

**MINUTES**  
**Meeting of the GP Subcommittee**  
**on Monday, 21<sup>st</sup> October 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, Georgi Georgiev, Parisa Ghanbari, Ewan Gray, Joanna Hall, Lynn Howie, John Ip, Sarah Johansen, Waseem Khan, John Kyle, Susan Langridge, Allan MacRae, Christopher Mansbridge, Chris McHugh, Brian Milmore, Patricia Moultrie, Scott Queen, Harriet Rushworth, Stacy Russell, Victoria Shotton, Jasmeet Singh, Mark Storey, Alastair Taylor, David Taylor and Karen Taylor

**Chair**

- Dr Mark Fawcett, Chair of the Committee

**Attending**

- Marco Florence, Secretary to the Committee
- Elaine McLaren, Administration Officer for the Committee
- Dr Kerri Neylon OBE, Deputy Medical Director for Primary Care, NHS GGC
- Dr Zara Qureshi
- Allen Stevenson, Interim Director for Primary Care, NHS GGC

**Apologies**

- Drs Sheena Fraser, Peter Horne, Gillian Leslie, Austin Nichol, Dawn Rees and Michael Rennick; Ron Alexander, Christine Laverty
- **Members were reminded to declare any relevant conflicts of interest.**

**Observer**

**24/49**

- Dr Zara Qureshi was welcomed to the meeting as a GP Trainee observer.

**GP Subcommittee/LMC Membership**

**24/50**

1. Resignation

- Dr Catherine Johnston has resigned from the GP Subcommittee/LMC.

2. Co-option

- Dr Max Peluso, a representative for the East District, has moved from a practice in the East District to one in the South West District.
- It was agreed to co-opt Dr Peluso as a South West representative, with particular consideration to him being a First 5 GP.

**Minutes GP Subcommittee**

**24/51**

1. Draft Minutes of the GP Subcommittee, 16<sup>th</sup> September 2024, Paper GPSub 37

- The draft minutes were approved by the GP Subcommittee.

2. Draft Minutes of the GP Subcommittee's Executive, 7<sup>th</sup> October 2024, Paper GPSub 38

- The draft minutes were noted by the GP Subcommittee.

**Matters Arising**

**24/52**

1. Scottish Ambulance Service

## MINUTES

### **Meeting of the GP Subcommittee on Monday, 21<sup>st</sup> October 2024 at 7.30pm**

- A discussion was held at the executive meeting on 7<sup>th</sup> October 2024 regarding enquiries from practices with comments from the Scottish Ambulance Service advising that patients should not be being diverted by GP practices to call for an ambulance directly, and also that if a practice decides to call an ambulance it must be the GP who undertakes the call.
- Following the executive meeting, a communication was sent to the Scottish Ambulance Service's Chair outlining that GP practices must be able to signpost patients if another healthcare provider is more appropriate, and also that practices must be able to utilise their policies with regard to deciding when an ambulance is necessary and the staff appropriate for making that call.
- Members reported a number of concerns about interactions with the Scottish Ambulance Service (SAS), including:
  - A call from a practice's reception team to the SAS being refused, with the GP having to make the call. Similarly, a practice employed ANP and a non practice employed podiatrist determining that ambulances were necessary but in both instances, the SAS insisted that GPs became involved in these cases.
  - Paramedics not being passed all of the clinical information that the GP has passed to the SAS' control centre causing unnecessary calls to the practice.
  - Instances of SAS staff re-assessing the need to convey the patient to hospital when the GP has determined that this is necessary and made the request to SAS that the patient be conveyed. The committee was concerned to hear that in some cases the request to convey is not being treated as such and instead SAS staff, in absence of full knowledge of the patient or of the consideration which the patients GP has already given to other possible management plans, are undertaking what appears to be a re-assessment of the need for the patient to be taken to hospital. The committee were concerned that this introduces patient safety concerns and unnecessary delays in conveying the patient to hospital.
- It was noted that the SAS does not have a formal medical advisory structure, as territorial boards' have in the form of GP Subcommittees and Area Medical Committees. In the committee's view, this lack of a formal medical governance structure is detrimental to development of the service to meet the needs of patients and clinicians in the community. This is compounded by the lack of any interface groups with general practice.

#### **GP Practice Workload & Sustainability**

**24/53**

1. GGC GP Sit Rep, 9<sup>th</sup> September 2024 to 14<sup>th</sup> October 2024, Paper GSub 39

2. Date	0	1a	1b	2	3	4	5	list closures
09/09/2024	0	130	83	12	0	0	0	9
16/06/2024	0	131	82	12	0	0	0	9
23/09/2024	0	131	82	12	0	0	0	9
01/10/2024	0	133	81	11	0	0	0	8
07/10/2024	0	133	81	11	0	0	0	8
14/10/2024	0	132	82	11	0	0	0	8

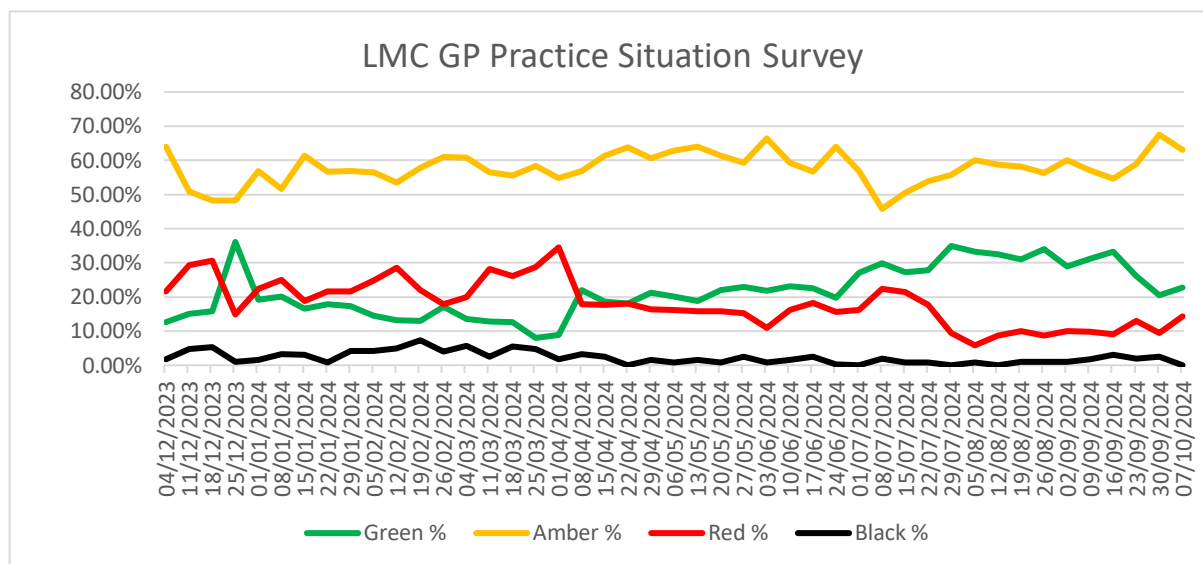
2. LMC GP Practice Situation Survey, 2<sup>nd</sup> September to 7<sup>th</sup> October 2024, Paper GSub 40

Week Beginning	Green	Green %	Amber	Amber %	Red	Red %	Black	Black %	Total Responses
02/09/2024	29	29.00%	60	60.00%	10	10.00%	1	1.00%	100
09/09/2024	35	31.25%	64	57.14%	11	9.82%	2	1.79%	112
16/09/2024	33	33.33%	54	54.55%	9	9.09%	3	3.03%	99

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<b>23/09/2024</b>	28	26.17%	63	58.88%	14	13.08%	2	1.87%	107
<b>30/09/2024</b>	24	20.51%	79	67.52%	11	9.40%	3	2.56%	117
<b>07/10/2024</b>	27	22.69%	75	63.03%	17	14.29%	0	0.00%	119



- The two papers were noted by the GP Subcommittee.

#### PCIP

#### 24/54

- PC & PCIP Oversight Group, 19<sup>th</sup> September 2024, Paper GSub\_34
- This paper was noted by the GP Subcommittee.

#### Notes and Reports from Meetings, Paper GSub\_35

#### 24/55

Report Number	Group	Date of Meeting
1	GMS Premises Group	28 <sup>th</sup> August 2024
2	SLWG on Shared Care	3 <sup>rd</sup> September 2024
3	SLWG on Shared Care	1 <sup>st</sup> October 2024
4	Respiratory MCN	4 <sup>th</sup> September 2024
5	Public Protection Forum	4 <sup>th</sup> September 2024
6	GP Clinical Systems Re Provisioning Programme Board	5 <sup>th</sup> September 2024
7	GP Clinical Systems Re Provisioning Programme Board	3 <sup>rd</sup> October 2024
8	Pharmacotherapy and PMG	5 <sup>th</sup> September 2024
9	Heart MCN Executive	6 <sup>th</sup> September 2024
10	Prescribing Interface Subcommittee of ADTC	10 <sup>th</sup> September 2024
11	ANIA Digital Dermatology GGC Implementation	12 <sup>th</sup> September 2024
12	Adult Vaccination Boardwide meeting	17 <sup>th</sup> September 2024
13	PMG	18 <sup>th</sup> September 2024
14	Diabetes MCN – Type 2 Subgroup	19 <sup>th</sup> September 2024

## MINUTES

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15	Escalation Framework and Contingency Planning Sub-Group	19 <sup>th</sup> September 2024
16	Area Medical Committee	20 <sup>th</sup> September 2024
17	GMS EHealth Steering Group	26 <sup>th</sup> September 2024
18	GP Editorial Board	26 <sup>th</sup> September 2024
19	Primary Care Monitoring & Evaluation & Intelligence Group	1 <sup>st</sup> October 2024

#### 2 and 3. SLWG on Shared Care, 3<sup>rd</sup> September 2024 and 1<sup>st</sup> October 2024

- It was outlined that the ADRS service in Glasgow City will be moving to a third sector delivered model for the addiction support workers in GP practices. This will begin in March 2025. The GP Subcommittee/LMC previously raised objections regarding this.
- Around eighty practices in Glasgow City are currently participating in the shared care arrangements. Concerns were raised that GP practices may have already pulled out of participation in the Drug Misuse LES or may decide to withdraw from it.
- It is not clear how the proposed arrangements would align with the Scottish Government's MAT 7 standards.
- There has not been discussion regarding enhanced service terms for practices.
- It is felt that currently the continuity of care provided by both the addictions worker and the GP are of benefit to this group of patients. There is a fear that both of these may be lost.
- It is not clear what the clinical benefit of the new proposal is compared to the current model.
- **Action Point: It was agreed to write to Glasgow City HSCP outlining the GP Subcommittee/LMC's concerns.**
- The other reports were noted by the GP Subcommittee.

#### **Sessional GPs**

##### **24/56**

#### 1. Sessional GP Networking and Engagement Event, 9<sup>th</sup> October 2024

This meeting was held in response to feedback from the annual sessional GP event, which takes place in the spring, for another event.

- Ten GPs attended the meeting.
- Whilst it was felt to be a useful meeting for the attendees, it was deemed to be not highly attended enough to run it in future years.
- The Scotland representative on the BMA's Sessional GP Committee, Dr Jennifer MacDonald, spoke at the meeting.

#### **Changes to Medical List, Paper GSub\_36**

##### **24/57**

- This paper was noted by the GP Subcommittee.

#### **Any Other Business**

##### **24/58**

#### 1. NHS GGC, Deputy Medical Director for Primary Care

- Dr Kerri Neylon will step down as the board's Deputy Medical Director for Primary Care at the end of October.
- Dr Neylon was thanked for her engagement and leadership over the past four years in support of General Practice and wider Primary Care while in the role of Deputy Medical Director, both locally and nationally. Dr Neylon's previous role as a Primary Care Clinical Director was

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recognised, as was her previous GP Subcommittee and GP Subcommittee Executive committee membership.

- **Next Meeting of the GP Subcommittee-7.30pm, Monday, 18<sup>th</sup> November 2024, Teams**
- **Next Meeting of the GP Subcommittee's Executive-7.30pm, Monday, 4<sup>th</sup> November 2024, LMC Office**