MINUTES

Meeting of the GP Subcommittee on Monday, 17th June 2024 at 7.30pm

Venue-Teams

Sederunt

 Drs Katie Adair, Sally Al-Agilly, Michael Anderson, Harminder Baryah, Gouri Bhat, Ronnie Burns, Maureen Byrne, Pearce Cusack, Gayle Dunnet, Mark Fawcett, Helen Fox, Sheena Fraser, Georgi Georgiev, Parisa Ghanbari, Ewan Gray, Joanna Hall, Peter Horne, Lynn Howie, Sarah Johansen, Catherine Johnston, Waseem Khan, John Kyle, Susan Langridge, Allan MacRae, Christopher Mansbridge, Chris McHugh, Brian Milmore, Patricia Moultrie, Austin Nichol, Max Peluso, Scott Queen, Michael Rennick, Harriet Rushworth, Stacy Russell, Victoria Shotton, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor, Karen Taylor and Graham Thompson

Chair

Dr Mark Fawcett, Chair of the Committee

Attending

- Elaine McLaren, Administration Officer for the Committee
- Marco Florence, Secretary to the Committee
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS Greater Glasgow and Clyde

Apologies

- Drs John Ip, Gillian Leslie, Graham Morrison and Dawn Rees; Dr Ron Alexander, Christine Laverty and Allen Stevenson
- Members were reminded to declare any relevant conflicts of interest.

GP Subcommittee/LMC Membership 24/29

- 1. Re-dressing the Gender Balance-Co-option
- The following eight GPs were welcomed to the GP Subcommittee/LMC as co-opted members as part of the work to re-dress the gender balance of the committee:
- South East

Dr Harminder Baryah

Renfrew

Dr Alanna Macrae Dr Gouri Bhat

• Eastern

Dr Catherine Johnston Dr Sally Al- Agilly

• Western

Dr Harriet Rushworth

Inverclyde

Dr Joanna Hall

Lomond

Dr Karen Taylor

Notes and Reports from Meetings 24/30

Report	Group	Date of
<u>Number</u>		Meeting
1	Heart MCN Executive	3 rd May 2024
2	Neurodevelopmental Services	8 th May 2024
	Development – Primary Care Interface	

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3	GP IT Re-Provisioning Board	9 th May 2024		
4	AUC	14 th May 2024		
5	Non-medicines utilisation sub	14 th May 2024		
	committee of ADTC			
6	ADTC Medicines Utilisation Sub	15 th May 2024		
	Committee			
7	AMC	17 th May 2024		
8	Adult Vaccinations	21 st May 2024		
9	PMG	21 st May 2024		

The reports were noted by the GP Subcommittee.

Minutes GP Subcommittee

24/31

- 1. Draft Minutes of the GP Subcommittee, 20th May 2024
- The draft minutes were approved by the GP Subcommittee.
- 2. <u>Draft Minutes of the GP Subcommittee's Executive</u>, 3rd June 2024
- The draft minutes were noted by the GP Subcommittee.

Matters Arising

24/32

- 1. Alcohol and Drugs Recovery Service
- Following the May executive meeting, an email was sent to the Interim Chief Officer at Glasgow City HSCP.
- The office has subsequently received an email from the AMD of Glasgow ADRS indicating that a group is to be convened looking at the implementation of Mat 7 standard and the Shared Care Review. Both GP subcommittee and LMC representatives will attend this group.

2. Prescribing Initiative

- Following the May executive meeting, a communication was sent to Pharmacy and a response has been received. Dialogue is ongoing about the process for next year and the issues around when a practice does not sign up to the initiative.
- Communications from the pharmacy team indicate that 86% of practices (191) have signed up to the initiative.
- Members noted that their practices had been told there would be an appeal process as part of the initiative and that the work would not be carried out without the practice's agreement.

GP Practice Workload & Sustainability 24/33

1. GGC GP Sit Rep, 14th May 2024-11th June 2024

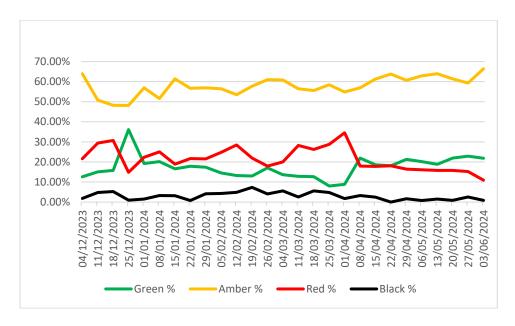
Date	0	1a	1b	2	3	4	5	list
								closures
14/05/2024	0	135	78	12	0	0	0	7
21/05/2024	0	134	80	11	0	0	0	7
28/05/2024	0	134	80	11	0	0	0	7
04/06/2024	0	134	80	11	0	0	0	7
11/06/2024	0	132	82	11	0	0	0	7

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2. LMC GP Practice Situation Survey, 6th May 2024-3rd June 2024

Week	Green	Green	Amber	Amber	Red	Red %	Black	Black	Total
Beginning		%		%				%	Responses
06/05/2024	25	20.16%	78	62.90%	20	16.13%	1	0.81%	124
13/05/2024	25	18.80%	85	63.91%	21	15.79%	2	1.50%	133
20/05/2024	25	21.93%	70	61.40%	18	15.79%	1	0.88%	114
27/05/2024	27	22.88%	70	59.32%	18	15.25%	3	2.54%	118
03/06/2024	26	21.85%	79	66.39%	13	10.92%	1	0.84%	119



• These two reports were noted by the GP Subcommittee.

PCIP

24/34

- 1. GP & PCIP Oversight Group, 30th May 2024
- This report was noted by the GP Subcommittee.

Changes to Medical List

24/35

• This report was noted by the GP Subcommittee.

Application to Vary Practice Area 24/36

- 1. Carntyne Medical Centre, 4616
- The GP Subcommittee agreed to take no exception to this application to vary a practice's area.

Documents Requiring a Response

- 1. eReferral Pathway Amendment for USOC Breast and Urology
- The GP Subcommittee was clear that it supports effective GP referral and inclusion of required information giving reasons why referral is being made through USOC pathway
- The GP Subcommittee supports easily accessible information based on national clinical guidelines being available at the point of referral to guide referral

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- The GP Subcommittee does not support an approach that prevents GP referral under the USOC pathway out with narrowly defined criteria, even where these are based on national clinical guidelines
- The GP Subcommittee supports the approach of there being a list of criteria which is inclusive
 i.e. patients meeting one or more of these criteria should be referred under the USOC pathway,
 rather than a non USOC pathway however they must not be an exclusive list preventing referral
 where these criteria are not met
- GPs as experienced generalists must be able to refer under USOC pathways where they have a
 clinical suspicion of cancer and to that end there must also be an option of "other", where GPs
 can enter the details which cause them to believe that a referral under USOC pathway is
 indicated.
- The committee has already worked with and agreed a process which allows secondary care clinicians on receipt of an USOC referral to downgrade this, if they feel it is not clinically appropriate. The GP Subcommittee has recently agreed a process to improve communication of such a situation to patients and this has been embedded within the SCI gateway templates
- Specific concern regarding a criteria/tick box based approach was also raised in relation to age:
 absolute age limits were felt to be inappropriate and if adopted would again be an argument for
 the existence of an "other" option as personal risk factors, e.g. family history, or significant
 clinical concerns may make USOC referral appropriate out with identified age range
- Literature on the predictive value of general practitioners making USOC referrals was noted and
 the GP Subcommittee's view is that it would be erroneous to factor that out of cancer referrals.
 Moving to an overtly tick box approach has the risk of removing the value of the expert medical
 generalist in the community from these patient journeys, and the committee's advice is that this
 should be retained alongside a collaborative approach to improving visibility of information from
 national clinical guidelines at the point of referral
- Clarity is required regarding visible haematuria and recurring visible haematuria.
- Action Point: Provide feedback that "other" must be an additional option to a list of inclusive criteria and the emphasis of this work must be on improving visibility of information to promote good practice in referrals.

GP Subcommittee Recess

24/38

• The GP Subcommittee agreed to delegate powers to the executive during the summer recess until the next GP Subcommittee meeting on 16th September 2024.

Any Other Business

24/39

- 1. NHS Email Addresses
- New security features around NHS email addresses may make it difficult to download attachments/use Teams on mobile devices.
- Next Meeting of the GP Subcommittee-7.30pm, Monday, 16th September 2024, LMC Office
- Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 1st July 2024, Teams