

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

Venue-LMC Office

Sederunt

- Drs Katie Adair, Michael Anderson, Ronnie Burns, Maureen Byrne, Pearce Cusack, Gayle Dunnet, Mark Fawcett, Helen Fox, Sheena Fraser, Parisa Ghanbari, Ewan Gray, Lynn Howie, John Ip, Waseem Khan, Susan Langridge, Gillian Leslie, Christopher Mansbridge, Chris McHugh, Brian Milmore, Graham Morrison, Patricia Moultrie, Austin Nichol, Max Peluso, Scott Queen, Michael Rennick, Stacy Russell, Victoria Shotton, Jasmeet Singh, Alastair Taylor and David Taylor

Chair

- Dr Mark Fawcett, Chair of the Committee

Attending

- Elaine McLaren, Administration Officer for the Committee
- Marco Florence, Secretary to the Committee
- Dr Sean Milner
- Susanne Millar, Chief Officer, Glasgow City HSCP
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde
- John Robertson, National Director, BMA Scotland

Apologies

- Drs Georgi Georgiev, Sarah Johansen, John Kyle, Dawn Rees, Mark Storey and Graham Thomson; Dr Ron Alexander, Christine Lavery and Allen Stevenson
- **Members were reminded to declare any relevant conflicts of interest.**

GP Subcommittee/LMC Observers

24/01

- Dr Sean Milner and John Robertson, National Director, BMA Scotland, attended the meeting as observers.

GP Subcommittee/LMC Election

24/02

1. Chair

- Dr Mark Fawcett was elected Chair.

2. Vice-Chair

- Dr Gayle Dunnet was elected Vice-Chair.

3. GP Subcommittee Medical Secretaries/LMC Medical Directors-x2

- Dr John Ip and Dr Patricia Moultrie were elected GP Subcommittee Medical Secretaries/LMC Medical Directors.

4. Executive-x5

- Drs Michael Anderson, Ronnie Burns, Christopher Mansbridge, Austin Nichol and Michael Rennick were elected to the executive.

5. Ex-Officio Chair

- Dr Maureen Byrne was thanked for her work as Chair between 2022 and 2024.
- Dr Byrne will remain on the executive as Ex-Officio Chair.

GP Subcommittee/LMC Membership

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24/03

1. New Members

- The new members-Drs Pearce Cusack, Georgi Georgiev, Max Peluso, Stacy Russell and Victoria Shotton-were welcomed to the GP Subcommittee/LMC.

2. Resignation

- Dr Graeme Marshall was thanked for his time on the GP Subcommittee/LMC following his resignation as a member.

3. Co-option

- Dr Peter Horne, one of the Sessional GP representatives, is no longer working as a Sessional GP, having taken up a post at a practice in the South West district.
- It was agreed to co-opt Dr Horne to the GP Subcommittee/LMC.

Chair's Opening Statement for 2024 Session

24/04

- The statement below was read by the Chair.

Members are welcomed to the first meeting of the 2024 session.

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 office prior to the meeting.

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.

If needed, 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.

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.

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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.

Conflicts 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.

In the interests of members' wellbeing, if a member is unwell and therefore absent from their clinical work, we would expect members to temporarily pause their committee activities, both in terms of attendance at committee meetings and representing the committee at board/HSCP meetings.

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.

IJB Finances-Presentation from Susanne Millar, Chief Officer, Glasgow City HSCP 24/05

- A presentation was provided by Susanne Millar, followed by questions from GP Subcommittee members.
- It was outlined that this has been the most challenging time in terms of budget setting for HSCPs and the health board.
- IJBs have seen a 0% uplift from the Scottish Government for 2024/25, following a 4% uplift for 2023/24.
- Pressures on the prescribing budgets, along with staffing costs, are the most challenging areas for HSCPs.
- There is pressure across health and social care, with rising demand.
- The health board must balance its budget by the end of the year. IJBs must set a balanced budget at the start of the financial year.
- The HSCPs' clinical directors have been involved in the discussions around savings plans.

Notes and Reports from Meetings

24/06

<u>Report Number</u>	<u>Group</u>	<u>Date of Meeting</u>
1	General Practice MDT	18 th January 2024
2	General Practice MDT	15 th February 2024

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3	Vaccination Transformation Programme Board	13 th February 2024
4	Primary Care Quality Improvement Group	21 st February 2024
5	GMS Premises Group	28 th February 2024
6	Pharmacotherapy and PMG	29 th February 2024
7	Heart MCN Executive	1 st March 2024
8	Respiratory MCN	6 th March 2024
9	GP Clinical Systems Reprovisioning Programme Board	7 th March 2024
10	Clinical Sustainability Group (Climate)	7 th March 2024
11	Adult Vaccination Group	19 th March 2024
12	PMG	26 th March 2024
13	Primary Secondary Care Interface	3 rd April 2024

- 24/06.3, Vaccination Transformation Programme Board
- Concerns were raised regarding the low rates of vaccination noted within the report.
- **Action Point: Secretariat to review figures.**

- 24/06.8, Respiratory MCN
- At the executive meeting on 8th April 2024, a query was raised regarding pathway testing for Adrenal Insufficiency. It was reported that this is potentially on the rise and perhaps a GP pathway is required.
- The GP Subcommittee has contacted the service outlining its willingness to work on this matter.

- 26/06.10, Clinical Sustainability Group (Climate)
- The cost benefits of the DPI inhalers versus the MDI inhalers was highlighted.

- Other Reports
- The other reports were noted by the GP Subcommittee.

Minutes GP Subcommittee

24/07

1. Draft Minutes of the GP Subcommittee, 18th March 2024
 - The draft minutes were approved by the GP Subcommittee.

2. Draft Minutes of the GP Subcommittee's Executive, 8th April 2024
 - The draft minutes were noted by the GP Subcommittee.

Matters Arising

24/08

1. Flow Navigation Centre-Minor Injuries Pathway
 - A query was raised over the need for the minor injuries pathway that had been sent to practices.

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- It was outlined that this was to address the gap between the injury within 3-5 days of presentation remit for ED/MIU, and the more than two weeks rule for general practice to make a referral to services such as the fracture clinic.
 - Administrative staff will receive the requests from GPs via Consultant Connect and the Flow Navigation Centre will call the patient back.
 - It was confirmed that for injuries, such as skiing injuries, these should not result in patients being told by NHS 24 that they need to speak to their GP.
 - The view was expressed that Consultant Connect should be for a GP: Consultant conversation.
 - Members were encouraged to provide feedback after using Consultant Connect.
2. Digital Dermatology
- There is engagement ongoing regarding the digital dermatology programme.
 - It was highlighted that it has been agreed that this will only be rolled out when it is ready.

GP Practice Workload & Sustainability

24/09

1. GGC GP Sit Rep, 12th March 2024-9th April 2024

Date	0	1a	1b	2	3	4	5	list closures
12/03/2024	0	139	73	14	0	0	0	5
19/03/2024	0	135	77	14	0	0	0	6
26/03/2024	0	136	77	12	0	0	0	7
02/04/2024	0	137	77	11	0	0	0	6
09/04/2024	0	165	50	10	0	0	0	6

- The local patient registration guidance has been extended for until the end of September. The board has been seeking confirmation from practices if they wish to extend their use of this. This accounts for the large fall in the number of practices at level 1b.

2. LMC GP Practice Situation Survey, 4th March 2024-1st April 2024

Week Beginning	Green	Green %	Amber	Amber %	Red	Red %	Black	Black %	Total Responses
04/03/2024	17	13.60%	76	60.80%	25	20.00%	7	5.60%	125
11/03/2024	15	12.82%	66	56.41%	33	28.21%	3	2.56%	117
18/03/2024	16	12.70%	70	55.56%	33	26.19%	7	5.56%	126
25/03/2024	10	8.00%	73	58.40%	36	28.80%	6	4.80%	125
01/04/2024	10	8.85%	62	54.87%	39	34.51%	2	1.77%	113

- This report was noted by the GP Subcommittee.
3. Escalation Framework and Contingency Planning Subgroup
- The Escalation Framework and Contingency Planning Subgroup has been undertaking work on documents for practices. The GP Subcommittee has engaged with this, in order to try to make the documents more agreeable.
 - However, concerns were outlined that these documents continue to push practices to undertake what they cannot do-see urgent patients when they do not have any more clinical capacity for the day.
 - There is a limit to what GPs/practices can do in a day.

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- Having considered both documents, the GP Subcommittee believes that the BMA Safe Workload Guidance better supports practices in the safe delivery of care and is not supportive of the approach in the board paper.

PCIP

24/10

1. PCIP Oversight Group, 21st March 2024
 - There is a proposal for CTAC in Renfrewshire to pilot Vision Anywhere.
 - There is also a proposal for GP practices in Renfrewshire to be one of the areas to first move to using Vision, as part of the GP IT Re-provisioning programme.

Changes to Medical List

24/11

- This paper was noted by the GP Subcommittee.

Documents Requiring a Response

24/12

1. Shared Care Agreement-Denosumab
 - Concerns regarding the proposed revision to the SCA are:
 - The proposed amendment to the Shared Care Agreement would see the review by secondary care being moved from three years to five years.
 - This was felt to be a big change from what is in the current Shared Care Agreement.
 - A recall system would be needed for this.
 - Practices do not necessarily have a record of when Denosumab has been administered.
 - A query was also raised over risk and where this would sit.
 - It was felt to be a complicated process if it is late, with the need for an urgent referral. It was noted that an urgent referral would only be for what have been defined as patient factors. The reasoning behind this is unclear.
 - It was felt that there should be access and an open dialogue, as this is a shared care agreement.
 - It was noted that there is an increase in the overall time period up to 10 years.
 - Having considered all of the above, the GP Subcommittee is of the view that the collective impact of these changes moves this division of responsibilities too far for it to fit under our understanding of a shared care agreement. The committee is not able to support this revision in its current form.
 - **Action Point: Provide feedback.**
2. HFDP, SCI Gateway Proposal
 - There was a discussion around the request for mandatory fields, which the GP Subcommittee has previously not supported in SCI referral templates. The reason why mandatory fields were being suggested was explored by the committee. The conclusion of the committee was that they do not support mandatory fields in this form and require the capacity for GPs to make referral by entering free text details in the clinical information field. They supported that BNP testing is required for referral and have no objection to the fields suggested being available on the referral for completion where the GP chooses to do so but cannot support them being made mandatory.
 - **Action Point: Provide feedback.**

Branch Surgeries

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24/13

1. Peel View Medical Centre, 43114

- The GP Subcommittee took no exception to the application to close the branch surgery in Lenzie, on the basis that the practice will continue to serve the patients from its main site.
- The GP Subcommittee is however disappointed that despite the volume of new housing in Lenzie, there has been no investment in additional general practice provision in the town.
- **Action Point: Respond to HSCP.**

2. Woodhead Medical Centre, 43581

- The GP Subcommittee was notified that the satellite clinic in Twechar will not re-open.

Application to Vary Practice Area

24/14

1. 46471 – Lochend Surgery

- The GP Subcommittee agreed to take no exception to this application to vary practice area.

GP Subcommittee Representation Required

24/15

1. Specialist Children's Services-Neurodevelopmental Services

- Members were asked to inform the secretary if they are able to represent the GP Subcommittee at this group.

Any Other Business

24/16

- There was no other business.
- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 20th May 2024, Teams**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 13th May 2024, LMC Office**