1. **APOLOGIES**

Apologies were received on behalf of Ravinder Kaur Nijjar, John Bannon and Elinor Smith.

2. **MINUTE OF MEETING OF 14 NOVEMBER 2006**

The Minute was approved as correct.

3. **MATTERS ARISING – ANNUAL REVIEW OF PFPI BY SCOTTISH HEALTH COUNCIL**

Jim Whyteside provided an update on the process of submitting NHSGGC’s return for assessment of PFPI delivery in 2006/07. A revised format had been introduced at a late stage in December by the SEHD which changed the assessment criteria so that they were now tied directly to HEAT (Health, Efficiency, Access and Treatment) and Local Delivery Plan targets. Jim had met with David Walker, who had overall responsibility for the LDP/performance measurement process, and worked out an arrangement to complete the submission based on input from the lead officers for each of the HEAT/LDP targets identified. It was clear that the new approach would serve to embed PFPI as an integral part of NHS ‘core business’ rather than as an add on. The submission was to be completed in order to reach the Scottish Health Council by 16th February 2007.

4. **ACUTE SERVICES PFPI**

Anna Baxendale presented the Committee with a summary of progress made with a Lottery Fund bid to support PFPI in acute hospitals. By way of background, she explained that, unlike the Primary Care sector, acute hospitals had never had staff dedicated to developing and co-ordinating PFPI activity. There was the resource provided by the Acute Services...
Community Engagement Team but its role was to support the roll-out of the acute hospitals modernisation strategy and demand upon it was increasing. A gap therefore remained around doing more to identify and spread best practice across operational wards and services.

In particular, there was a need to address systems for patient feedback and how these could in turn influence service development and clinical governance.

The bid to the Lottery Fund centred on funding four PFPI co-ordinator posts, with the holders working across services and Managed Clinical Networks. The application process was expected to conclude in the late spring/early summer, which if successful could allow appointments to be made in June or July.

Anna also referred to a one day workshop being planned for March for representatives of the Acute Operating Division to highlight responsibilities for PFPI and how best to involve PFPI into working practices within Acute.

5 OUR HEALTH SIX

Ally McLaws gave an update on the planning process for the next Our Health event following a meeting involving himself, Jim, Peter Hamilton and also Tom Greatrex and other representatives of NHS 24.

The theme to be adopted was “Using your NHS” to demonstrate the various points of access to NHS care and the fact that the NHS was no longer based on ‘silod’ institutions but now aimed for an integrated seamless delivery from first point of contact to final outcome. For this reason it was proposed that the event be hosted jointly between NHSGGC, NHS 24 and the Scottish Ambulance Service as any of these organisations could be a patient’s initial contact.

The event is scheduled to take place on Thursday 14th June at the Royal Concert Hall in central Glasgow. Ally explained that an approach was being made to BBC Radio Scotland’s ‘Medical Matters’ show to determine if they could both feature in the event and then use it as the basis of a broadcast which would give it a wider audience. Ally promised to provide a further update on progress at the next meeting of the Committee.

6. CLYDE CONSULTATIONS UPDATE

Jim updated members on the public consultations about to take place in the Clyde area.

‘South Clyde’ (Inverclyde and Renfrewshire)
Meetings with pre-registered members of the public are booked to take place in different venues throughout Greenock, Renfrew, Largs and Dunoon to discuss changes in the services at the Royal Alexandra Hospital and Inverclyde Royal Hospital.

Maternity Services Events are also being held in the Renfrew and Greenock area for invited stakeholders on the proposed changes to Maternity and Children’s services in South Clyde.

‘North Clyde’
A public event is planned for the 26th February in the Beardmore Hotel to provide an opportunity to discuss a range of service reviews and the initial outcome of a health needs analysis of the local population.
7. COMMUNICATIONS AND PFPI GROUP - UPDATE

Ally updated the group on the meeting of the Communications and PFPI Group, which took place on 14th December 2006; the Performance Assessment had dominated the meeting where Jim had set out the newly-revealed criteria for the 16th February 2007 deadline.

Ally also briefed the group about the progress being made on the ‘Patient Information Points’ which will be piloted in Inverclyde Royal Hospital, the group discussed how best to take this forward with the help of the CHPs.

8. ANY OTHER BUSINESS

Management and Introduction of New Medicines

Scott Bryson advised members of a meeting that had taken place between himself, Peter Hamilton and Dr Iain Wallace on the ‘Management and Introduction of New Medicines’. The Prescribing Management Group, chaired by Dr Wallace had previously discussed this issue in terms of public involvement. It was a complex issue due to the highly technical nature of the subject matter. A wide range of organisations and individuals have an interest in formulary management decisions. Public engagement activity could assist in a better understanding of the processes including national guidelines through to local implementation.

This could possibly be the topic for a working session at a future Our Health Event. It was agreed Ally and Peter would arrange another meeting with Dr Wallace and Scott to explore this and other possibilities.

Peer Review of Cleaning Standards

Elisabeth Sutherland and Katrina Sweeney from the Estates Directorate described the national project on cleaning standards, which are being piloted in Glasgow. This enabled the application of standards in hospitals to be reviewed and assessed by a group of professional and lay peers. Elisabeth explained that a number of lay peers had been recruited via the Involving People Database and would be trained in order to carry out assessment from the beginning of 2007/08.

These lay members would undertake cleanliness inspections on Acute facilities and then give feedback to the directorates and public. Elisabeth asked the committee’s help in raising public awareness of the initiative and it was agreed reporting arrangements could be put in place using Health News and Staff News. Jim pointed to one of the HEAT/Local Delivery Plan targets being assessed in terms of PFPI, which was directly linked to action on preventing Healthcare Acquired Infection. Committee members felt that future updates on the initiative would be welcome.

DATE OF NEXT MEETING

The Committee will next meet on Tuesday, 13th March 2007, commencing at 1.00 PM following a buffet lunch served from 12.30. The venue would be Meeting Room B on the ground floor of Dalian House, 350 St Vincent Street, Glasgow.

Linda Davidson
6th February 2007
GREATER GLASGOW AND CLYDE NHS BOARD

INVOLVING PEOPLE COMMITTEE

Minutes of the meeting of the Involving People Committee
Conference Room, Dalian House
At 1.00 pm on Tuesday, 14 November 2006

PRESENT

Peter Hamilton (Chair)

Ally McLaws  Amanda Paul
Helen McNeil  Elinor Smith

IN ATTENDANCE

Linda Davidson  Communications Assistant
Gillian May  Scottish Health Council
Gordon Robertson  Public Affairs Co-ordinator
Jim Whyteside  Head of Public Affairs
John Crawford  Inequalities Unit, NHSGGC

1. APOLOGIES

Apologies were received on behalf of John Bannon, Pat Bryson, Scott Bryson, Anne Jarvis, Jessica Murray and Ravinder Kaur Nijjar

2. MINUTE OF MEETING OF 11 JULY 2006

The Minute was approved.

3. MATTERS ARISING

Volunteers’ Event, 27 September 2006
Gordon provided Members with a round-up of the successful event and the media coverage in its aftermath. This in turn had prompted another fifty persons to volunteer their time to help NHSGGC’s patients. Ally added that the Evening Times had expressed interest in following up the event with annual awards ceremonies for ‘unsung heroes’. There would be further discussion but the proposal wasn’t likely to be taken forward before 2007. On behalf of the Committee, Peter thanked Gordon, Linda and everyone else involved in making the event such a success.

PFPI and Communications Group
Communications Group meeting on 26 October. In addition, he informed Members that five new PFPI co-ordinators were to be appointed by the Acute Services Directorate following a successful Endowments bid. The project is being led by Anna Baxendale and Ally said he would arrange for her to come to a future Committee meeting to say more.

In the following discussion, Peter said that he felt that there some public confusion on what a CH(C)P Public Partnership Forum is its role. There needs to be greater clarity and awareness. Ally said he would relay this point to the PFPI and Communications Group. It is also a matter for the Communications Strategy of each CH(C)P.

ACTION BY

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4. **NEW NATIONAL COMPLAINTS SYSTEM - CITIZENS ADVICE BUREAUX**

Jim gave an update on the progress of the new complaints system being introduced nationally. Contracts had been entered into with Citizens’ Advice Bureaux to provide an independent advisory function for complainants. However, CAB staff were undergoing induction training to familiarise themselves with NHS structures and terminology. It would be late in January before CABs were ready to be the subject of a public awareness campaign in relation to the new NHS procedure.

5. **PFPI ANNUAL PERFORMANCE ASSESSMENT 06/07**

Jim tabled the latest version of the assessment criteria template, which had been provided a few days before by the Scottish Health Council. This marked a radical departure from previous practice as it specifically tied assessment of PFPI to general national NHS targets, rather than looking at PFPI in a dedicated fashion. Jim explained the paper would be tabled with the PFPI and Communications Group on 14 December and completion of the template to meet the February 2007 deadline would be progressed.

6. **PATIENTS’ INFORMATION POINT PILOT**

Ally confirmed that Endowment funding had been provided to proceed with a pilot project to design and build a ‘Patient Information Point’. This would provide a ‘one-stop shop’ for leaflets, directions, parking information, national travel line and a host of other materials – all too often such sources of information were scattered confusingly around hospital buildings. It was proposed to pilot the approach in Inverclyde Royal Hospital. If this is successful it would be developed throughout other sites. Peter asked who would be responsible for maintaining these information points suggesting a contract could be considered similar to the Health News arrangements.

7. **‘CLYDE’ ACUTE HOSPITAL SERVICES STRATEGY**

Jim told members that engagement with hospital stakeholders in ‘South Clyde’ (Inverclyde and Renfrewshire) would begin in the week beginning 27 November with meetings scheduled in both Renfrew and Greenock. It was then planned to move to wider consultation around formal proposals about the future of the Inverclyde Royal Hospital and Royal Alexandra Hospital early in December.

8. **IMPACT OF EQUALITIES LEGISLATION**

John Crawford delivered a presentation about NHSGGC’s draft Equalities Strategy, which offered a response to obligations stemming from new national legislation. He explained that the draft strategy was not yet available but would be subject to consultation, which would end on 10 December to allow it to be taken to the NHS Board on 19 December.

Committee Members expressed concern that this was the first they had heard of the strategy and that they had no prior opportunity as NHS Board Members to input to it. There was also great concern at the very short consultative timetable set out by John. Elinor said that this would prevent the Committee from making any meaningful contribution to the Strategy and she wondered if the Board would feel able to approve the Strategy at such short notice.

John agreed to circulate the draft strategy to Committee Members as soon as it was ready.
9. PFPI GOVERNANCE: PROGRAMME OF SERVICE REVIEWS

Peter Hamilton confirmed that following previous discussion, the Committee would undertake regular reviews of specific services and Directorates in order to fulfil its duty of Governance. This would take the form of a series of presentations by lead officers to demonstrate how PFPI was being taken forward and ‘mainstreamed’ into service provision. The first such review presentation was to be delivered at the next meeting of the Committee on 9th January and would concern CH(C)Ps – Fiona Moss would be invited to deliver the presentation, with possible input from Keith Redpath to provide a picture of progress outwith Glasgow City.

10. OUR HEALTH SIX – OUT OF HOURS CARE

Ally confirmed that an agreement had been reached to work with NHS 24 to jointly plan and deliver the next Our Health event. This would focus on the full spectrum of integrated out of hours services. The event was planned for May or June 2007. A planning meeting was scheduled for the 20th December.

11. ANY OTHER BUSINESS

Peter confirmed that an additional NHS Board Member – representing the ‘Clyde’ area – would be appointed to the Committee.

Dates and venues for Committee Meetings throughout 2007 have been fixed. Details are to be found on the accompanying sheet.

12. DATE OF NEXT MEETING

The Committee will next meet on Tuesday, 9th January 2007, commencing at 1.00 PM following a buffet lunch served from 12.30. The venue would be Meeting Room B on the ground floor of Dalian House, 350 St Vincent Street, Glasgow.

Linda Davidson
20th December 2006