

MINUTES
Meeting of the GP Subcommittee
on Monday, 20th January 2025 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, John Ip, Waseem Khan, John Kyle, Gillian Leslie, Allana MacRae, Veronica Mallon, Christopher Mansbridge, Chris McHugh, Hilary McNaughtan, Brian Milmore, Patricia Moultrie, Austin Nichol, Max Peluso, Scott Queen, Dawn Rees, 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

- Marco Florence, Secretary to the Committee
- Elaine McLaren, Administration Officer for the Committee
- Allen Stevenson, Interim Director for Primary Care, NHS GGC

Apologies

- Drs Susan Langridge; Dr Ron Alexander and Christine Laverty
- **Members were reminded to declare any relevant conflicts of interest.**

GP Subcommittee/LMC Membership

24/78

1. Trainee Representative

- Dr Sarah Johansen, the trainee representative, has completed her training.
- NES has been contacted, in order to recruit a new trainee representative for the GP Subcommittee/LMC.

2. Co-option

- The co-option of Dr Sarah Johansen as a representative for the Lomond district was agreed to by the GP Subcommittee/LMC.

Minutes GP Subcommittee

24/79

1. Draft Minutes of the GP Subcommittee, 16th December 2024, Paper GPSub_72
 - The draft minutes were approved by the GP Subcommittee.

Matters Arising

24/80

- There were no matters arising.

GP Practice Workload & Sustainability

24/81

1. GGC GP Sit Rep, 9th December 2024 to 13th January 2025, Paper GPSub_73

Date	0	1a	1b	2	3	4	5	list closures
09/12/2024	0	211	3	10	0	0	0	8
16/12/2024	0	211	3	10	0	0	0	8
23/12/2024	0	210	3	11	0	0	0	9

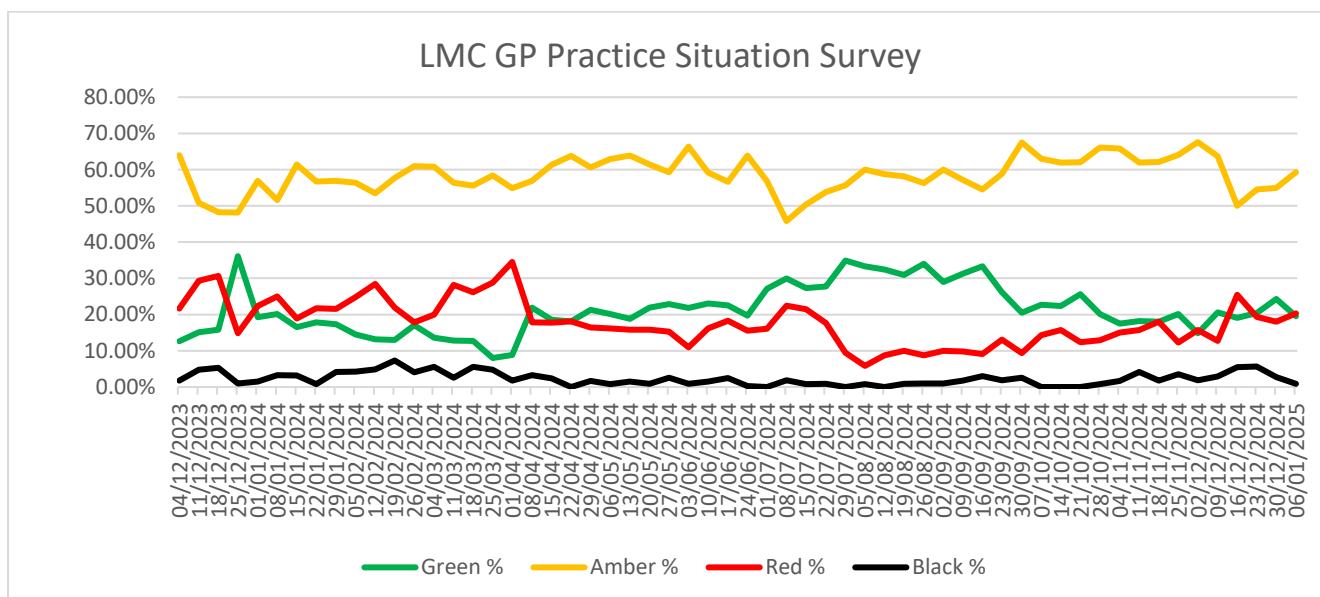
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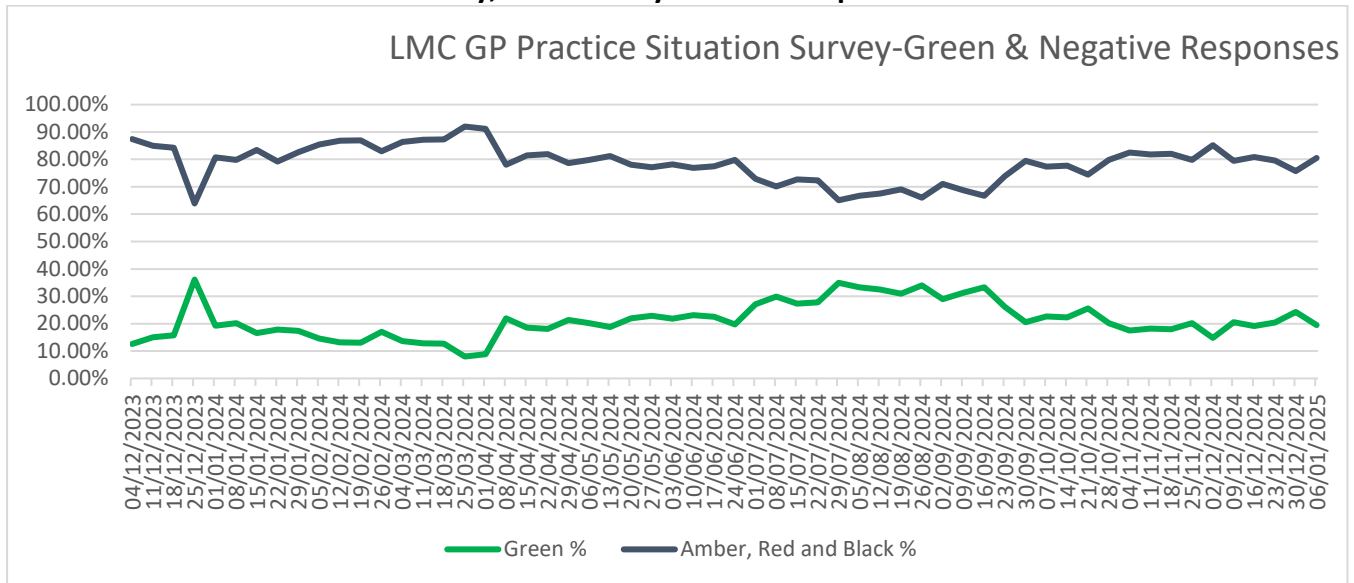
30/12/2024	0	210	3	11	0	0	0	9
06/01/2025	0	210	4	10	0	0	0	9
13/01/2025	0	210	4	10	0	0	0	9

- This paper was noted by the GP Subcommittee.
2. LMC GP Practice Situation Survey, 2nd December 2024 to 6th January 2025, Paper GPSub_74
- 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 %	Amber, Red and Black %	Total Responses
02/12/2024	16	14.81%	73	67.59%	17	15.74%	2	1.85%	85.18%	108
09/12/2024	21	20.59%	65	63.73%	13	12.75%	3	2.94%	102	79.42%
16/12/2024	21	19.09%	55	50.00%	28	25.45%	6	5.45%	110	80.90%
23/12/2024	18	20.45%	48	54.55%	17	19.32%	5	5.68%	88	79.55%
30/12/2024	27	24.32%	61	54.95%	20	18.02%	3	2.70%	111	75.67%
06/01/2025	23	19.49%	70	59.32%	24	20.34%	1	0.85%	118	80.51%



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- This paper was noted by the GP Subcommittee.
3. GMS Operational Group Highlight Paper for PCPB Strategy Group, Paper GPSub_75
 - Between April 2021 and November 2024, there was a reduction of 8 GP practices in GGC (3%). In contrast, between April 2021 and October 2024, the number of patients registered at practices in GGC rose by around 65,000 (5%).
 - The number of practices with closed lists was much higher than normal in 2022-23 and 2023-24 but this has come down again.
 - It has been highlighted to the board that practices opt in to enhanced services (practices do not opt out), and that it would be more useful to have the report the number of practices receiving payment for each enhanced service. The latter would be particularly helpful for the Asylum Seeker and Refugee LES, which no practice is currently receiving funding for.
 - The board is intending to undertake a full review of enhanced services. It was highlighted that enhanced services may allow the board to move work that was previously done in secondary care out of secondary care or fund new activity not covered by GMS- as such this activity must be appropriately resourced.
 - A query was raised regarding a cap being in place for the Minor Surgery Enhanced Service activity for practices. The committee was advised that this activity had had a funding cap in place for a number of years and practices should match the activity undertaken to the funding available to support it.

PCIP
24/82

1. Primary Care Programme Board, 12th December 2024, Paper GPSub_76
 - This paper was noted by the GP Subcommittee.
2. GP & PCIP Oversight Group, 16th January 2025, Paper GPSub_77
 - The executive will consider the Draft Practice Pharmacy Service Specification 2025 at its meeting on 3rd February.
 - The GMS Operational Group had agreed to suspend the transfer of SESP funding to the falls and weight management services owing to a lack of engagement from these services. This has been reversed by CMT. CMT has asked a SLWG to re-examine the data regarding the SESP funding for Falls and Weight Management services. The group is to report by the end of January. There is a potential impact to the GMS budget resulting in a deficit of approximately £900,000.

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- PSD has issued advice regarding CHIs and 01/01/xxxx birthdates for when a date of birth is not known. This may especially be relevant to registration of patients coming from out with the UK. Proper national guidance about this is needed for practices, as it is not acceptable for GP practices to be told to “make up” a date of birth for patients

Notes and Reports from Meetings, Paper GPSub_78 24/83

Report Number	Group	Date of Meeting
1	Public Protection Forum	27 th November 2024
2	Primary Care Quality Improvement Group	27 th November 2024
3	Cervical Screening: No cervix/no further recall Audit steering group	27 th November 2024
4	Cervical Screening Steering Group	19 th December 2024
5	Pharmacotherapy and PMG	28 th November 2024
6	SHBBV Strategic Planning and Oversight Group	3 rd December 2024
7	Respiratory MCN	4 th December 2024
8	GP Clinical Systems Re Provisioning	5 th December 2024
9	GP Clinical Systems Re Provisioning	9 th January 2025
10	ANIA Digital Dermatology	5 th December 2024
11	Digital Dermatology Project Board	16 th January 2025
12	Heart MCN Executive	6 th December 2024
13	Area and Drug Therapeutics Committee	9 th December 2024
14	Primary Secondary care Interface	11 th December 2024
15	Gender Identity Programme Board	12 th December 2024
16	Diabetes MCN – Type 2	12 th December 2024
17	Adult Vaccination Group	17 th December 2024
18	Escalation Framework and Contingency Planning	19 th December 2024
19	Area Medical Committee	20 th December 2024

- [24/83.5-Pharmacotherapy and PMG](#)
- The service mapping paper was considered by the executive in December, and comments fed back following that meeting.

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- 24/83.8-GP Clinical Systems Re Provisioning
- Challenges were highlighted regarding the ease of using the appointment system on the new Vision system. This will be fed back.
- An update is expected from INPS regarding the business' future on 24th January.

- 24/83.11-Digital Dermatology Project Board
- Issues in Clyde were highlighted regarding referrals being rejected owing to pictures not being included, as well as the quality of photos.
- Some members reported that they were no longer having the quality of photos highlighted with them following their sending them via Consultant Connect.
- It was confirmed that no pathway has been agreed requiring the use of photos in a referral.
- The work in relation to Consultant Connect for this is to make the transfer of photos more secure and easier but insistence by secondary care on photos for a referral may lead to GPs refusing to utilise it.

- 24/83.13- Area and Drug Therapeutics Committee
- There is guidance in relation to testosterone prescribing for menopause which the GP Sub Committee contributed to but there is no pathway as such, and it is to assist those GPs who wish to prescribe Testosterone. There is no board provided service for Testosterone prescribing.

- 24/83.14-Primary Secondary Care Interface
- There is no agreement for post bariatric surgery follow up to take place in general practice, including post the two years after surgery.

- The other reports were noted by the GP Subcommittee.

Changes to Medical List, Paper GSub_79

24/84

- This paper was noted by the GP Subcommittee.

Documents Requiring a Response

24/85

1. Update to QFIT and colorectal national guidance, Papers GSub_70, GSub_71, GSub_80
- Following the discussion at the December meeting of the GP Subcommittee, the response from the health board to the GP Subcommittee's feedback was considered.
- A number of the points in the GP Subcommittee's feedback were addressed, including around the need to wait six weeks for a repeat QFIT. The GP Subcommittee has been advised that it is not necessary to wait six weeks. This is reflected in the current document.
- The presentation that was issued to practices and GPs in the weekly mailing, as well as the training session that has been held, were generally felt to be useful and reassuring.
- It was highlighted that GPs may believe that they need to refer owing to persistent symptoms and that currently following one QFIT, these patients would be managed by secondary care. Concern was voiced therefore at a possible workload shift for this group of patients. It was emphasised that access to a specialist review required to be maintained for appropriate patients and there was some concern that the current process had narrowed down to a transactional one of colonoscopy or no colonoscopy. Exclusion of bowel cancer is not the only reason for referral and use of the pathway would need to be monitored to ensure that it does not act to prevent access to specialist opinion for other GI concerns

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- The value of QFIT for patient pathways was highlighted with general appreciation that this pathway does need to be refined and reviewed over time to aid triage of most concerning patients.
- ***Provide feedback on committee views and concerns. Ask around evaluation of impact of implementation of pathway.***

Area Amendment Request

24/86

1. Dr Lynas and Rodgers, 46606

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

2. Drs Geddes, O'Brien, Orr and O'Reilly, 49200

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

Any Other Business

24/87

- There was no other business.

- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 17th February 2025, Teams**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 3rd February 2025, Teams**