1. APOLOGIES

Apologies were received on behalf of Jessica Murray and Scott Bryson.

2. MINUTE OF MEETING OF 8th MAY 2007

Approved.

3. MATTERS ARISING

Patient Information Points – Ian Clark of Stevenson Sharp delivered a presentation on the prototype pilot information points being introduced at Easterhouse Health Centre and Gartnavel General Hospital. Committee Members were able to see concept drawings and photographs of the modular units under construction. Gordon Robertson explained that the units would be operational by Sunday, 23 September and that staff at Easterhouse would ensure that leaflets were replenished whereas this role would be taken on by the WRVS at Gartnavel (for whom a ‘front desk’ had been built into the design scheme). Peter Hamilton asked what sort of information would be provided. Gordon said that this would be appropriate to the site concerned and would include Health Rights Information leaflets, Scottish Health Council material, car parking, public transport, NHS 24 and other literature. Phone lines had been incorporated in the design which allowed contact with smoking cessation services, National Traveline and local taxi firms.

Gordon went on to confirm that the effectiveness of units would be formally assessed on the back of feedback from visitors and patients and that this would enable managers to determine if the units should also be introduced at other hospital and community sites from 2008.
The modular format should allow flexibility for different sites – one unit would be sufficient where there was little space.

**Customer Care Standards.** – Jim Whyteside tabled a paper that had been taken to the Policy Planning and Performance Group within the last week. This proposed a multi-service steering group which would draw up customer care standards and plans to deal with issues highlighted in the Scottish Consumer Council ‘mystery shopper’ exercise. This approach had been approved and Facilities and OD would lead the process of setting up the group. Peter informed Members of a conference being held in October dealing with customer care issues and focusing on the NHS in Scotland. The conference that he is attending is being hosted by the Scottish Consumer Council, with the key speaker being the Cabinet Secretary for Health and wellbeing.

**Management of Medical Prescribing** – Peter said that Scott Bryson, Dr Iain Wallace with colleagues had participated in a Board Seminar discussion on this issue. It had been well-received by Board Members, giving them a greater understanding of a rather complex and technical process. Though was now being given to the next stages of PFPI for this subject.

4. **SCOTTISH HEALTH COUNCIL: ANNUAL ASSESSMENT**

Gillian May explained where the process of assessment of NHSGGC’s PFPI activity in 2006/07 had reached. The process now centred on issues tied to existing HEAT targets and Equality and Diversity. The aim was to develop a national picture as to how different NHS Boards were performing around the same issues. She thanked NHSGGC for its assessment submission.

Peter asked Gillian for an opinion, in relative terms, on how NHSGGC had performed. Gillian replied that NHSGGC’s submission has been better than those of other NHS Boards.

John Bannon raised some issues concerning the role Citizen’s Advice Bureaux had in delivering the NHS complaints scheme. Jim promised to refer these matters to John Hamilton and ask that he make contact.

5. **ANNUAL REVIEW**

Gillian ran through the arrangements for the meeting between patient representatives and the Scottish Health Council, which would form part of the Annual Review of NHSGGC on 10th October 2007. There would be a pre-meeting which would be led by herself (Adrian Rootes was likely to be absent for personal reasons) and John Munro. This would be followed by a session between the patients and the Cabinet Secretary for Health and wellbeing, during which John would act as observer.

The Scottish Health Council had also taken the lead in receiving and prioritising questions from the public to be put to by the Cabinet Secretary to the NHS Board during the final 15 minutes of the Annual Review public session.
EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP: THE PATIENT PUBLIC PARTNERSHIP – ONE YEAR ON

Melanie Lambert of East Renfrewshire Community Health and Care Partnership (CHCP) delivered a presentation on the progress made in establishing and developing the local Public Partnership Forum (PPF).

She said that the experience so far confirmed that the PPF was having real influence on the work of the CHCP. An interim Executive for the PPF had been formed in April 2006, with members initially being nominated by the NHS and East Renfrewshire Council.

There had been early confusion as to the role of the PPF and a good part of the early months had been spent in defining this more clearly. Local area fora each had a seat in the Executive and through their influence there had been a particular focus on areas of interest such as Black and Ethnic Minorities, children, older people – however, people had strive to avoid one interest dominating the agenda. Care had been taken to offer four ‘seats’ to individuals who were not attached to any particular group or issue.

The PPF had established itself at a centre of a network of voluntary and community contacts and demonstrated its usefulness in sharing information and in ensuring comment and opinion was reflected back to the CHCP.

The PPF had staged its first public meeting in June (later than planned in order to avoid the election), during which a report was given on one year of PPF/CHCP activity. Also, a new Executive Group was elected by people signed up as part of the wider network, fulfilling the pledge made when the interim group had been established.

The impact of the PPF has been tangible – CHCP meetings have been re-scheduled made more informal in direct response to members’ wishes. At service level, the PPF has been involved in a seminar to look at the future provision of home-based care – this will directly influence the resulting service plan.

There were still may challenges ahead: on the one hand many people had high expectations as to what the PPF and, indeed, the CHCP could do to change services; others were more cynical about their role and functions. In response the PPF was reminding the CHCP that a culture of openness was the best antidote to cynicism and that the PPF wasn’t in itself the be all and end all of patient focus public involvement.

Ally McLaws noted that a key area of interest in East Renfrewshire was the future of acute services. He asked if the PPF was able to link to issues outwith Primary Care and social care. Melanie replied that the area was unique in that it had no acute provision whatsoever on its ‘patch’. This was an issue to which thought was being given – due to the distribution of specialities, local services were bound not just to the nearest hospital but to other sites right across Greater Glasgow and Clyde also. Peter observed that hospital provision was indeed within the spectrum of PPF members’ interests.

Peter thanked Melanie for her presentation.
7. **OUR HEALTH SEVEN**

Ally explained that the first Director of Public Health’s report for eight years was to be published at the end of October 2007 by Dr Linda deCaestecker. This would cover such issues as smoking and alcohol consumption and would pose hard questions and challenges for public agencies and local people alike.

Although there would be a launch seminar on 21st October and media handling arrangements in advance, the report and its contents had been recognised as providing a good basis for a new Our Health event.

However, given the spirit of innovation and evolution behind the Our Health concept, a very different approach was going to be taken: a ‘virtual’ Our Health event. A summary copy of the report would be distributed in a special edition of *Health News*, of which 400,000 copies would be distributed with the *Daily Record*, and this would encourage readers to either write in or log on to the NHSGGC website in order to take part in a debate about the health issues raised in the report.

Elinor Smith welcomed the approach and said it chimed with a forthcoming Community Planning re-launch she was chairing in Inverclyde – a key issue was that alcohol consumption there was at the same level as the East End of Glasgow.

8. **OUR HEALTH EIGHT**

Jim informed the Committee that the next ‘traditional’ Our Health event would be scheduled for the early spring of 2008 and that the subject matter – after a great deal of demand from delegates at previous events – would be Mental Healthcare.

Committee members welcomed this news and offered suggestions as to the timing and content of the event. It was felt that it would be good to try and new approach, such as staging more than one event over the course of a week to deal with different aspects of Mental Health and services.

Suggested areas for discussion included mental health needs of young and older people, the link between repeat offenders in the criminal justice system and mental illness. It was agreed that a ‘long list’ of idea would be drawn up and that an internal steering group would be set up to beginning planning the event or events in earnest.

8. **COMMUNICATIONS AND PFPI GROUP**

Jim provided a summary of discussion from the preceding meeting of the Communications and PFPI Group on 14th August. This had included progression towards a new PFPI Framework and the communications needs of Acute Services.

9. **AOCB**

HAI Peer Review Group – Pat Bryson tabled a paper summarising issues from an evaluation and review session.
Spiritual Care Committee – Ravinder Kaur Nijjar put forward an open invitation to members and staff to attend an event at Glasgow Caledonian University on 23rd October at 6.30 pm. This was targeting faith communities and included an update on the new Southern General Hospital and Children’s Hospital.

Volunteering Policy – Elinor said that she would be contacting John Hamilton to establish if the Planning, Policy and Performance Group had approved a draft policy, which was also intended to go to the NHS Board on 23rd October.

10. DATE OF NEXT MEETING

It was agreed that Committee would meet again on Tuesday, 13th November. The meeting would commence at 1.00 pm following a buffet lunch served from 12.30. The venue would be Boardroom 2 on the ground floor of Dalian House, 350 St Vincent Street, Glasgow.

Jim Whyteside
12 October 2007