

[Private & Confidential]

GREATER GLASGOW & CLYDE AREA MEDICAL COMMITTEE
General Practitioner Subcommittee

MINUTES of the MEETING of the
COMMITTEE held on 16th
April 2018 in the Committee's
offices at 40 New City Road,
Glasgow G4 9JT

- SEDERUNT:** Drs Maureen Byrne, Vicky Clark, Mark Fawcett, Gordon Forrest, Norrie Gaw, Michael Haughney, John Ip, William Macphee, Alan McDevitt, Chris McHugh, Kathryn McLachlan, Hilary McNaughtan, Christopher Mansbridge, Steven Miller, Paul Miller, Patricia Moultrie, Alex Potter, Michael Rennick, Paula Rogers, Paul Ryan, Mohammed Sharif, Samir Shukla, Jasmeet Singh, Mark Storey, Alastair Taylor, Blair Walker and Raymund White.
- CHAIR:** Dr Alastair Taylor, Chair of the Committee, chaired the meeting.
- APOLOGIES:** Apologies for absence were received from Drs Ronnie Burns, John Dempster, Elizabeth Denholm, Gayle Dunnet, Andrew Fitchett, Sheena Fraser, Susan Langridge, Graeme Marshall, Kerri Neylon, David Taylor and Alasdair Wilson.
- ATTENDING:** Mr David Leese Chief Officer (CO) Renfrewshire HSCP and Lead CO for Primary Care.
- Dr Ron Alexander, Hospital Subcommittee Representative.
- Mrs Mary Fingland, Secretary of the Committee.
- MEMBERSHIP OF THE COMMITTEE:**
- (a) Election of Chair and Vice-Chair**
- Dr Alastair Taylor re-elected as Chair of the GP Subcommittee. Dr Mark Fawcett re-elected as Vice-Chair of the GP Subcommittee.
- (b) Election of Medical Secretaries**
- Drs John Ip and Patricia Moultrie re-elected as Medical Secretaries of the GP Subcommittee.
- (c) Election of Lay Members of the Executive Committee**
- Drs Ronnie Burns, Vicky Clark, Hilary McNaughtan, William Macphee and Raymund White duly elected as lay members of the Executive Committee.
- (d) Chairman's Opening Statement for the 2018/19 Session**
- Welcome to the new session of the GP Subcommittee.
- I thought it would be useful to speak to you about your role as a

member of the GP Subcommittee.

Members should be mindful that the role of GP Subcommittee 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 GP Subcommittee 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 you are attending as a representative of your constituency and the diversity of the populations and practices that your constituency encompasses.

Members may be asked to attend meetings or conferences on behalf of the GP Subcommittee and should provide a written report of the event to the GP Subcommittee. 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 are there to represent the views of the whole GP Subcommittee. It is therefore important for members to ensure they understand the GP Subcommittee position before attending a meeting on its behalf.

When representing the GP Subcommittee 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 GP Subcommittee for approval.

When attending the GP Subcommittee or other meetings as a representative you 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 declaration forms will be sent out at the start of each session.

Members should be aware of the claims process for GP

Subcommittee representatives attending Board meetings and any queries you may have on the process should be directed to Mrs Fingland.

Members are reminded that all GP Subcommittee documents are subject to Freedom of Information (FOI) including minutes.

ACCEPTED:-

- (a) Report of the Referral Management Group meeting 27th March 2018**
- (b) Report of the GMS eHealth meeting Thursday 22nd March 2018**
- (c) Report of the SHPIG Clinical Subgroup March 18**
- (d) Report of the Immunisation Liaison Group 6th March 18**

MINUTES: 18/001

The GP Subcommittee received the Minutes of the meeting held on 19th March 2018.

The Minutes of the 19th March 2018 were approved and signed by the Chair with one small amendment to the Sederunt.

**MATTERS ARISING:
18/002**

There were no matters arising.

**GP
REPRESENTATION
REQUIRED:18/003**

(a) GMS eHealth Group

Dr Mohammed Sharif was nominated as GP Subcommittee representative to this group.

(b) Primary Care Mental Health Development Fund meeting

Dr Patricia Moultrie was nominated as GP Subcommittee representative to this group.

(c) Respiratory MCN

Dr Mark Fawcett indicated he may be able to attend this group.

(d) Respiratory MCN Primary Care Group

Dr Raymund White indicated he may be able to attend this group.

(e) GP Subcommittee Representatives to the Area Medical Committee (AMC)

Drs Mark Fawcett, Michael Haughney, John Ip, Susan Langridge, Patricia Moultrie, Alex Potter and Alastair Taylor were nominated as GP Subcommittee representatives to the AMC.

NOTES AND

(a) Report of the Primary Care Implementation Programme Board

Received.

The GP Subcommittee was asked to consider how best to make the PC Implementation Planning GP Subcommittee representative on HSCP planning groups visible to Cluster Quality Leads in the relevant HSCP areas.

A member suggested having a known name for larger groups and meeting with Practice Quality Leads. Mr Leese spoke to members about HSCPs having an equal responsibility to find ways through the system and undertook to ensure GP Subcommittee HSCP PCIP representatives are advised who the CQLs are in their areas.

A member voiced concern about CQLS and PQLs being asked to undertake non quality work. Another member noted there was a tension between how to advise and not overwhelm fledgling groups. A further member spoke of the early stages and complex structures needed for the transitional period with implementation plans in place by July and the need for the GP Subcommittee to drive getting plans in place and agreed.

Action: Resend CQL listserve details to CQLs. David Leese to advise GP Subcommittee PCIP representatives who the CQLs are in their HSCP areas.

(b) Report of the Respiratory MCN meeting held on Tuesday 6th March 2018

Received.

The GP Subcommittee was asked to comment on consideration being given on moving monitoring requirements for new Biologic treatments from Secondary to Primary Care.

The GP Subcommittee voiced a number of concerns around prescribing safety and clinical responsibility for these new drugs and GPs not having the required expertise for dosing these very specialist drugs. Members heard if such a transfer took place it would be a new workstream and appropriate funding and resources would need to follow. A member also stated that this is Secondary Care work that should not be funded from the £250 million pledged to support General Practice.

A member advised that prescribing and monitoring such specialised drugs entailed a substantial clinical risk for GPs who would require call and recall systems and also noted the increasingly difficult interface with Golden Jubilee about such drugs and the need for an

interface group to take this forward with the Golden Jubilee. Members agreed that these drugs should remain within Secondary Care.

Action: David Leese to take forward GP concerns with Interface and to try and establish an Interface with the Golden Jubilee. Examples to David Leese of monitoring and prescribing requests.

GP Clusters: 18/005

(a) GP Clusters and CQL Workload

Mr Leese told members the GP Subcommittee letter to HSCP Chief Officers on CQL workload had had a positive response.

Members noted there was a general sense of willingness to involve GPs and a natural inclination to have wider discussions on the transformation of services. Members heard HSCPs were trying to collate programmes that have made difference to GP workload with the aim of trying to suggest two or three evidence based projects across the area to manage transition and reduce workload.

**HEALTH SOCIAL
CARE
PARTNERSHIPS
18/006**

(a) HSCP PC Implementation Planning (PCIP) Groups

Members noted that GP Sub representatives were identified for all HSCP PCIP groups.

Members heard that the fine detail of the transformation was still being discussed centrally. Members were told that the previous supporting budgets have to be agreed with the LMC i.e. Inverclyde. The GP Subcommittee heard that having early discussions and a need to agree that local pots of funding are in direct support of general practice are key.

Mr Leese told members a piece of work to establish spend in GGC was being undertaken but GGC allocation funding was still unknown at this stage. Members were told that everything in place in the last two years i.e. oxygen, OOHs would be included. Members heard that a system wide programme board had been established, and chaired by Mr Leese, which was trying to agree what these things are. The COs were attempting to shape what areas HSCP prioritise, looking for evidence of success and a focus of where work will go. Members noted the Board was looking to Inverclyde successes i.e. use of MSK physios, Advanced Nurse Practitioners (ANPs) for home visits and Paramedics.

A member told the GP Subcommittee that this change is quite complex and it made sense to have all the same service delivery across GGC and it was useful that the GP Subcommittee and LMC has an overarching view as the £250m in support of General Practice

is not means to fund Secondary Care activity and is to reduce GP and GP Practice workload only.

**CHANGES TO THE
MEDICAL LIST:
18/007**

(a) Inclusions, Mergers, Resignations, Retirals

Noted.

AOCB: 18/008

No further competent business.

**DATE OF NEXT
MEETING**

The date of the next GP Subcommittee meeting is **Monday 21st May 2018**.

The date of the next Executive meeting is Monday 30th April 2018.