

**MINUTES**  
**Meeting of the GP Subcommittee**  
**on Monday, 18<sup>th</sup> December 2023 at 7.30pm**

Venue-LMC Office

**Sederunt**

- Drs Katie Adair, Ronnie Burns, Maureen Byrne, Gayle Dunnet, Helen Fox, Sheena Fraser, Ewan Gray, Peter Horne, Lynn Howie, John Ip, Waseem Khan, John Kyle, Susan Langridge, Christopher Mansbridge, Chris McHugh, Steven Miller, Brian Milmore, Graham Morrison, Austin Nichol, Scott Queen, 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, Parisa Ghanbari, Gillian Leslie, Peter Livingstone, Graeme Marshall, Patricia Moultrie, Dawn Rees, Michael Rennick, Graham Thomson
- Dr Ron Alexander, Christine Lavery and Allen Stevenson
- **Members were reminded to declare any relevant conflicts of interest.**

**Notes & Reports from Meetings**  
**23/63**

<u>Report Number</u>	<u>Group</u>	<u>Date of Meeting</u>
1	Primary Care Public and Stakeholder Group	5 <sup>th</sup> October 2023
2	Vaccination Programme Board	24 <sup>th</sup> October 2023
3	GMS Premises Group	1 <sup>st</sup> November 2023
4	Heart MCN	3 <sup>rd</sup> November 2023
5	Primary Care Sustainability and Practice Support	8 <sup>th</sup> November 2023
6	GP Clinical Systems Re-Provisioning Programme Board	9 <sup>th</sup> November 2023
7	Gender Identity Programme Board	8 <sup>th</sup> & 10 <sup>th</sup> November 2023
8	Escalation & Contingency Planning sub group	16 <sup>th</sup> November 2023
9	Area Medical Committee	17 <sup>th</sup> November 2023
10	Adult Vaccination Group	21 <sup>st</sup> November 2023
11	AUC	21 <sup>st</sup> November 2023
12	Neurodevelopmental Services – Primary Care	22 <sup>nd</sup> November 2023
13	Primary Care Health Intelligence	22 <sup>nd</sup> November 2023
14	Public Protection Forum	29 <sup>th</sup> November 2023
15	GMS eHealth Steering Group	30 <sup>th</sup> November 2023

- Reports 23/61.1,.3 and .5-15 were noted by the GP Subcommittee.
- 23/63.2-Vaccination Programme Board
- A query was raised regarding the vaccination rates being seen following the vaccination transfer programme.

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- Some data was provided by the board at the Area Medical Committee meeting on 15<sup>th</sup> December 2023 and further information was requested by the GP Subcommittee representatives.
- Data was also provided by the board at the GP Subcommittee meeting. Covid and flu vaccination rates amongst health and social care staff are low. The under 65 at risk rate for Covid vaccination is 22.8% and for those with a weakened immune system is 46.9%.
- The need for up to date research on Covid vaccinations to be utilised was highlighted. It was noted that this is work that would be undertaken at a national level. The Vaccination Programme Board is there to manage the delivery of vaccinations in GGC.
- 23/63.4-Heart MCN, 3<sup>rd</sup> November 2023
- The AI work in relation to echocardiography is part of a trial.
- The waiting times for the rapid access chest pain clinic have been raised at a number of fora by the GP Subcommittee, and the board.
- The echo waiting time and heart failure diagnostic pathway waiting times have been raised by the GP Subcommittee at the Interface group

#### **Minutes GP Subcommittee**

##### **23/64**

1. Draft Minutes of the GP Subcommittee, 20<sup>th</sup> November 2023
  - The draft minutes were approved by the GP Subcommittee.
2. Draft Minutes of the GP Subcommittee's Executive, 4<sup>th</sup> December 2023
  - The draft minutes were noted by the GP Subcommittee

#### **Matters Arising**

##### **23/65**

- There are national discussions ongoing regarding the eligibility for Covid antiviral medication and the delivery of these medications. These changes could be extensive and could significantly increase the number of prescriptions being issued along with the workload resulting from this.
- Concerns were raised about the evidence, financing and capacity for this.
- It was outlined that national clinical leads have raised concerns around this proposal.

#### **GP Practice Workload & Sustainability**

##### **23/66**

1. GGC GP Sit Rep, 14<sup>th</sup> November 2023-12<sup>th</sup> December 2023

Date	0	1a	1b	2	3	4	5	list closures
14/11/2023	0	144	76	7	0	0	0	13
21/11/2023	0	144	76	7	0	0	0	13
28/11/2023	0	144	76	7	0	0	0	13
05/12/2023	0	145	75	7	0	0	0	11
12/12/2023	0	144	76	7	0	0	0	11

- The number of practices at each escalation level is relatively static.

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- There has been a reduction in the number of practices with closed lists following the practices in Greenock/Gourock which had closed their lists re-opening them.
  - The LMC is undertaking a survey of practice pressures and will be able to share this with the GP Subcommittee at the next meeting.
2. Safe Capacity Exceeded Alert
- The GP Subcommittee was advised that practices using the board's telephony system are not being permitted to put on the Safe Capacity Exceeded Alert message from the BMA Scotland Safe Workload Guidance for GPs.
  - It was outlined that the board recognises that there are capacity issues in general practice. However, the board has not approved the use of the message on their telephony system.
  - The board outlined that all NHS services are under pressure and there are services, such as palliative care and profession to profession interface, that the board believes needs to be able to accessible during core hours.

#### **PCIP**

##### **23/67**

1. PCIP Oversight Group, 23<sup>rd</sup> November 2023
- This report was noted by the GP Subcommittee.

2. PCIP Demonstrator Sites

The Scottish Government has announced the PCIP demonstrator sites-Edinburgh City; Ayrshire and Arran; Shetland Islands; Borders.

#### **Changes to Medical List**

##### **23/68**

- This paper was noted by the GP Subcommittee.

#### **Applications to Vary Practice Area**

##### **23/69**

1. Gilberfield Medical Practice, 46112
  2. Knightswood Medical Centre, 40332
  3. Meadowpark Surgery, 46225
- The GP Subcommittee agreed to take no exception to these three applications.
4. GP Subcommittee Responses to Applications to Vary Practice Areas
- There has been a large increase in the number of applications to vary practice area being reviewed by the GP Subcommittee this year. The GP Subcommittee has reviewed the following number of applications to vary practice area over recent years:
    - 2023- 29
    - 2022- 9
    - 2021- 8
    - 2020- 0
    - 2019- 4
    - 2018- 5
  - The secretariat is keen to reduce the timescale at the GP Subcommittee to ensure that there is no undue delay for practices which are seeking to amend their practice areas awaiting a

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response. The new process now takes around a fortnight, when it previously may have taken around six weeks.

- If a range of views are submitted to the office, this would lead to the application being taken to a GP Subcommittee meeting.
- If a point is raised by a member, it was felt to be useful for this to be circulated, so that members are aware of this.
- HSCPs are responsible for the delivery of primary care services and should be aware of the situation being faced by local practices.

#### **Documents Requiring a Response**

**23/70**

##### **1. ADHD Referral Guidance for GPs**

- This paper was noted by the GP Subcommittee.

##### **2. Urgent Suspicion of Cancer**

- Dr Rigg's paper was considered by the committee.
- The inclusion of a field on the referral template confirming if the patient has been informed of the referral being on the cancer pathway would mean that secondary care would be responsible for informing the patient of any regrading.. If they had not, the responsibility would sit with general practice to inform the patient of a regrading outcome
- It was concluded that the two options should be included and that this question should be made mandatory.
- **Action Point: Feed back views.**

##### **3. Diabetes Management of Foot Problems**

- This was felt to be a useful guidance document.
- It was noted that the box on page six has been lifted from the general diabetic guidance and that this therefore needs amended as antibiotic prescribing and monitoring remains with secondary care. This was agreed a number of years ago as part of discussions relating to prolonged Clindamycin.
- Consideration will need to be given with the future development of CTAC in relation to whether low risk patients should sit with CTAC or general practice.
- **Action Point: Feed back views**

##### **4. Guidelines for the Management of Type 2 Diabetes Mellitus**

- There was some concern raised about the aspirational language used in the introduction (e.g. with regard to the expert medical generalist role and the 2018 GP Contract).
- Members felt that this was a useful reference document.
- Concern was noted regarding the lack of emphasis on lifestyle and the reversal of diabetes.
- It was suggested that being able to refer pre-diabetic patients would be a useful step.
- It should be made clearer that the prescribing of GLP1s by a GP is optional. As per the GGC Formulary, these drugs are restricted to initiation by clinicians, either in primary care or the acute setting.
- **Action Point: Feed back views.**

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

**23/71**

- This paper was noted by the GP Subcommittee.

### **Any Other Business**

**23/72**

- There was no other business.
- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 15<sup>th</sup> January 2024**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 5<sup>th</sup> February 2024**