

MINUTES
Meeting of the GP Subcommittee
on Monday, 15th January 2024 at 7.30pm

Venue-Teams

Sederunt

- Drs Katie Adair, Michael Anderson, 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, Chris McHugh, Steven Miller, Brian Milmore, Patricia Moultrie, Austin Nichol, Scott Queen, Dawn Rees, Michael Rennick, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor and Graham Thompson.

Chair

- Dr Maureen Byrne, Chair of the Committee

Attending

- Victoria Campbell, Lecturer/Practitioner in Advanced Practice, Care Home Collaborative, NHS Greater Glasgow and Clyde
- Marco Florence, Secretary to the Committee
- Elaine Hamilton, Lead Nurse, Care Home Collaborative, NHS Greater Glasgow and Clyde
- Elaine McLaren, Administration Officer for the Committee
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde
- Allen Stevenson, Interim Director of Primary Care, NHS Greater Glasgow and Clyde

Apologies

- Drs Graeme Marshall & Graham Morrison
- Dr Ron Alexander and Christine Laverty

- **Members were reminded to declare any relevant conflicts of interest.**
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Presentation

23/73

1. Using RESTORE2 to identify physical deterioration in a Care Home setting; Elaine Hamilton, Lead Nurse, Care Home Collaborative, NHS GGC & Victoria Campbell, Lecturer/Practitioner in Advanced Practice, Care Home Collaborative, NHS GGC
- This is a physical deterioration and escalation tool, which seeks to provide a common language across health and social care. The programme seeks to lead to a reduction in 999 calls and hospital admissions.
- Following the presentation, a number of concerns and questions were raised by the GP Subcommittee regarding the implementation of the programme. It was felt that the principles of realistic medicine are very important and full account would need to be taken of the patient's previously expressed wishes regarding their care, and anticipatory care planning and the outcome of the RESTORE2 tool has to be aligned. The committee were concerned about possible unintended consequences if the RESOTRE2 tool is used inappropriately.

Minutes GP Subcommittee

23/74

1. Draft Minutes of the GP Subcommittee, 18th December 2023
- The draft minutes were approved by the GP Subcommittee.

Matters Arising

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- There were no matters arising.

GP Practice Workload & Sustainability

23/76

1. GGC GP Sit Rep, 12th December 2023-9th January 2024

Date	0	1a	1b	2	3	4	5	list closures
12/12/2023	0	144	76	7	0	0	0	11
19/12/2023	0	144	76	7	0	0	0	11
27/12/2023	0	144	76	7	0	0	0	11
03/01/2024	0	143	77	7	0	0	0	7
09/01/2024	0	143	77	7	0	0	0	7

- The update to the sit rep was noted by the GP Subcommittee.

2. LMC GP Practice Situation Survey

Glasgow LMC-GP Practice Situation Survey									
Please consider the situation in your practice over the past week as a whole.									
Green-Your practice felt able to manage its services and did not feel particular pressures.									
Amber- Your practice was able to cope but experienced some level of pressure during the week.									
Red-Your practice team felt extremely pressured.									
Black- Your practice was unable to meet workload demand safely.									
Week Beginning	Green	Green %	Amber	Amber %	Red	Red %	Black	Black %	Total Responses
04/12/2023	14	12.61%	71	63.96%	24	21.62%	2	1.80%	111
11/12/2023	19	15.08%	64	50.79%	37	29.37%	6	4.76%	126
18/12/2023	18	15.79%	55	48.25%	35	30.70%	6	5.26%	114
25/12/2023	39	36.11%	52	48.15%	16	14.81%	1	0.93%	108
01/01/2024	25	19.23%	74	56.92%	29	22.31%	2	1.54%	130

- This data from the LMC was presented to the GP Subcommittee for the first time and the data was noted by the GP Subcommittee.

PCIP

23/77

1. PCPB Strategic Group, 21st December 2023
- This report was noted by the GP Subcommittee.

Sessional GPs

23/78

- The LMC is working on its plans for the annual Sessional GP Development Day, which is an important opportunity for sessional GPs to be given update on service and IT developments in the board area, and network and reduce professional isolation. Confirmation is currently being sought from the board regarding funding for the event, which has been provided in previous year.

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Notes and Reports from Meetings
23/79

<u>Report Number</u>	<u>Group</u>	<u>Date of Meeting</u>
1	Primary Care Public and Stakeholder Group	9 th November 2023
2	Primary Care Quality Improvement Group	22 nd November 2023
3	Heart MCN Executive	1 st December 2023
4	Respiratory MCN	6 th December 2023
5	Primary : Secondary Care Interface Group	6 th December 2023
6	GP IT Reprovisioning Programme Board	7 th December 2023
7	Primary Care Public and Stakeholder Group	7 th December 2023
8	ADTC	11 th December 2023
9	PMG	12 th December 2023
10	PC Sustainability and Practice support	13 th December 2023
11	Pharmacotherapy and PMG	14 th December 2023
12	Area Medical Committee	15 th December 2023
13	Neurodevelopmental Services Development – Primary Care Interface	20 th December 2023
14	GMS Premises Group	20 th December 2023
15	General Practice MDT	21 st December 2023
16	GP IT Reprovisioning Programme Board	11 th January 2024

- The following reports were noted by the GP Subcommittee: 23/79.1, 2, 7, 8, 10, 13 and 15.
- 23/79.3-Heart MCN Executive
- Timafidus-This drug remains as specialist use only on the GGC formulary so monitoring should remain with secondary care.
- 23/79.4-Respiratory MCN
- Concerns were expressed regarding the Salbutamol 100mcg dry powder inhaler (DPI) being the first line inhaler. It is not compatible with spacer devices which are required for exacerbations. DPI has been selected as the preferred option on environmental grounds. Concerns were raised around their efficacy and possibly needing to prescribe two different preparations as the patient may need to retain the MDI and spacer device option for exacerbations.
- **Action Point: Feed back to group.**
- 23/79.5-Primary: Secondary Care Interface Group
- Concern was raised about the potential reduction to the service provided by mental health, with community mental health team staff possibly redeployed to support core in-patient services.
- The issue of ultrasound referrals being rejected was highlighted. The Deputy Medical Director for Primary Care outlined that she is seeking to engage with the new Ultrasound Consultant around GP requests for imaging.
- The ongoing matter of access to the Rapid Access Chest Pain Clinic was discussed with concern, including the potential clinical governance risk of an inaccurate description of the service on SCI Gateway.
- **Action Point: The secretariat will give further thought to addressing the issues around access to the Rapid Access Chest Pain Clinic.**

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- 23/79.6-GP IT Reprovisioning Programme Board
- There is no set timeline for the migration to the new Vision system for EMIS practices but GP Subcommittee representatives have asked for an indicative timeframe. It will likely take a year and a half to two years to transfer all practices from EMIS to Vision once the migration pathway is signed off.
- 23/79.9-PMG
- The potential impact on HSCP health and social care services and staffing, and therefore on general practice, was highlighted in relation to the drugs overspend outlined in the report,
- 23/79.11-Pharmacotherapy and PMG
- Directors of Pharmacy Letter: The GP Subcommittee outlined its position that the pharmacotherapy service should be delivered as detailed in the 2018 GMS Contract and is to be a board delivered service for patients, which needs to be aligned to processes in general practice. There is disappointingly no reference in the letter to general practitioners and the workload reduction for GPs that the introduction of the MDT services, including pharmacotherapy, was intended to deliver.
- **Action Point: Feed back on paper**
- Contraceptive Prescribing: A query was raised regarding where any workload caused by the change to the preferred list would impact.
- **Action Point: Seek guidance on management of prescribing.**
- 23/79.12-Area Medical Committee
- The GP Subcommittee's representatives to the Area Medical Committee noted that there had been a suggestion that the Psychiatric Advisory Committee would have seats at the Area Medical Committee. The GP Subcommittee understands that such a change would require a change to the constitution.
- 23/79.14-GMS Premises Group
- The Area Medical Committee may be a useful avenue for seeking the board's primary care property strategy.
- 23/79.16-GP IT Reprovisioning Programme Board
- There is a focus on moving practices to Vision 3, rather Vision Anywhere.

Changes to Medical List

23/80

- This paper was noted by the GP Subcommittee.

Applications to Vary Practice Area

23/81

1. Auchinairn Medical Practice, 43222
- The GP Subcommittee agreed to take no exception to this application.

GP Subcommittee/LMC Election 2024, Vacancies and Details of Members' Terms

23/82

- The election paperwork will be sent out on 16th January and nomination forms should be returned to the GP Subcommittee office by 30th January.

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Any Other Business

23/83

- The board's Deputy Medical Director for Primary Care thanked the GPs who had worked in the GP Out of Hours service during the Christmas and New Year period.
- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 19th February 2024, Teams**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 5th February 2024, Teams**