommittee outlined its view that this drug should be made available to patients via a centrally delivered board model and not come to general practice.

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Vaccinations

21/88

A programme of second boosters has been announced for adults aged 75 years and over; residents in care homes for older adults; and individuals aged 12 years and over who are immunosuppressed.

The work involved in the evolving programme of vaccinations was acknowledged.

PCIP Implementation

21/89

The PCIP Strategic Group is meeting on 24th February 2022. There will be a focus on diabetes and mental health.

Out of Hours GP Service

21/90

The ongoing pressures affecting the out of hours GP service were acknowledged.

Sessional GPs

21/91

The LMC held a sessional GP development event on 19th February 2022, with around 30 sessional GPs in attendance. Dr Kerry Milligan provided a session on adult and child protection and the medical directors provided a service and IT update. The contribution of sessional GPs to the pathway was commended. The GP Subcommittee and LMC is keen to be involved in the pathway de-brief for sessional GPs.

GP Subcommittee Representation Required

21/92

1. Practice Nurse Forum

Dr Mark Fawcett was thanked for attending this group on behalf of the GP Subcommittee. Any members able to attend this group were encouraged to contact the secretary.

Any Other Business

21/93

There was no other business.

Next Meeting of the GP Subcommittee-7.30pm, Monday, 21st March 2022

Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 7th March 2022