

MINUTES
Meeting of the GP Subcommittee
on Monday, 16th October 2023 at 7.30pm

Venue-Teams

Sederunt

- Drs Katie Adair, Michael Anderson, Ronnie Burns, Maureen Byrne, Mark Fawcett, Helen Fox, Sheena Fraser, Peter Horne, John Ip, John Kyle, Susan Langridge, Gillian Leslie, Peter Livingstone, Christopher Mansbridge, Chris McHugh, Steven Miller, Brian Milmore, Graham Morrison, Patricia Moultrie, Scott Queen, Dawn Rees, Michael Rennick, Alastair Taylor, David Taylor and Graham Thompson

Chair

- Dr Maureen Byrne, Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee

Apologies

- Drs Gayle Dunnet, Parisa Ghanbari, Ewan Gray, Lynn Howie, Graeme Marshall, Austin Nichol, Jasmeet Singh, Mark Storey
- Dr Ron Alexander, Christine Laverty, Elaine McLaren, Dr Kerri Neylon OBE and Allen Stevenson
- **Members were reminded to declare any relevant conflicts of interest.**

Notes & Reports from Meetings for Noting
23/44

<u>Report Number</u>	<u>Group</u>	<u>Date of Meeting</u>
1	Area Medical Committee	18 th August 2023
2	Antibiotic Utilization Committee	29 th August 2023
3	Practice Nurse Forum	30 th August 2023
4	Neurodevelopmental Services development – Primary Care Interface	30 th August 2023
5	GMS eHealth Steering Group	31 st August 2023
6	Heart MCN Executive	1 st September 2023
7	Respiratory MCN	6 th September 2023
8	Clinical Sustainability Group (Climate)	7 th September 2023
9	GP Clinical Systems Re Provisioning Programme Board	7 th September 2023
10	PC Sustainability and Practice Support	13 th September 2023
11	Type 2 Diabetes MCN Subgroup	14 th September 2023
12	Area Medical Committee	15 th September 2023
13	Gender Identity Programme Board	15 th September 2023

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14	Adult Vaccinations	19 th September 2023
15	GMS eHealth Steering Group	28 th September 2023

- All of the reports were noted by the GP Subcommittee.

Minutes GP Subcommittee

23/45

1. Draft Minutes of the GP Subcommittee, 18th September 2023
 - The draft minutes were approved by the GP Subcommittee.
2. Draft Minutes of the GP Subcommittee's Executive, 2nd October 2023
 - The draft minutes were noted by the GP Subcommittee.

Matters Arising

23/46

- There were no matters arising.

GP Practice Workload & Sustainability

23/47

1. GGC GP Sit Rep, 5th September 2023-10th October 2023
 - NHS GGC Primary Care Support GP Practice Situation Report

		Level 0	Level 1a	Level 1b	Level 2	Level 3	Level 4	Level 5	List Closures Included in L1b
10/10/2023	228	0	140	79	9	0	0	0	20
03/10/2023	228	0	140	79	9	0	0	0	20
26/09/2023	228	0	141	78	9	0	0	0	20
19/09/2023	228	0	141	78	9	0	0	0	20
12/09/2023	228	0	140	79	9	0	0	0	21
05/09/2023	228	0	142	77	9	0	0	0	19

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- The number of practices at the levels of escalation is relatively stable.
 - The workload in general practice remains very high and the practices at each escalation level may therefore vary whilst the numbers generally remain relatively static.
2. Working to Safe Limits
- A number of matters were considered under this item including the local patient registration guidance; the current GP Practice Escalation Framework; the ongoing work of the Primary Care Sustainability and Support Group; and BMA Scotland's updated Safe Workload Guidance for GPs in Scotland.
 - The GP Subcommittee was advised that the board is working on a communication to GP practices ahead of the winter.
 - It was highlighted that GPs are caring for increasingly complex patient needs and are also having to manage patients beyond the point at which specialist intervention is required, as patients remain on long waiting lists for secondary care services. This increases the clinical risk which GPs carry and is a source of stress, in addition to increased workload.
 - With regard to the BMA Scotland's updated Safe Workload Guidance for GPs in Scotland, it was noted the Safe Capacity Exceeded Alert Voicemail (SCEAV) forms only one part of the guidance and it is important that the guidance is read and considered in its entirety by practices. It has always been the case that practices have a finite capacity to meet patient need and access is determined by the extent to which capacity can meet patient demand. The GP Subcommittee is clear that this guidance does not change that but it does allow practices to reflect on their situations, and consider making changes which reduce workload stress and improve patient safety. The GP Subcommittee considers that it is important to be careful in the terminology used when referring to the Safe Workload Guidance and SCEAV in particular and is happy to work with the board, both to ensure that activation of the SCEAV process is tracked, as an important measure of capacity/demand gap within GP practices, and to align the SCEAV process with the existing escalation framework.

Changes to Medical List

23/48

- This paper was noted by the GP Subcommittee.

Applications to Vary Practice Areas

23/49

1. Dr Fraser and Partners, 52039
- The GP Subcommittee agreed to take no exception to this application.

Documents Requiring a Response

23/50

1. GP Advice Back to Referrer SBAR
- A number of points were raised by the GP Subcommittee regarding this paper, including:
- The GP Subcommittee is of the view that there is a need for distinct pathways for advice to all specialities and that this does not replace that. There was concern that a referral request can be viewed as a request for advice by the specialist unilaterally.
- It is important that if the GP is not content to accept advice from the specialist then there requires to be a route for the patient to be added to the waiting list, following receipt of the suggestion that advice is appropriate instead of the referral being accepted. This should be streamlined to reduce GP workload and the assumption should be that the referral will now

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result in the patient being added to the waiting list as the GP has considered the advice offered by the specialist, and despite this has decided that specialist review is necessary.

- The GP Subcommittee is clear that the processes outlined in this document must not result in further workload shift to general practice. All activities which were previously undertaken by specialist services, including further investigations remain the responsibility of the specialist service. The General Practitioner's role is to undertake the necessary examination and investigations required to determine that referral is appropriate. Further investigations remain the responsibility of secondary care, to be organised and acted upon by them directly.
- Hyperlinks do not work in Docman, so the information should be presented in a way that is easily accessible for GPs.
- Concern was noted that the GP Subcommittee is not noted as a key stakeholder in the document.
- **Action Point: Feed back comments**

GP Subcommittee Representation Required

23/51

1. ADTC

- Dr Ronnie Burns agreed to take on this role.

Any Other Business

23/52

- There was no other business.
- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 20th November 2023**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 6th November 2023**