## Meeting of the GP Subcommittee on Monday, 17<sup>th</sup> April 2023 at 7.30pm

Venue-LMC Office

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Drs Katie Adair, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Gordon Forrest, Helen Fox, Sheena Fraser, Ewan Gray, Lynn Howie, John Kyle, Susan Langridge, Gillian Leslie, Peter Livingstone, Christopher Mansbridge, Graeme Marshall, Chris McHugh, Steven Miller, Brian Milmore, Graham Morrison, Patricia Moultrie, Austin Nichol, Scott Queen, Michael Rennick, Jasmeet Singh, Alastair Taylor and David Taylor

#### Chair

Dr Maureen Byrne, Chair of the Committee

## **Attending**

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

## **Apologies**

- Drs Michael Anderson, Mark Fawcett, Norrie Gaw, Parisa Ghanbari, Peter Horne, John Ip, Sarah Johansen, Waseem Khan, Dawn Rees, Samir Shukla, Mark Storey & Graham Thompson
- Dr Ron Alexander, Hospital Subcommittee Representative
- Susanne Millar, Chief Officer, Glasgow City HSCP
- Christine Laverty, Chief Officer, Renfrewshire HSCP

## Members were reminded to declare any relevant conflicts of interest.

- Dr Brian Milmore was welcomed to his first GP Subcommittee/LMC meeting as a co-opted member for the South West.
- Members were welcomed to the first in person meeting in three years.

## Chair's Statement for 2023/24 23/01

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

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.

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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.

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.

## **GP Subcommittee/LMC Treasurer and Executive Election** 23/02

- Dr Alastair Taylor will serve as Treasurer.
- The five members to serve on the executive are: Drs Ronnie Burns, Gayle Dunnet, Christopher Mansbridge, Austin Nichol and Michael Rennick.

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## **Notes & Reports from Meetings for Noting**

## 23/03

- 1. Primary Care Quality Improvement Group, 22<sup>nd</sup> February 2023
- 2. Respiratory MCN, 1st March 2023
- 3. Appraisal Steering Group, 2<sup>nd</sup> March 2023
- 4. Heart MCN Executive, 3<sup>rd</sup> March 2023
- 5. <u>Neurodevelopmental Services development Primary Care Interface, 15<sup>th</sup> March 2023</u>
- 6. Engage Health (DACS) Demo, 16<sup>th</sup> March 2023
- 7. Area Medical Committee, 17<sup>th</sup> March 2023
- Items 23/03.1-7 were noted by the GP Subcommittee.
- 8. Primary Secondary Care Interface, 29<sup>th</sup> March 2023
- The importance of a strong Primary Secondary Care Interface was noted by the GP Subcommittee.
- 9. Primary Care Strategy Strategy Session Virtual Workshop, 29th March 2023
- 10. GMS eHealth Group, 30<sup>th</sup> March 2023
- Items 23/03.9 and 10 were noted by the GP Subcommittee.

#### **Minutes GP Subcommittee**

#### 23/04

- 1. <u>Draft Minutes of the GP Subcommittee</u>, 20<sup>th</sup> March 2023
- The draft minutes were approved by the GP Subcommittee.
- 2. Draft Minutes of the GP Subcommittee's Executive, 3rd April 2023
- The draft minutes were noted by the GP Subcommittee.

## **Matters Arising**

### 23/05

There were no matters arising.

## **GP Practice Workload & Sustainability**

### 23/06

- An update was provided from the NHS GGC GP Sit Rep. There are:
  - 160 practices at level 1a
  - 60 practices at level 1b
  - 8 practices at level 2
  - 14 practices with closed lists
- The Primary Care Sustainability and Support Group is meeting on a regular basis. The GP Subcommittee is represented at this group.
- A big challenge with regard to sustainability is securing accommodation for primary care. Each of the six HSCPs is looking at this.
- The importance of GPs working as partners was noted.
- An update on the GGC performers' list was provided. In January 2023, there were on the performers' list:

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- o 1322 GPs-a fall from the previous year of 22
- o 775 partners-a fall from the previous year of 3
- o 384 locums-a rise from the previous year of 2
- o The number of retainer GPs and salaried GPs was relatively static.

### **PCIP**

## 23/07

- 1. Correspondence from the Scottish Government regarding pharmacotherapy and CTAC
- A discussion was had on the correspondence from the Scottish Government outlining that the pharmacotherapy and CTAC directions would not be laid at this time. A number of points were raised including:
  - The Scottish Government in not making national arrangements for transitional service payments risks causing damage to relationships between GP Subcommittees and HSCPs/boards as the matter of potential local transitional service arrangements are considered.
  - The GP Subcommittee is aware that PCIF (national funding allocated to HSCPs to deliver MoU services) is already inadequate to fully deliver on the MoU commitments and without additional funding to local transitional service arrangements would increase pressure on this funding and potentially inhibit further progress in delivering MoU services.
  - The GP Subcommittee notes that PCIP 6 is intended to support the gap analysis in terms of full delivery.
  - o The GP Subcommittee undertook to give this further detailed consideration.

#### **Sessional GPs**

## 23/08

- 1. Sessional GP Development and Information Event
- Around 40 sessional GPs attended this event on 25<sup>th</sup> March 2023, which the GP Subcommittee/LMC has been running annually since 2013.
- Sessions were provided on CPR; child protection; a service and IT update; questions for the LMC's medical directors and feedback on working as a sessional GP in GGC.
- The board will be approached again next year regarding funding as this was the first year that it had not agreed to fund the event.

## **Changes to Medical List**

#### 23/09

This paper was noted by the GP Subcommittee.

## **Documents Requiring a Response**

## 23/10

- 1. Application to Vary Practice Area-43030, Regent Gardens Medical Centre
- 2. Application to Vary Practice Area-43237, Keppoch Medical Practice
- 3. Application to Vary Practice Area-40154, Queens Crescent Surgery
- 4. Application to Vary Practice Area-46630, Oakwood Medical Practice
- 5. Application to Vary Practice Area-40140, Northcote Surgery
- 6. Application to Vary Practice Area-49159, Clarkston Medical Practice
- The GP Subcommittee agreed to take no exception to all six applications to vary practice areas.
- Action Point: Feed back to the board.

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- 7. Pathway for Community Monitoring for Adult ADHD
- There was a discussion on this paper, with the following points being raised:
- This proposal is only for adults.
- The committee highlighted recent publications which suggest that the number of adults in GGC who may seek to access this pathway is likely to rapidly increase and reach very high numbers.
- It was felt to be a positive that patients would have to agree to sign up to Connect Me.
- Currently where practices may be prescribing they do so without a shared care agreement. The proposition was made that the pathway being proposed may reduce practice workload for individual patients as it may reduce patient contacts seeking provision of prescriptions.
- The GP Subcommittee was advised that if the pathway was to be agreed, the service would be looking to create a single neurodevelopmental service.
- Significant concern was expressed by members who regard this as a shift of workload from specialist service to general practice.
- Some members of the committee felt that prescribing within general practice within general practice could be supported but that there was a clear view that monitoring should remain within the specialist service as this does not require the services of a general practitioner and general practice does not currently have sufficient capacity to take on this additional work.
- The argument was put that if general practice were to take over monitoring this would increase
  the service's capacity to undertake assessments. The committee did not accept this suggestion
  as it was not felt to be the same individuals within the specialist service who would be
  undertaking assessment and diagnostic decision making, and those who would be providing
  monitoring capacity.
- The GP Subcommittee will continue to engage with the group looking at this, however there was
  a strong steer from the committee that a pathway which would be acceptable to the committee
  would be one where general practice provides prescribing activity but where necessary
  monitoring remains in the board service.

## **GP Subcommittee Representation Required** 23/11

- 1. Area Medical Committee
- 2. Adult Vaccination Group
- Members were advised to contact the secretary if they are able to assist with attending either of these groups.

## **Any Other Business**

## 23/12

- There was no other business.
- Next Meeting of the GP Subcommittee-7.30pm, Monday, 15<sup>th</sup> May 2023
- Next Meeting of the GP Subcommittee's Executive-1pm, Thursday, 4<sup>th</sup> May 2023