

MINUTES
Videoconference Meeting of the GP Subcommittee
on Monday, 25th April 2022 at 7.30pm

Sederunt

Drs Katie Adair, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Mark Fawcett, Helen Fox, Sheena Fraser, Parisa Ghanbari, Ewan Gray, Peter Horne, Lynn Howie, John Ip, Waseem Khan, John Kyle, Susan Langridge, Gillian Leslie, Peter Livingstone, Christopher Mansbridge, Graeme Marshall, Alan McDevitt CBE, Chris McHugh, Hilary McNaughtan, Steven Miller, Patricia Moultrie, Austin Nichol, Scott Queen, Dawn Rees, Michael Rennick, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor and Graham Thompson

Chair

Dr Maureen Byrne, Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee
- Elaine McLaren, Administration Assistant for the Committee
- Susanne Millar, Chief Officer, Glasgow City HSCP
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde

Apologies

- Drs Gordon Forrest, Norrie Gaw and Graham Morrison
- Dr Ron Alexander, Hospital Subcommittee Representative

Members were reminded to declare any relevant conflicts of interest.

Membership of the Committee

22/01

- Marco Florence took the chair to announce that Dr Maureen Byrne had been elected the Chair of the Committee. Proceedings were then passed to Dr Byrne.
- Dr Mark Fawcett was elected Vice-Chair.
- Drs John Ip and Patricia Moultrie were elected the Medical Secretaries.
- Drs Ronnie Burns, Gayle Dunnet, Christopher Mansbridge, Austin Nichol and Michael Rennick were elected to serve as the five ordinary members of the executive.
- Dr Alan McDevitt as retiring Chair will attend the Executive Committee as ex-officiis for a period of one year.
- Dr Alan McDevitt was thanked for his service as Chair.
- Dr Hilary McNaughtan was thanked for her time on the executive.
- Drs Ewan Gray, Peter Horne, Lynn Howie, Peter Livingstone, Graham Morrison and Scott Queen were welcomed to the committee.

Chair's Opening Statement

22/02

The Chair welcomed the committee to the new session and provided the following statement.

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Members should be mindful that the role of a committee member is not a passive one.

Members should prepare for meetings to enable you to participate fully in debates and should read carefully the agenda and papers pre-meeting as there are reports which will not be discussed but accepted as read unless a member submits a comment or query to the LMC office prior to the meeting. Members should also look to those reports that require specific consideration or action by the full Committee. These are listed separately on the agenda as notes and reports of meetings (for action).

Members should be mindful that when attending the GP Subcommittee that you are attending as representatives of your constituency and the diversity of the populations and practices that the constituency encompasses and not just your own practice.

Members will be asked for consent to share their email addresses with their constituents so that constituency matters may be raised directly with members and addressed by the GP Subcommittee offices if needed.

Members may be asked to attend meetings or conferences on behalf of the Committee and should provide a written report of the event to the committee. The GP Subcommittee has a standard report summary form and members are encouraged to use this.

Members should be mindful that when attending other meetings/conferences on behalf of the GP Subcommittee that you remember you are there to represent the views of the whole GP Subcommittee and not your own. It is therefore important for members to ensure you understand the GP Subcommittee position before attending a meeting.

When representing the Committee it is important for members to make it clear that your presence on a committee or group is to help advise on what the GP Subcommittee might find acceptable but that anything having a significant effect on General Practice should be submitted to the main Committee for approval.

In addition, members when attending either the GP Subcommittee or other meetings as a representative must remember who you are representing and be aware of any conflict of interest. Any such conflict should be declared before a debate and it is at the discretion of the Chair whether a member can stay and contribute or be invited leave while the debate occurs. It is however recognised that those members with other interests may well have worthwhile contributions to add.

Conflict of interest should be declared annually and these forms have been sent to members.

Members should be aware of the claims process for GP Subcommittee representatives attending Board meetings. There are two forms one for the fee to be paid directly to the practice and one where payment can be made directly to the individual. These forms need to be authorised at the meeting and submitted to the Board for payment. Members should also be aware it is worthwhile keeping a record to ensure payment has been received. Currently the fees reimbursed are £262.50 for a daytime session and £150 for an evening. Any queries you may have on the process should be directed to Marco Florence.

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Members are reminded that all GP Subcommittee documents are subject to Freedom of Information (FOI) including GP Subcommittee minutes which we publish on LMC website.

Notes/Reports from Meetings for Noting

22/03

- Members were reminded to write out terms in full before using abbreviations when writing meeting reports.
- 1. Sexual and reproductive health coordination subgroup, 15th February 2022
A number of members expressed support for the provision of coil training for GPs.
- The meeting reports listed below were noted by the GP Subcommittee.
 2. Area Drug and Therapeutics Committee, 21st February 2022
 3. Sexual health implementation review group, 25th February 2022
 4. Primary Care Mental Health and Wellbeing Services, 16th March 2022
 5. Primary Secondary Care Interface, 17th February 2022
 6. Area Medical Committee, 18th March 2022
 7. SPMG, 23rd March 2022
 8. Respiratory MCN, 23rd March 2022
 9. Covid Vaccination Programme Board, 24th March 2022
 10. PCPB Oversight Group, 31st March 2022
 11. GMS eHealth Steering Group, 31st March 2022
 12. Changes to Medical List

Minutes GP Subcommittee

22/04

1. Draft Minutes of the GP Subcommittee, 21st March 2022
The draft minutes were approved by the GP Subcommittee.
2. Draft Minutes of the GP Subcommittee's Executive, 4th April 2022
The draft minutes were noted by the GP Subcommittee.

Matters Arising

22/05

1. Format of GP Subcommittee and LMC Meetings,
 - It was agreed to keep the status quo of remote meetings. The new executive will be asked to agree the format of the executive meetings ahead of the June meeting and will also be asked to consider the format of the full committee meetings.
 - Views were expressed in favour of remote, hybrid and in person meetings.

Action Points: Update to be provided at June meeting. Secretariat to gather views of members.

2. Head of Primary Care Support/Interim Director of Primary Care Post

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- Concerns were expressed regarding the lack of apparent progress in replacing the Head of Primary Care Support and Interim Director of Primary Care posts following the departure of Lorna Kelly from NHS Greater Glasgow and Clyde. There is yet to be confirmation that a new director will be appointed.
- A letter has gone from the GP Subcommittee to the board's chief executive about this.
- Interviews for the head of primary care support will be taking place soon.

Covid-19 GP Escalation

22/06

1. GP Workload Update

- Around sixty practices are still completing the GP workload data survey, although the number has fallen. There is still a lot of pressure in general practice but the workload is stable. Practices were thanked for filling out this survey. The HSCPs' chief officers use this, including for briefing MSPs. Qualitative work is also being undertaken by the HSCPs.
- A national work on GP Activity Reporting is taking place. An extract of encounter data from GP practices has been undertaken by Albasoft and the analysis work is ongoing.

PCIP Implementation

22/07

- The GP Subcommittee's PCIP representative post for West Dunbartonshire HSCP is currently vacant following Dr Alex Potter's retirement.

Out of Hours GP Service

22/08

- The Easter long weekend was very busy in out of hours.
- The clinical director is leaving in May and the board is considering the future clinical leadership in the service.
- It was reported by a member that most out of hours GP shifts have manageable workloads and that GPs in general feel supported doing them.

Sessional GPs

22/09

- A meeting was recently held with the Glasgow Locum Group. Consideration is to be given regarding working together with the Glasgow Locum Group. Other parts of the NHS are employing GPs which is contributing to the workforce challenges for practices.

GP Subcommittee Representation Required

22/10

- Members were encouraged to put themselves forward to represent the GP Subcommittee and LMC at groups. It was noted by several members that representing the committee in various groups or committees was interesting work, clinically rewarding, and allowed for networking with acute colleagues. The medical secretaries outlined that they are able to support committee members in this role and are considering putting on training for this.

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1. Sexual Health and Blood Borne Viruses Strategic Planning and Oversight Group-1 representative required
Dr Steven Miller agreed to take this on.
2. ADTC-1 additional representative required
Dr Mark Fawcett agreed to take this role on.
3. ADTC Antimicrobial Utilisation Sub-Committee -1 representative required
Dr Sheena Fraser agreed to take this on. Dr Susan Langridge advised she could deputise if needed.
4. ADTC Subgroup Medicine Utilisation Prescribing & Education (MUPE)-1 representative required
Members were advised to contact the secretary if they wish to attend this group.
5. Non-Medicines Utilisation Sub Committee of ADTC-1 representative required
Members were advised to contact the secretary if they wish to attend this group.
6. Rheumatology Pathway-2 representatives required
Drs Ewan Gray and Susan Langridge agreed to take this on.
7. Dermatology Pathway-2 representatives required
Dr Sheena Fraser agreed to take this on.
8. Gynaecology Pathway-1 additional representative required
Members were advised to contact the secretary if they wish to attend this group.
9. Area Medical Committee-5 representatives required
An election will be conducted via email.

Action Point: Submit details of representatives.

Co-option

22/11

1. Drs Michael Anderson (Inverclyde) and David Taylor (West)
The GP Subcommittee agreed to the co-option of Drs Michael Anderson and David Taylor.

Action Point: Advise Drs Anderson and Taylor of co-option

Documents Requiring a Response

22/12

1. NHSGGC Acute Specialty Redesign of Patient Pathways – Guiding Principles
 - A discussion was had on this paper, noting the importance of the GP Subcommittee, the Primary Care Clinical Advisory Group and the Primary-Secondary Care Interface Group in developing pathways.
 - Patients need sufficient time and clear communications when dealing with opt in pathways.
 - The GP Subcommittee is not the whole voice of primary care.

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- One part of the NHS cannot assume that it can access the resources of another part of the system.

Action Point: Provide feedback to health board

2. Branch Surgery Closure Application- Meadowpark Surgery, 214 Meadowpark Street, Glasgow
The GP Subcommittee agreed to take no exception to this application.

Action Point: Send response to HSCP

Any Other Business

22/13

There was no other business.

Next Meeting of the GP Subcommittee-7.30pm, Monday, 16th May 2022

Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 6th June 2022