

NHSGG&C(M)06/5
Minutes: 93 - 123

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde Board
held in the Board Room, Dalian House
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 24 October 2006 at 9.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Professor D Barlow	Mrs S Kuenssberg CBE
Councillor J Coleman	Ms G Leslie
Councillor D Collins	Mr G McLaughlin
Mr T A Divers OBE	Mrs R K Nijjar
Councillor R Duncan	Ms A Paul
Councillor T Fyfe	Mr A O Robertson OBE
Mr D Griffin (to Minute 98)	Mr D Sime
Dr R Groden	Mrs E Smith
Mr P Hamilton	Mrs A Stewart MBE
Councillor J Handibode	Councillor T Williams
Dr M Kapasi MBE	Mr B Williamson

I N A T T E N D A N C E

Ms H Byrne	..	Director of Acute Services Strategy, Implementation and Planning
Mr R Calderwood	..	Chief Operating Officer, Acute Services Division
Mr T Findlay	..	Director, Glasgow West CHSCP (for Minute No 123)
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr N McGrogan	..	Head of Community Engagement and Transport (for Minute No 99)
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Corporate Planning and Policy
Mr N Zappia	..	Head of Primary Care Support

ACTION BY

93. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon, Mr R Cleland, Dr B Cowan, Ms R Crocket, Mrs R Dhir, Mrs J Murray, Councillor A White and Dr L de Caestecker.

94. CHAIRMAN'S REPORT

Sir John reported that a draft letter had been received from the Minister of Health and Community Care following the NHS Board's Annual Review in August. A final letter was awaited which would go into the public domain once received.

NOTED

95. CHIEF EXECUTIVE'S UPDATE

- (i) Mr Divers had attended a meeting of Renfrewshire Council on 7 September 2006. The primary purpose of the meeting was to update on the NHS Board's ongoing work with the Clyde area. This had provided a good opportunity to engage with Council colleagues and discuss areas of mutual interest.
- (ii) The NHS QIS Peer Review for NHS Greater Glasgow and Clyde had taken place on 18 and 19 September 2006. This had provided an excellent opportunity to exchange views and Mr Divers thanked those Non Executive Directors who had participated and Andy Crawford, Head of Clinical Governance, for producing extensive material beforehand. He expected to receive the outcome from the visit in late November 2006.
- (iii) Mr Divers, Mr Calderwood, Mrs Byrne and Mr Griffin had met the Scottish Executive Health Department's Capital Investment Group on 9 October 2006. This Group considered capital investments where the cost was greater than £10M.

NOTED**96. MINUTES**

On the motion of Mrs A Stewart, seconded by Councillor D Collins, the Minutes of the meeting of the NHS Board held on Tuesday, 15 August 2006 [GGCNHSB(M)06/4] were approved as an accurate record and signed by the Chairman.

97. MATTERS ARISING FROM THE MINUTES

Mrs Byrne reported that the NHS Board was awaiting approval from the Minister of Health and Community Care in relation to the proposals to redesign children services in Inverclyde.

NOTED**98. FINANCE REPORT TO 31 JULY 2006 AND CLYDE FINANCIAL PLAN 2006/07**

A report of the Director of Finance [Board Paper No 06/54] asked the NHS Board to note the Finance Monitoring Report for the four-month period to 31 July 2006 and to approve the adoption of the Financial Plan for Clyde for 2006/07.

Mr Griffin explained that the Finance Monitoring Report had been developed to mirror the new organisational structure and was designed to provide an overview of the financial outturn across all of the Board's main Operating Divisions and Directorates.

He led the NHS Board through the report and provided a summary of the acute services expenditure, the CHCP/CHP expenditure and of expenditure within other NHS partnerships.

Mr Griffin advised that the outturn for the period to July 2006 showed overall expenditure to be closely in line with the budget although the key risks, at this stage, had been identified as the potential for energy prices to rise again in the winter and the expenditure levels associated with treating those patients with availability status codes (ASCs) could be higher than expected.

Mr Griffin explained that the Clyde Financial Plan monitoring would be reported separately for three years. Currently, the Clyde expenditure budget was set at a level of £28M in excess of available recurring funding and the NHS Board was at an early stage in developing a cost savings plan to address this gap on a recurring basis.

In response to a series of questions from Dr Kapasi, Mr Griffin clarified the following points:

- The scale of investment required to secure the achievement of targeted waiting times by 2007, dictated that income from land sales was likely to feature as the primary source of additional funding. It was proposed that this money would be used as a non-recurring commitment.
- In relation to the £28M Clyde deficit, work had commenced on the development of a cost savings plan aimed at addressing this funding gap. In the meantime, the process of engagement with the Scottish Executive Health Department continued to identify how the necessary level of additional funding required to bridge the gap between funding and expenditure would be sourced in 2006/07.
- “Other NHS Providers” represented expenditure on services provided by hospitals within other NHS Board areas for the treatment of Greater Glasgow and Clyde patients where service agreements were in place.
- The division of budget between NHS Greater Glasgow and Clyde and NHS Highland was the outcome of a detailed exercise and related mainly to the population base. The Scottish Executive Health Department had defined the funding split largely governed by the Arbutnott formula shares.

Mrs Kuenssberg asked about provision for Agenda for Change in the current financial year and Mr Griffin explained that £50M had been set aside under the heading of “Approved Funding for Expenditure Commitments Not Yet Underway” to cover the step up of costs anticipated in 2006/07. This had been calculated using a detailed pay modelling tool designed to estimate the costs of Agenda for Change and the estimate could be regarded as robust.

Mr Williamson was reassured to see savings targets and noted that the £28M funding gap would be addressed by a set of plans to reduce it on an ongoing basis over the three years. Mr Griffin explained it was anticipated that during the remainder of 2006, a comprehensive in-depth review of all service areas would be carried out, particularly looking at opportunities for achieving synergies through integrating service provision across the expanded geographical area. It was planned to complete this work by the autumn 2006 with a view to finalising a plan to be agreed with the Scottish Executive Health Department by December 2006.

DECIDED:

- That the Finance Monitoring Report for the four-month period to 31 July 2006 be noted.
- That the adoption of the Financial Plan for Clyde for 2006/07 be approved.

**Director of
Finance**

99. UPDATE ON TRANSPORT ISSUES

A report of the Head of Community Engagement and Transport [Board Paper No 06/55] asked the NHS Board to note and endorse the proposed structure and way forward to improve transport to health and health care facilities.

Mr McGrogan began by highlighting the free hospital visitor transport scheme that had been recently launched. Together with other public sectors partners, and in partnership with the voluntary sector, NHS Greater Glasgow and Clyde had launched an unique scheme to overcome transport problems faced by relatives of hospital patients. The evening visitors scheme was free of charge and operated on weekdays between 6.00 and 10.00 pm covering the following Glasgow Hospitals:

Glasgow Royal Infirmary, Western Infirmary, Victoria Infirmary, Stobhill Hospital, Southern General and Gartnavel General.

Using community transport, all Glasgow city residents were eligible, but the service would prioritise people who were older, disabled or on low income. The scheme was a clear example of how NHS Greater Glasgow and Clyde and its partners were looking at imaginative ways of improving transport options for its patients and their visitors.

Mr McGrogan explained that work carried out to date in relation to transport had mostly related to the implementation of the Acute Service Review and had focussed on access to acute services and car parking. With the advent of CH(C)Ps and regional transport partnerships, there was now an opportunity for the NHS Board to adopt a more strategic role in the transport agenda and new legislation placed a responsibility on NHS Boards to respond more effectively to that. To manage this diverse agenda, transport had been divided into seven work streams for NHS Greater Glasgow and Clyde as follows:

- Car parking
- Liaison with the Scottish Ambulance Service
- Public transport
- The role of CH(C)Ps
- Health and transport
- Regional and national planning on transport for health
- Patient and community engagement

Each work stream lead would undertake to produce a short annual report which would be forwarded to Mr McGrogan for collation and submission to the NHS Board on an annual basis. Over and above this, he explained it was proposed that each CH(C)P would provide an annual account of its own transport and access activities to its own management board.

Mr P Hamilton referred to work being undertaken in relation to reimbursement to volunteer drivers. Across acute and community settings within NHS Greater Glasgow and Clyde, historical anomalies existed and it was hoped to iron these out and create a generic policy shortly.

Dr Kapasi asked about any access the NHS Board had to European funding for patient transport services. Mr McGrogan agreed to explore this further but thought that funding would only be available to support employment or training activities.

DECIDED:

That the work to improve transport to health and health care facilities be noted and the proposed structure and way forward be endorsed.

**Head of
Community
Engagement and
Transport**

**Head of
Community
Engagement and
Transport**

100. GREATER GLASGOW LABORATORY MEDICINE MODERNISATION STRATEGY

A report of the Chief Operating Officer (Acute Services Division) [Board Paper No 06/56] asked the NHS Board to note the outcome of the detailed partnership working into the future redesign of Laboratory Medicine Services within Greater Glasgow and note ongoing developments in pursuit of the establishment of two core Laboratory Medicine Units (one at the Glasgow Royal Infirmary and the other at the new South Glasgow Hospital campus).

Mr Calderwood explained the Laboratory Strategy objectives, the working principles of which had focussed on a whole systems approach to the modernisation and reconfiguration of Laboratory Services with a decision making process that reflected clinical consensus and strong partnership working. He outlined the laboratory disciplines included in the review and highlighted that, in addition, there were a number of national reference laboratory services which had been established within Glasgow and provided services commissioned and funded by the National Services Division of the Common Services Agency for the population of Scotland.

A Steering Group was established to set up a strategic plan for Laboratory Services which ensured that a number of key deliverables were met. Over and above that, working groups were structured to be multi-specialty groups with a focus on developing specific key elements within the Laboratory Strategy. Additionally, specialty reference groups were set up to review the various proposals and the outputs from the cross-specialty subject specific working groups. The functions of each group was to consider the implications of the proposals on reconfiguration from a specialty point of view and advise the Steering Group accordingly.

The Acute Services Review Director led the option appraisal process and had a robust project structure which included the Chairs of the Specialty Reference Groups and working groups supporting the review, along with representatives of the Partnership Forum and other key stakeholders. Mr Calderwood explained the option appraisal process which involved three main components. The outcome of the non-financial benefits process was the identification of Option 2 as the preferred clinical option. This decision was ratified by the risk and financial benefits appraisal works that followed which confirmed Option 2 as being the most advantageous from a clinical and financial perspective.

Mr Calderwood summarised the preferred configuration of Laboratory Services for Greater Glasgow under Option 2 and the associated model of care together with its benefits.

Work through the Steering Group and the Clinical Specialty Groups highlighted a number of common key pressures and drivers for a review of Laboratory Medicine which Mr Calderwood summarised as follows:

- Growth in demand
- Automation – managed service contract
- Information technology
- Staffing
- Capital and estates
- Network framework

Mr Sime commended this review as a good model of partnership working. He raised concerns from Appendix 2 and, in particular, any rationalisation of jobs and associated terms and conditions. Sir John offered reassurance and referred to the ongoing work that would continue with clinical and staff side partnership colleagues to firm up the detailed working practices and staffing requirements needed to deliver efficient, high quality laboratory medicine services.

In response to a question from Sir John, Professor Barlow confirmed that the Joint University Strategy Board would be involved with this review.

Mr Williamson welcomed and supported the proposals but sought reassurance on the quality of services particularly in relation to quality assurance of results and the continuity of clinical advice to patients. Mr Calderwood confirmed that all Glasgow laboratories had relevant accreditation and reassured that patient care would not be compromised.

Mr Calderwood recognised that much of the future work would be based on demand management and joint working between MCNs, the Acute Division and CH(C)Ps to standardise referrals and increase the use of protocolised medicine. He also looked forward to working with the new Director of Information Management and Technology when he took up post to help tackle these matters.

DECIDED:

- That the outcome of the detailed partnership working into the future redesign of Laboratory Medicine Services within Greater Glasgow to meet the needs of the clinical services and the reconfiguration as set out in the NHS Board's approved Acute Services Strategy be noted.
- That detailed Outline Business Cases would now be prepared in respect of the proposed establishment of the two core Laboratory Medicine Units at Glasgow Royal Infirmary and the new South Glasgow Hospital campus be noted.
- That work would continue with clinical and staff side partnership colleagues to firm up the detailed working practices and staff requirements needed to deliver efficient, high quality laboratory medicine services into the next decade be noted.

Chief Operating Officer

Chief Operating Officer

Chief Operating Officer

101. MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003 – LIST OF SECTION 22 APPROVED MEDICAL PRACTITIONERS

A report of the Acting Director of Public Health [Board Paper No 06/57] asked that the NHS Board approve the list of Medical Practitioners employed by the NHS Board to be authorised for the purpose of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

DECIDED:

That the five Medical Practitioners listed on the NHS Board Paper be approved for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Acting Director of Public Health

102. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP : STANDING ORDERS AND MEMBERSHIP FOR APPROVAL

A report of the Head of Board Administration [Board Paper No 06/58] asked the NHS Board to approve the Standing Orders and membership (to date) of the Renfrewshire Community Health Partnership Committee, subject to any minor drafting points to be agreed with the Council.

Mr Hamilton explained that the NHS Board had considered and approved, at its April 2006 meeting, the Scheme of Establishment for Renfrewshire Community Health Partnership. Since then, discussions had been ongoing with the Council and CHP on the Standing Orders and membership. These discussions had since concluded and Councillor Williams confirmed the Committee had been established and was working well.

DECIDED:

That the Standing Orders and membership of the Renfrewshire Community Health Partnership Committee, subject to any minor drafting points to be agreed with the Council, be approved.

**Head of Board
Administration**

103. STANDING FINANCIAL INSTRUCTIONS

A report of the Director of Finance [Board Paper No 06/59] asked the NHS Board to approve the Standing Financial Instructions which had been revised to reflect single system working and other organisational changes.

Mr Divers led the NHS Board through the most significant changes that had been made to the Standing Financial Instructions and confirmed that at its meeting on 12 September 2006, the Audit Committee had endorsed these. The Standing Financial Instructions would be reviewed on an annual basis as part of the review of the NHS Board's governance arrangements.

DECIDED:

That the Standing Financial Instructions which had been revised to reflect single system working and other organisational changes be approved.

**Director of
Finance**

104. INVERCLYDE COMMUNITY HEALTH PARTNERSHIP – DRAFT SCHEME OF ESTABLISHMENT

A report of the Director of Corporate Planning and Policy [Board Paper No 06/60] asked the NHS Board to approve the proposed Scheme of Establishment for the Inverclyde Community Health Partnership (covering the Inverclyde Council area) and note the next steps in developing the Community Health Partnership.

Ms Renfrew explained that the proposed CHP brought into a single authority-wide structure the responsibilities for management of local health services and health improvement. The scheme was similar to those covering East and West Dunbartonshire Council areas. At this point, Inverclyde Council did not wish to pursue the NHS Board's preferred model of a fully integrated CHP but the establishment of a coterminous CHP responsible for the co-ordination and management of health services and responsibilities to a single population provided a basis to build and strengthen existing joint working arrangements.

The Scheme had been developed through an inclusive local process building on the previous development work by the former Argyll and Clyde NHS Board. Inverclyde Council had made proposals for a more extensive Local Authority role although within an NHS only CHP. The Board's appraisal was that the Scheme, as proposed, provided a platform for rapid evolution as more substantial local relationships were developed.

Councillor Fyfe recorded that the Council had not yet adopted this Scheme of Establishment as it remained concerned about paragraph 7.5; the membership of the CHP Committee. Rather than having one Local Authority nominated member, he requested that this be four. He acknowledged that there was an urgency to get the CHP up and running but was of the view that an increased Council membership would drive the integration agenda forward to the eventual aspiration of a CHCP. Ms Renfrew remained of the view that the Scheme of Establishment reflected a proper assessment of the contribution and role of the Local Authority in this health CHP model. She did agree that the membership of the committee may evolve as more substantial elements of local authority services were included in the CHP.

Dr Kapasi was anxious that the CHP be established as soon as possible in order to deliver better services to patients and acknowledged that the membership of the committee could change as the CHP evolved. He raised various points in connection with the content of the Scheme and Ms Renfrew agreed to establish where Podiatry would lie.

**Director of
Corporate
Planning and
Policy**

Ms Renfrew explained how budgets were allocated to CHPs and the system of resource distribution. She confirmed that when the Scheme had been approved, a Director and a management structure would be appointed.

Mr McLaughlin emphasised that the priority was to look after the management of the local healthcare system. He pointed out that CHPs, in themselves, represented positive engagement between the NHS and Local Authority systems and some excellent examples of joint planning arrangements existed. He was anxious to highlight that simply because a CHP was not as fully integrated as a CHCP, this should not be viewed negatively.

Mr Divers summed up the discussion and acknowledged the different views regarding Local Authority representation of the committee membership.

A motion to change the Local Authority representation on the committee from one Member to four Members was made by Councillor Fyfe and seconded by Councillor Duncan. Three Members indicated their support for this motion; eighteen Members voted against the amendment. The motion of amendment was, therefore, rejected.

The Chairman thanked Members for a full and thorough discussion.

DECIDED:

- That the proposed Scheme of Establishment for the Inverclyde Community Health Partnership (covering the Inverclyde Council area) be approved.
- That the next steps in developing the Community Health Partnership be noted.

**Director of
Corporate
Planning and
Policy**

**Director of
Corporate
Planning and
Policy**

105. WAITING TIMES

A report of the Chief Operating Officer – Acute Services [Board Paper No 06/61] asked the NHS Board to note the progress made in meeting national waiting time targets.

Mr Calderwood advised that the waiting times report was based on NHS Greater Glasgow and Clyde information up to 31 August 2006. He led the NHS Board through the new national targets for 2006 and 2007 and confirmed that the NHS Board had submitted its plans for delivery of these targets via the Local Delivery Plan to the Scottish Executive Health Department.

NOTED

106. QUARTERLY REPORT ON COMPLAINTS : 1 APRIL – 30 JUNE 2006

A report of the Head of Board Administration, Chief Operating Officer (Acute) and Lead Director, CHCP (Glasgow) [Board Paper No 06/62] asked the NHS Board to note the quarterly report on NHS complaints in Greater Glasgow and Clyde for the period 1 April to 30 June 2006.

Mr Hamilton led the NHS Board through the new style report which reflected the new organisational arrangements. He summarised the complaints received at Local Resolution and by the Scottish Public Services Ombudsman and noted areas of service improvements and ongoing developments.

Mr Hamilton confirmed that a summary of the Ombudsman reports would go, on an ongoing basis, to the Clinical Governance Committee and similarly, he anticipated these being considered within the clinical governance structures at CH(C)P level.

Councillor Williams asked that, if possible, future reports include context around activity levels to provide an insight into how many complaints were being received in terms of through put.

**Head of Board
Administration**

DECIDED:

That the Quarterly Report on NHS Complaints for Greater Glasgow and Clyde for the period 1 April to 30 June 2006 be noted.

107. GLASGOW CENTRE FOR POPULATION HEALTH MANAGEMENT BOARD – MINUTES : 30 AUGUST 2006

The Minutes of the Glasgow Centre for Population Health Management Board meeting held on 30 August 2006 [GCPHMB(M)06/9] were noted.

NOTED

108. CLINICAL GOVERNANCE COMMITTEE – MINUTES : 3 JULY 2006 AND 4 SEPTEMBER 2006

The Minutes of the Clinical Governance Committee meetings held on 3 July 2006 and 4 September 2006 [HCGC(M)06/3 and HCGC(M)06/4] were noted.

NOTED

109. PHARMACY PRACTICES COMMITTEE – MINUTES : 8 AUGUST 2006

The Minutes of the Pharmacy Practices Committee meeting held on 8 August 2006 [Board Paper No 06/63] were noted.

NOTED

110. AREA CLINICAL FORUM – MINUTES – 31 AUGUST 2006

The Minutes of the Area Clinical Forum meeting held on 31 August 2006 [ACF(M)06/53] were noted.

NOTED

111. AUDIT COMMITTEE – MINUTES : 12 SEPTEMBER 2006

The Minutes of the Audit Committee meeting held on 12 September 2006 [A(M)06/05] were noted.

NOTED

112. PERFORMANCE REVIEW GROUP – MINUTES : 19 SEPTEMBER 2006

The Minutes of the Performance Review Group meeting held on 19 September 2006 [PRG(M)06/05] were noted.

NOTED

113. EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP – MINUTES : 30 JUNE 2006 AND 24 APRIL 2006

The Minutes of the East Dunbartonshire Community Health Partnership meetings held on 30 June 2006 and 24 April 2006 [EDCHP(M)06/02] and [EDCHP(M)06/01] were noted.

NOTED

114. SOUTH EAST GLASGOW COMMUNITY HEALTH & CARE PARTNERSHIP – MINUTES : 28 JUNE 2006

The Minutes of the South East Glasgow Community Health and Care Partnership meeting held on 28 June 2006 [Board Paper No 06/64] were noted.

NOTED

115. EAST GLASGOW COMMUNITY HEALTH & CARE PARTNERSHIP – MINUTES : 8 JUNE 2006

The Minutes of the East Glasgow Community Health and Care Partnership meeting held on 8 June 2006 [Board Paper No 06/65] were noted.

NOTED

116. SOUTH WEST GLASGOW COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE – MINUTES : 27 JUNE 2006 AND 9 MAY 2006

The Minutes of the South West Glasgow Community Health and Care Partnership meeting held on 27 June and 9 May 2006 [Board Paper No 06/66] were noted.

NOTED

117. SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP OPERATING MANAGEMENT (PERFORMANCE MANAGEMENT) COMMITTEE – MINUTES : 10 JULY 2006

The Minutes of the South Lanarkshire Community Health Partnership Operating Management (Performance Management) Committee meeting held on 10 July 2006 [Board Paper No 06/67] were noted.

NOTED

118. WEST GLASGOW COMMUNITY HEALTH CARE PARTNERSHIP COMMITTEE – MINUTES : 29 JUNE 2006

The Minutes of the West Glasgow Community Health Care Partnership meeting held on 29 June 2006 [GCHCPC(WEST)(M)06/03] were noted.

NOTED

119. WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP – MINUTES : 23 AUGUST 2006, 21 JUNE 2006 AND 19 APRIL 2006

The Minutes of the West Dunbartonshire Community Health Partnership meetings held on 23 August 2006, 21 June 2006 and 19 April 2006 [Board Paper No 06/68] were noted.

NOTED

120. EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP COMMITTEE – MINUTES : 16 AUGUST 2006

The Minutes of the East Renfrewshire Community Health and Care Partnership Committee meeting held on 16 August 2006 [ERCHCP(M)06/3] were noted.

NOTED

121. RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP – MINUTES : 18 AUGUST 2006 AND 6 OCTOBER 2006

The Minutes of the Renfrewshire Community Health Partnership meetings held on 18 August and 6 October 2006 [Board Paper No 06/69] were noted.

NOTED

122. EXCLUSION OF PUBLIC AND PRESS

A motion was approved to exclude the public and press during consideration of the following item of the agenda in view of the confidential nature of the business to be transacted.

123. FHS DISCIPLINARY REFERRAL – REPORT FROM LOTHIAN OPTICAL DISCIPLINE COMMITTEE

A report of the Head of Primary Care Support [Board Paper No 06/70] asked the NHS Board to consider the findings of the Lothian Ophthalmic Discipline Committee in respect of a disciplinary referral made in December 2005 against an Ophthalmic Practitioner. The case was heard in June 2006 and the decision notified in August 2006.

Mr Findlay briefly summarised the Discipline Committee process. Mr Zappia led the NHS Board through the report and explained that the Committee had concluded that there was nothing inappropriate in the practitioner's prescribing and, as such, they found that there was no breach of the alleged regulations.

Mr Divers referred to a letter from the Chairman of the Ophthalmic Discipline Committee dated 7 August 2006. This raised the point of peer review. Mrs Leslie confirmed that the Area Optometric Committee would happily fulfil this function and considered that it would result in speedier outcomes.

The NHS Board noted that no response had been received from the Scottish Executive Health Department to Dr Nugent's letter dated 13 July 2006 in which he sought clarification on a number of pertinent issues. It was agreed that a response to this letter be pursued.

**Head of Primary
Care Support**

DECIDED:

That the findings of the Lothian Ophthalmic Discipline Committee in respect of a disciplinary referral made in December 2005 against an Ophthalmic Practitioner be noted.

The meeting ended at 12.45 pm