GREATER GLASGOW NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum
held in the Conference Room, Dalian House
350 St Vincent Street, Glasgow
on Monday 9 February 2004 at 2.00 pm

PRESENT

Dr F Angell (in the Chair)
Mr J Cassidy
Ms E Love
Mr C Fergusson
Mr H Smith
Dr J Nugent

Mr H Rollason
Dr B West
Ms A Duncan
Ms M Willmott

IN ATTENDANCE

Ms S Gordon, Secretariat Manager
Ms C Renfrew, Director of Planning and Community Care
Mr J C Hamilton, Head of Board Administration
Ms R Crocket, Director of Nursing

GUEST SPEAKERS

Mr Derek Rae, Premises Development – Primary Care (for Minute 4)
Mr Tony Curran, Head of Estates – Primary Care (for Minute 4)
Mr Ali McLaws, Director of Corporate Communications – GGNHSB (for Minute 5)

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Ms G Leslie, Mr T Parke, Mr D McCall, Professor Sir J Arbuthnott, Mr S Bryson, Dr B Cowan, Mr L McManus and Dr H Burns.

2. MINUTES

(i) The Minutes of the meeting held on Monday 18 August 2003 at 2.00 pm [ACF(M)03/3] were approved as an accurate record.

(ii) The Minutes of the meeting held on Monday 17 November 2003 at 2.00 pm [ACF(M)03/4] were approved as an accurate record.
3. MATTERS ARISING

Members were asked to note the following Matters Arising from the Minute of the meeting held on Monday 18 August 2003:

(i) Item 24 – Disability Act

It was noted that in accordance with the Disability Discrimination Act, the ideal was that all buildings in NHS Greater Glasgow should be compliant by October 2004.

NOTED

and from the meeting held on Monday 17 November 2003:

(ii) Item 39(i) – Area Optometric Committee Summary

Gale Leslie, Chair, Area Optometric Committee had written to Dr Barbara West, Chair, Area Medical Committee highlighting concerns the AOC had about a change to the process for diabetic screening which now involved cameras being set up at two hospital sites across NHS Greater Glasgow. Dr West confirmed that she had responded to Ms Leslie and would be happy to debate this further.

NOTED

(iii) ACF Development Event

Dr Angell advised that NHS Greater Glasgow was well represented at the Scottish Executive ACF development event held on 29 and 30 January 2004. Eight very interesting workshops were available for attendees and there was a good mix of professions, lay people and patient representatives in attendance.

It appeared that not all ACFs across Scotland had a unified message for NHS Boards. Contribution and involvement appeared to vary greatly.

It was suggested that such events be held annually and this was welcomed.

Mr Rollason enjoyed the event particularly from a personal development viewpoint. Dr Nugent welcomed the presentation given by Mac Armstrong. Although it provided no definitive direction for ACFs, it was apparent that the scope was there for implications to be taken forward locally and to encourage ACFs to have a stronger say within local systems – being more pro-active than re-active.

NOTED

4. DISABILITY DISCRIMINATION ACT

Dr Angell welcomed both Tony Curran and Derek Rae to the meeting.

Mr Curran advised that Greater Glasgow Primary Care NHS Trust was undertaking to build into its five year capital plan, the implications of being compliant with the DDA. Monies had been set aside to carry out various works across NHS Greater Glasgow and dedicated attempts were being made to deal with a vast array of issues. Nonetheless, work was progressing well particularly with independent contractors.
Mr Rae referred to ring-fenced allocated money to NHS Greater Glasgow for the purpose of enforcing the implications of the DDA. He updated on to the survey results which had come back from FHS practitioners:

- **Dental Practices** – 161 replies had been received which was an 82% return rate. Around 60 of these practices were on upper floor accommodation where no ramp or lift was provided. Other issues for dental practices included the fact that many had access only via steps and that as many were on streets, adjacent disabled car parking was not available.

- **Pharmacy Practices** – the survey had shown work required in shop front door access and the lack of available disabled car parking. Furthermore, the issue of ease of access between shelving within a pharmacy shop had been raised.

- **Optometry Practices** – similar issues raised including that of door access, car parking and the availability of special chairs/equipment for anyone with mobility needs who wished an eye test.

As such, a lot of information had been gathered and a full survey would be undertaken of a representative sample of FHS premises. These had been identified and would be undertaken with a view to all work being finalised by the end of March 2004. This would then give a definitive picture of works required across FHS practitioners’ premises.

Mr Rae also referred to an announcement by the Health Minister in December 2003 allocating £1.5m for NHS Scotland to take forward the DDA. This had resulted in £306,000 being allocated to NHS Greater Glasgow for all FHS practitioner premises. Discussions were ongoing at the Primary Care Trust as how best this money could be used and initial ideas included organising awareness training events. This had been welcomed by the Local Disability Group to heighten awareness of issues encountered.

The Primary Care Trust was setting up contacts with existing groups involved in working with clientele with mobility needs to seek their advice on how to progress many of the issues raised. Furthermore, communications between the Trust and various other contractor groups were being established.

In response to a question, Mr Rae advised that many options were being explored particularly in relation to the provision of general dental services where, as in Greater Glasgow, many of the premises were not on ground level. Options being explored included premises within localities being established fit for this purpose where individuals with mobility needs could be referred to.

Mr Rae was also meeting with optometric representatives on the evening of Tuesday 10 February 2004 to discuss how this may be best taken forward with them. One area being explored with optometry was domiciliary visits. Domiciliary visits from dentists could also be undertaken but treatment would be limited given the practicalities of treating a patient at home. Some issues around the CSA payment system for domiciliary visits would also require to be ironed out.

Members recognised that many practicalities had to be achieved particularly within the constraints of restricted budgets. There were, however, many low cost solutions including furniture layout and signage which could be resolved more easily.
The Forum welcomed the update on the progress towards being DDA compliant across NHS Greater Glasgow and thanked both Mr Curran and Mr Rae for their informative presentation. It was agreed that they be invited back to attend the May 2004 meeting of the Area Clinical Forum by which time the results of the FHS survey would be available.

**NOTED**

5. **MEDIA AWARENESS**

Dr Angell welcomed Ali McLaws to the meeting to give a brief presentation on media handling and awareness.

Mr McLaws referred to the drive from the Scottish Executive Health Department to include more journalist involvement in NHS matters and this was reflected in appointments being made. This was to encourage a better understanding of media relations and be more pro-active in taking forward relationships between the media and the NHS.

Of particular importance, was ensuring that health messages got into the public domain and to this end much work was ongoing in NHS Greater Glasgow with the Public Health, Health Promotion and SCIEH Departments. The advantages to this were in educating the population as well as responding to direct media enquiries.

Mr McLaws explained the background and difference in procedures when working with newspapers and broadcasting. He gave some recent examples of high profile campaigns which had been witnessed in Glasgow more recently including maternity services, acute services and the MMR vaccination.

In responding to the media, it was clear that no one size fits all and there were many ways of working jointly with media colleagues and Trust colleagues.

He highlighted the Staff News and Health News publications which had received positive feedback across NHS Greater Glasgow. These were not propaganda publications but raised the profile of health matters in NHS Greater Glasgow.

Furthermore, the NHS Board kept MSPs informed of topical areas in NHS Greater Glasgow.

The Forum thanked Mr McLaws for his resume on media matters which had been most interesting.

**NOTED**

6. **NHS GREATER GLASGOW MATERNITY SERVICES CONSULTATION EXERCISE**

The closing date for the maternity services consultation exercise was 20 February 2004. Members shared their respective advisory committee views and agreed that it would be helpful if the ACF also responded.

There was a consensus that in Greater Glasgow, three maternity units were no longer sustainable. The ideal services provision would be to have one of those sites providing adult, maternity and children’s services (triple co-location). It was recognised, however, that this was not a short term solution or one of the options in the consultation exercise. Members also recognised this was a difficult decision.
Given this, and recognising the Forum’s obligation to endeavour to offer clear advice to the Board, Members supported the proposals within the consultation document particularly the increased community services, while wishing to be reassured that the commitment in the consultation paper to sustain the quality of specialist services if the Queen Mother’s Hospital was to close and maternity services moved to the Southern General Hospital site would be delivered.

They agreed that they submit these comments as their interim view but seek to provide a further response when all the advisory committee responses had been shared with all Members and further work had been done by the Maternity Planning Group. As such it was:

DECIDED:

- That the Secretary draft a letter along the lines of above and circulate this to all ACF Members for their approval. That this letter be an interim view with a further letter being submitted when all advisory committee responses had been shared.

- That a special ACF meeting be set up as follows to discuss further the maternity services proposals:
  
  Date: Tuesday 16 March 2004  
  Time: 5.30 pm  
  Place: Board Room 2, Dalian House

7. SERVICE REDESIGN COMMITTEE - NOMINATIONS

Members were asked to submit four nominations for membership to the newly formed Service Redesign Committee. Members noted the nominations received from the advisory committees and, with agreement from Dr Nugent (SRC Chair), it was agreed that six representatives be selected – thus ensuring one representative from each advisory committee who has submitted a nominee.

DECIDED:

That the following six nominees represent the Area Clinical Forum on the Service Redesign Committee:

Hospital Subcommittee - Mr P T Grant  
Dr R Hughes  
AAHP Committee - Jamie Quin  
AN&M Committee - Liz Love  
AOC - Gale Leslie  
APC - Kate McKean

8. ADVISORY COMMITTEE MEETING SUMMARIES

Members were asked to note the following topics of discussion from recent Advisory Committee meetings:

(i) AAHP Committee – from 20 January 2004 recent topics of discussion included:
Orthoptics
AHP Regulation
Partnership for Care
Health Improvement
AHPs in the Single System
Consultant AHPs
Terms of Office

(ii) Area Nursing and Midwifery Committee – summary topics from the meeting of 15 December 2003 included:

Resignation of Ellen Robertson
Committee Page on NHS Board Website
Pan Glasgow Nursing Conference
Partnership for Care
Promoting Health – Supporting Inclusion – Recommendation 19
Maternity Services Consultation
Committee Away Day

Topics for discussion at their meeting on 19 January 2004 included:

Pan Glasgow Nursing Conference
Agenda for Change
Promoting Health, Supporting Inclusion – Recommendation 19
Committee Away Day
Partnership for Care
Maternity Services Consultation
Supplementary Prescribing by Nurses with NHSScotland

Members noted the discussion that had surrounded supplementary prescribing and thought that a future topic for discussion at the ACF could be the use of unified prescriptions across NHS Greater Glasgow. To this end, it was agreed that Ms Crocket provide a background paper informing of the current situation with prescribing city-wide at the moment.

(iii) Area Optometric Committee – Hal Rollason touched upon current topics of interest at the AOC including:

Child visual screening
Local Improvement Programme Plan response
Partnership for Care consultation paper
CHP involvement

(iv) LHCC Committee – Ms Duncan referred to recent topics of discussion at the last LHCC Committee meeting including:

CHP Consultations
Maternity Services Review
Resources to primary care and how these could be prioritised
Election of new Chair

(v) Area Pharmaceutical Committee – Mr Fergusson referred to the following topics which had been discussed at APC meetings:

The formation of Community Health Partnerships
Medicines management and implications for community pharmacy
(vi) Area Dental Committee – recent discussions surrounded the following:

    Community Health Partnerships
    A & E at Glasgow Dental Hospital and its future
    Glasgow Dental Hospital – the future?

(vii) Area Medical Committee – recent topics of discussion included:

    Acute Medical Receiving
    Financial constraints and pressures within NHS Greater Glasgow
    Maternity Services consultation

9. ANY OTHER BUSINESS

(i) Retiring Member

    Members acknowledged the appointment of Dr John Nugent as Divisional
    Medical Director at the Primary Care NHS Trust. As such, Dr Nugent was
    resigning as Chair of the LHCC Committee and a new Chair would be
    appointed – who would, in turn, become a Member of the ACF. Dr Angell
    thanked Dr Nugent on behalf of the Committee for his knowledge and
    contribution to the work of the Forum.

    NOTED

10. DATE OF NEXT MEETING

Date:        Monday 10 May 2004

Place:      Conference Room, Ground Floor, Dalian House

Time:       2.00 pm – 4.00 pm