MINUTES
Meeting of the GP Subcommittee
on Monday, 28th April 2025 at 7.30pm

Venue- LMC Office

Sederunt

- Drs Katie Adair, Sally Al-Agilly, Michael Anderson, Gouri Bhat, Maureen Byrne, Pearce Cusack, Mark Fawcett, Helen Fox, Sheena Fraser, Parisa Ghanbari, Ewan Gray, Joanna Hall, Peter Horne, Lynn Howie, John Ip, Sarah Johansen, Waseem Khan, John Kyle, Susan Langridge, Gillian Leslie, Alanna Macrae, Christopher Mansbridge, Chris McHugh, Hilary McNaughtan, Brian Milmore, Patricia Moultrie, Austin Nichol, Scott Queen, Michael Rennick, Harriet Rushworth, Mark Storey, Alastair Taylor, David Taylor and Karen Taylor

Chair

- Dr Mark Fawcett, Chair of the Committee

Attending

- Marco Florence, Secretary to the Committee
- Dr Jude Marshall, Deputy Medical Director for Primary Care, NHS GGC
- Fraser McJannett, Director of Primary Care, NHS GGC
- Elaine McLaren, Administration Officer for the Committee

Apologies

- Drs Harminder Baryah, Ronnie Burns, Gayle Dunnet, Georgi Georgiev, Veronica Mallon, Max Peluso, Dawn Rees Stacy Russell, Victoria Shotton, Jasmeet Singh and Graham Thomspon; Dr Ron Alexander.
- **Members were reminded to declare any relevant conflicts of interest.**

Attendees

25/01

- Dr Jude Marshall was welcomed to her first GP Subcommittee meeting as the health board's new Deputy Medical Director for Primary Care.

Chair's Opening Statement-2025/26-GPSub_1

25/02

- Members' attention was drawn to this paper, which details members' roles and responsibilities.

Executive Election

25/03

1. Dr Waseem Khan was elected Vice-Chair.
2. Dr Alastair Taylor was elected Treasurer.
3. The following members were elected to the executive: Drs Ronnie Burns, Maureen Byrne, Christopher Mansbridge, Austin Nichol and Michael Rennick.
4. The secretariat will continue to consider how to better reflect the gender balance at leadership levels.

Minutes GP Subcommittee

25/04

1. Draft Minutes of the GP Subcommittee, 17th March 2025, Paper GPSub_118

- The draft minutes were approved by the GP Subcommittee.

2. Draft Minutes of the GP Subcommittee's Executive, 7th April 2025, Paper GPSub_119

- The draft minutes were noted by the GP Subcommittee.

Matters Arising

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25/05

- There were no matters arising.

GP Practice Workload & Sustainability

25/06

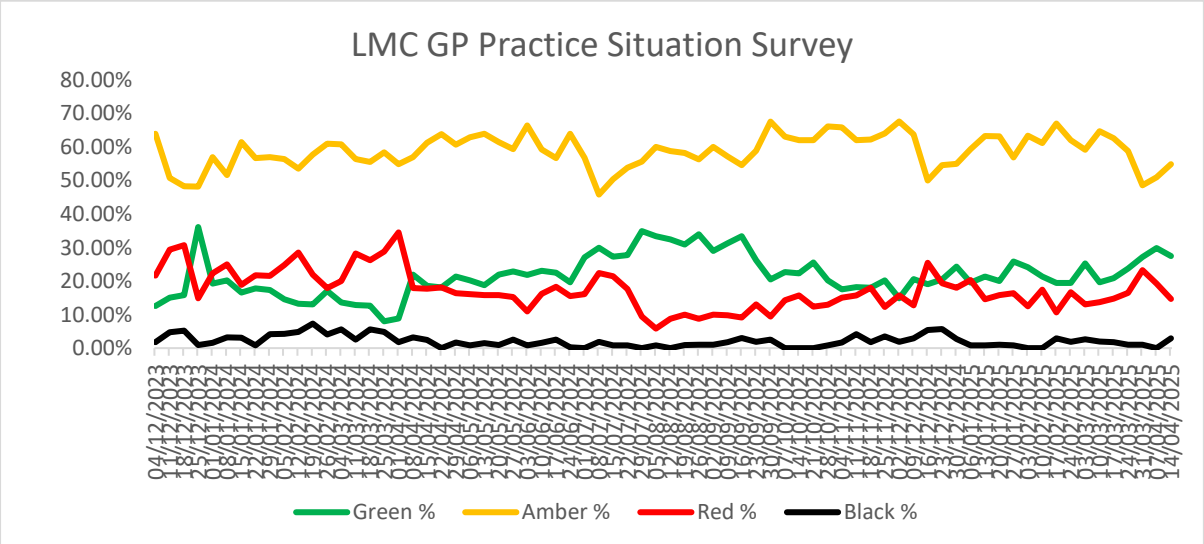
1. GGC GP Sit Rep, 10th March 2025 to 21st April 2025, Paper GPSub_2

Date	0	1a	1b	2	3	4	5	list closures
10/03/2025	0	208	4	12	0	0	0	10
17/03/2025	0	209	4	11	0	0	0	10
24/03/2025	0	209	4	11	0	0	0	10
31/03/2025	0	209	4	11	0	0	0	10
07/04/2025	0	210	4	10	0	0	0	9
14/04/2025	0	209	4	11	0	0	0	10
21/04/2025	0	209	4	11	0	0	0	10

2. LMC GP Practice Situation Survey, 3rd March 2025 to 14th April 2025, Paper GPSub_3

- **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
03/03/2025	29	25.22%	68	59.13%	15	13.04%	3	2.61%	115
10/03/2025	20	19.61%	66	64.71%	14	13.73%	2	1.96%	102
17/03/2025	24	20.87%	72	62.61%	17	14.78%	2	1.74%	115
24/03/2025	23	23.71%	57	58.76%	16	16.49%	1	1.03%	97
31/03/2025	28	27.18%	50	48.54%	24	23.30%	1	0.97%	103
07/04/2025	31	29.81%	53	50.96%	20	19.23%	0	0.00%	104
14/04/2025	28	27.45%	56	54.90%	15	14.71%	3	2.94%	102



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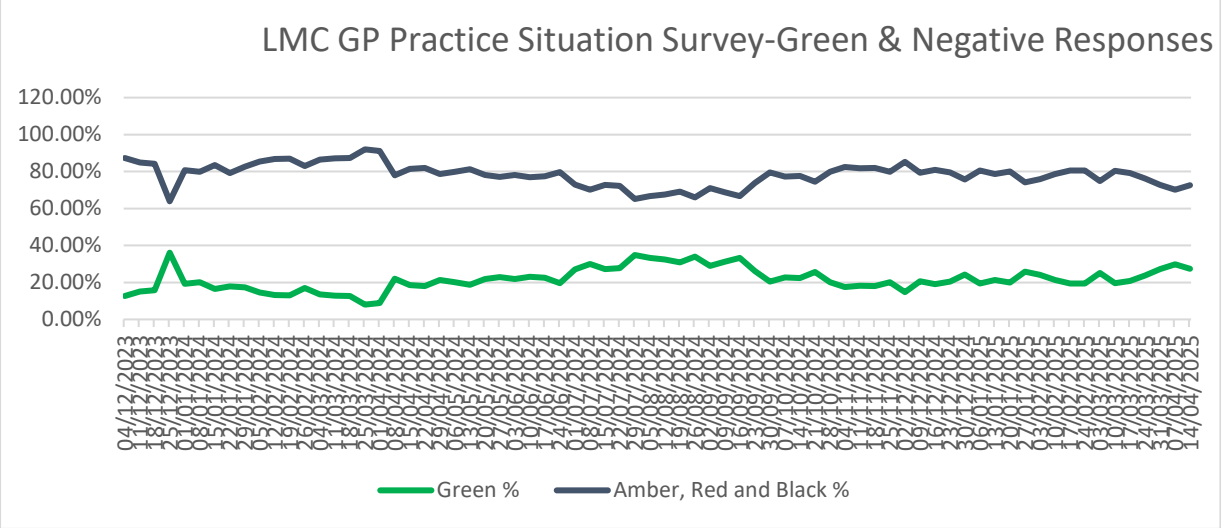

Primary Care Transformation
25/07

1. Audit Scotland- General Practice: Progress Since the 2018 General Medical Services Contract, Paper GPSub_108

- It was remarked upon that none of the conclusions of the report are a surprise for GPs who have been experiencing rising demand and unsustainable workloads, reducing WTE GP numbers, funding pressures, and the lack of effective PCIP services.
- The board acknowledged the importance of the report and the need for change, and committed to using the document to drive redesign.
- The response from the Scottish Government will be key to the report leading to change.
- The report highlights the value for money aspects of PCIF spend. There is a need to focus on PCIF spend and its outcomes.
- It was highlighted that PCIP services have not been integrated with GP practices' operations.
- It was underlined that the board needs to honour other aspects of the 2018 contact which are within its power, such as lease assignations. The board has not progressed lease assignations as committed to within the 2018 GMS Contract. This is a key factor in practice recruitment and sustainability, and the board is advised of the need to prioritise progress in transferring lease agreements.
- The pressures that are outlined in the report come against the backdrop of sessional GPs advising the LMC of underemployment.
- Enhanced service fees have been static for some time now. This means that they do not match the costs for practices. The board was also encouraged to consider that enhanced services being provided by GP practices will be more cost efficient than the board providing the service. Practices also need to consider when enhanced services do not fit their practice's business needs.
- One avenue for taking the report's conclusions forward will be the PCPB Strategic Group.

2. Hackathon 1-Paper GPSub109-report 16, page 24

- This is the first of a series of strategic events, which are being driven by the new chief executive.
- The event considered frailty, cardiology, OPAT and respiratory.
- A new interface division is to be created at the health board, and this will be engaged in the creation of 1,000 virtual beds, the Flow Navigation Centre and interface issues.

- There will be twenty GPs at Hackathon 2. The GP Subcommittee outlined that as the statutory medical advisory body for primary care, it believes that spaces for more than 2 GP Subcommittee representatives should be allocated.
- The impact of 1,000 virtual beds on general practice needs to be carefully considered.
- It was queried where the staff and funding for the monitoring of these patients is going to come from. The cost of providing care in this way and if this was a step forward for patient care were queried. Concerns were also raised about the efficacy of the service and fear that if there were any problems, these would just end up being for general practice to deal with.
- Concern was raised that a product for this has already been purchased from the technology company Doccla, rather than considering in more detail the issue to be resolved and the various alternative options to that that may have been possible given a truly whole system approach.
- The board were not able to advise the GP Subcommittee of the criteria to be used for entry to these virtual beds nor of the pathways. Without knowing the nature of patients to be cared for in this system it is difficult for the GP Subcommittee, as the advisory body representing GP, who are experts in managing patients in the community, to advise effectively. The GP Subcommittee is concerned about the timescale for the introduction of such significant change and the need for small scale test of change and effective evaluation.
- It was highlighted that the system appears to be one of episodic care, with likely little benefit and poor outcomes with regard to achieving significant change.
- The GP Subcommittee expressed concern that the board is not focussing on increasing prevention and early intervention in its plans. The GP Subcommittee points the board to the multiple authoritative statements on the need to shift the balance of care from hospital medicine to primary care, and particularly to relationship based longitudinal care, as provided by general practice, to address current and future population health needs.

3. PCPB Strategic Group, GPSub_110

- This paper was noted by the GP Subcommittee.

GP IT Clinical Systems
25/08

- Discussions are ongoing between NSS, Cedegim and the proposed buyer for INPS.
- There continues to be insufficient funding being provided to resource the necessary staff to progress e-prescribing at a national level i.e. it is not being prioritised.

Notes and Reports from Meetings, Paper GPSub_109
25/09

Report Number	Group	Date of Meeting
1	ADTC	17th February 2025
2	Antibiotic Utilisation Committee	18th February 2025
3	Area Medical Committee	21st February 2025
4	Area Medical Committee	21st March 2025
5	Shared Care SLWG	25th February 2025

6	Shared Care SLWG, Pathways Subgroup	20th March 2025
7	Primary Care Quality Improvement Group	26th February 2025
8	GP Clinical Systems Re Provisioning Programme Board	6th March 2025
9	GP Clinical Systems Re Provisioning Programme Board	3rd April 2025
10	GGC Digital Dermatology Project Board	13th March 2025
11	GGC Digital Dermatology SLWG Process Review	3rd April 2025
12	GGC Community Application Project - Programme Board	13th March 2025
13	No cervix audit steering group	13th March 2025
14	Prescribing Interface	19th March 2025
15	Clinical Sustainability & Primary Care (Climate) Group	20th March 2025
16	Hackathon 1	26th March 2025
17	Respiratory MCN	26th March 2025
18	PMG	27th March 2025
19	Gender Identity Programme Board	27th March 2025
20	Palliative Care Design Event	31st March 2025

- 25/09.4-Area Medical Committee
- The importance to the system of a properly functioning Hospital Subcommittee was highlighted.

- 25/09.5-Shared Care-SLWG
- Glasgow City HSCP was not able to award the contract to a third sector organisation. The HSCP intends to now work towards a similar model but with the staff continuing to be employed by the HSCP.

- 25/09.7-Primary Care Quality Improvement Group
- The important quality improvement work taking place in general practice was highlighted.
- ***Action Point: The secretariat will give consideration to any further engagement with this group that is required to ensure it fulfils its role.***

- 25/09.17-Respiratory MCN
- It was clarified that Hospital at Home funding comes from HSCPs' budgets and not GP funding.
- The GP Subcommittee does not agree with FeNo testing being undertaken in general practice.

- The other reports were noted by the GP Subcommittee.

Sessional GPs
25/10

1. Sessional GPs Employment Opportunities Survey-Oral Report

- 44 sessional GPs responded to the LMC's survey regarding sessional employment opportunities in GGC. A similar survey was answered last year by 26 sessional GPs.

- Nearly 80% of respondents reported a decrease in demand from practices for in hours locums. This compares to 34% last year when asked the same question. Just over half of the GPs stated that they are unable to find as many in hours GP sessions as they wish to work. In last year's survey, only around 23% were unable to find as many sessions as they wanted to work.
- 40% of the respondents would like to work an additional 2 sessions a week, if they were available, and another 36% would like to work an additional 4 sessions a week.
- The GPs were asked which of the following roles they would consider for the next few years:
- GP Partner, Full Time-16.28%
- GP Partner, Part Time-46.51%
- Salaried GP, Full Time-23.26%
- Salaried GP, Part Time-41.86%
- GP Locum-86.05%
- Of those who answered locum, they were asked to answer how many sessions per week they would be looking to work. The highest percentages were for 7 sessions (29.73%) and 8 sessions (27.03%).
- The results of the survey, showing underemployment of sessional GPs were remarked upon with concern by the GP Subcommittee and the attendees from the health board.

Changes to Medical List, Paper GPSub_111
25/11

- This paper was noted by the GP Subcommittee.

Documents Requiring a Response
25/12

1. Low Back Pain Pathway, GPSub_117

- This was felt to be more of an information document, rather than a pathway.
- It was highlighted that this was an update to a previous document.
- ***Provide feedback***

2. New Onset Angina Clinic, GPSub_4

- This paper is part of ongoing review work that is being undertaken regarding the cardiology service.
- It was felt that the exclusion criteria would lead to too many patients being excluded. However, it was noted that this is to replace the Rapid Access Chest Pain Clinic, which is not properly functioning but which has a number of criteria for the patient to fit within. It was remarked upon that the exclusion criteria would only be for this service and that GPs would still be able to refer patients to cardiology. It was felt that it would be worth highlighting in the document who should be referred to cardiology, rather than this service.
- The reference to ED should be perhaps be IAU but the GP Subcommittee would welcome a commitment that these patients would be accepted by the IAU.
- Consultant Connect use is encouraged but it was highlighted that Consultant Connect calls are not always answered.
- ***Action Point: provide feedback.***

3. Application to Close Branch Surgery-40718, Ashton Medical Practice at Cardonald Medical Centre. Papers GPSub_112-116

- The secretariat has already fed back concerns to the HSCP about the process.

- The GP Subcommittee however remains concerned about the process being undertaken by the practice and the HSCP allowing this to go forward in this manner, namely:
- References to patients being assigned to other practices if the branch surgery is closed. Patients remain on a practice's list following a branch surgery closure, unless they choose to move to another practice.
- References to another practice taking on the patients-this is not part of the process.
- A branch surgery closure leading to a practice reducing its list size. As patients remain on a practice's list following a branch surgery closure this would not be part of the process.
- It was highlighted that the personal circumstances of GPs do not need to be shared with the GP Subcommittee.
- The risks of such a situation where a branch surgery is geographically distant from a main practice site were highlighted.
- The GP Subcommittee is of the view that this situation was created by the board inappropriately allowing two three distinct practices to be absorbed into one contract via mergers. The contracts should have been kept as distinct GMS contracts, and this would have meant that the current situation would be one of a GMS contract being handed back to go out to tender. The GP Subcommittee does not support the loss of GMS contracts in this way. Patients should have the ability to access general practice local to them and the GP Subcommittee wishes to highlight the to the board the danger of this approach to general practice services.
- ***Respond to HSCP.***

Any Other Business
25/13

- There was no other business.

- **Next Meeting of the GP Subcommittee:** Monday, 19th May 2025, 7.30pm, Teams
- **Next Meeting of the GP Subcommittee's Executive:** Monday, 12th May 2025, 7.30pm, LMC Office