GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum
held in Meeting Room B, Dalian House
350 St Vincent Street, Glasgow
on Thursday 9 August 2007 at 1.00 pm

PRESENT

Douglas Colville – in the Chair (Chair, AMC)
Margaret Hastings Chair, AAHPC
Gail Caldwell Chair, APC
Clive Bell Joint Chair, ADC
Ian Millar Joint Vice Chair, APC
Lesley MacGillivray Joint Vice Chair, APC
Helen McKenzie Vice Chair, AAHPC

IN ATTENDANCE

Jo Quinn - Head of Performance, NHSGGC (for Minute No 28)
Shirley Gordon - Secretariat Manager

ACTION BY

26. APOLOGIES

Apologies for absence were intimated on behalf of Sir John Arbuthnott, Scott Bryson, David McCall, Gale Leslie and Rosslyn Crocket.

27. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)07/3] held on Thursday 28 June 2007 were approved as an accurate record.

28. TOPICS FOR DISCUSSION AT NEXT NHS BOARD ANNUAL REVIEW

The Forum was reminded that the Board’s Annual Review meeting with the Cabinet Secretary was scheduled for 10 October 2007. The ACF had a slot between 9.00 am and 9.45 am. All Advisory Committees had been asked to submit topics that they wished raised at this Annual Review meeting. The Forum noted comments received as follows:

- Area Dental Committee – wished to raise the issue of decontamination and the implications of the Glennie targets for General Dental Practice – there were deep concerns within the dental profession regarding the impact of Glennie

- AAHPC – wished to raise issues about workforce planning and decontamination.
The Secretary had also asked Members to confirm whether or not they could attend the Annual Review meeting on 10 October 2007. The following Members had confirmed their attendance:

Margaret Hastings  
Lesley MacGillivray  
Linda de Caestecker  
ADC representative – likely to be Tony Coia  
Scott Bryson (if required)  
Helen McKenzie  
Douglas Colville

Since the last ACF meeting, Ms Quinn reported that further guidance had been received from the Scottish Executive on the ACF’s 45 minute slot. Prior to meeting with the Minister, the Executive now required the following:

- A note of any substantive issues that the ACF had been discussing over the last six to nine months with a short paragraph of briefing on each.
- Questions/points the Forum was likely to raise under the agenda item headings with a short paragraph explaining the issue and the ACF’s likely interest.

With this in mind, it would be important to work up each issue prior to the Annual Review.

The Chairman welcomed further thoughts from those in attendance on likely topics that could be included on the ACF agenda with the Minister. He invited those in attendance to provide some feedback and the following was raised:

- APC – Gail Caldwell reported that the APC’s suggested topics would be as follows:
  - looking at the community pharmacy contract and setting out what NHSGGC was doing that was different;
  - the management of long-term conditions strategy – what needs to happen and how can we enable it?
  - IT and effective communications – looking particularly at e-health nationally as well as locally within NHSGGC

- ADC – Clive Bell reported that the ADC wished to raise the issues of decontamination and the P-CAT audit results which would require to be further analysed prior to fully knowing the impact of implementation of the Glennie recommendations.

- AAHP – Margaret Hastings reported the following topics:
  - Podiatry and its link with decontamination issues already discussed;
  - workforce planning – particularly looking at managing the aging population that required increased care from AAHP professions.

- AMC – Douglas Colville wished to raise the following topics:
  - MMC;
  - out of hours services/NHS24 and their relationship;
- health visitors – concerned that they would no longer be able to immunize children – who would undertake this role?

- national enhanced services – would local negotiations destroy equity across the piece?

- Vale of Leven Hospital – what are the future intentions for this hospital?

• CH(C)P Committee – Helen McKenzie reported that although the CH(C)Ps did not, as yet, have a central committee that they all fed into, some of the following matters consistently were raised at each of the Board’s CH(C)Ps:

- workforce planning;

- how did CH(C)Ps fit into the Board’s structure?

- how could CH(C)Ps engage with contractors and how could this be improved?

Ms Quinn thanked everyone for their contribution in developing the initial list of agenda headings. She summarised these to be as follows:

1. IT – developing a strategic approach to IT for Scotland with appropriate clinical engagement.

2. CH(C)Ps and their fit with other Board clinical committees.

3. CH(C)P engagement with contractors.

4. Decontamination – impact of the need to provide dedicated decontamination facilities in dental surgeries.

5. Podiatry – related to decontamination issue.

6. Challenges around workforce planning; insufficient reliable data, impact of service redesign, primary care waiting times, predicted levels of AAHP graduates without posts, aging population, more demanding population (cross-reference with work with Cathie Cowan on PC waiting times).

7. MMC.


10 National enhanced services – risk to achieving equality to service provision with the process of open negotiation, without national involvement of Scottish Committee of GPs.

11. Plans for the Vale of Leven Hospital.

12 The new pharmacy contract and its potential to support the delivery of key agendas such as long-term conditions and what steps needed to be taken to maximise this potential such as IT and prescribing rights for groups of staff.

Ms Quinn emphasised the need to keep the following criteria in mind:
(a) Was this a national issue?

(b) What did the Forum want from the Cabinet Secretary – ie did the Forum have a constructive solution to propose to resolve the issue?

(c) How would GGC Board be perceived with regard to the issue?

Given the varying topics raised, the following was:

**DECIDED:**

1. That the leads for each topic raised would work up a couple of paragraphs on the subject in line with the guidance from the Scottish Executive and submit this to Jo Quinn by end of play on Thursday 30 August 2007. **Leads for each topic**

2. That Jo Quinn collate these and send out to key leads by the end of play on 31 August 2007 for reflection. **J Quinn**

3. That those likely to attend the meeting with the Cabinet Secretary meet on 4 September 2007 in Room C, Ground Floor, Dalian House at 4.30 pm to look further at this shortlist. **All**

4. That Jo Quinn submit, on behalf of the ACF, the required information to the Scottish Executive by 13 September 2007. **J Quinn**

It was noted that the Area Clinical Forum was next scheduled to meet on 20 September 2007 so, if need be, Members could discuss further the arrangements at that meeting. **20 September Agenda**

### 29. PROPOSAL TO FORM CHP/CHCP PROFESSIONAL ADVISORY GROUP – LINKS WITH ACF

Members reflected on the discussion at the previous meeting with Terry Findlay on the proposal to combine the ACF with the CH(C)P Professional Committee. The following points were raised:

- It was still unclear who these Members would be representing – the Advisory Committees represented their respective professions but would these Members represent their geographic location?

- The ACF Constitution allowed for the Chair and Vice Chair of a CH(C)P Committee to attend as Members anyway – this was sufficient. There was no need for every Member of such a group to become an ACF Member. The Forum was advised, however, that the CH(C)P Committee had yet to be set up.

- Forum Members would be interested to hear CH(C)P views on topics in a holistic way and share information. It was recognised, however, that ACF Members such as Margaret Hastings, Ian Millar and Helen McKenzie were PEG Members in their respective CH(C)Ps anyway so in a sense PEGs were represented at the ACF.

- When the Committee had established itself, the ACF would happily welcome one Member to attend ACF meetings as an observer. This arrangement would continue for a period of six months whereby mutual benefit would be identified and future arrangements made if required.
DECIDED:

That the Secretary write to Terry Findlay to let him know that an observer would be welcomed at future ACF meetings when the Committee established itself and that this arrangement would be reviewed after a period of six months.

Secretary

30. ADVISORY COMMITTEE MEETING UPDATES

Members agreed that the most recent topics discussed at Advisory Committees had already been raised in the item looking at future topics of discussion at the Board’s Annual Review.

NOTED

31. ANY OTHER BUSINESS

(i) Appointment of an Accountable Officer

Gail Caldwell reported that Kate McKean had been appointed as the Board’s Accountable Officer for the management of controlled drugs. In this capacity, she was attending all the Advisory Committees to brief them on the implications of this and work going on throughout NHSGGC. Furthermore, a Short Life Working Group would be set up to look at compliance aids across NHSGGC and it was agreed that the Forum would be interested to participate in this Working Group.

NOTED

(ii) E-Health Agenda

Margaret Hastings suggested that the ACF engage with some work ongoing to progress the Board’s e-health agenda particularly in relation to engagement. She described the process of the Glasgow Clinical Portal and the sharing of records.

DECIDED:

That Margaret Hastings invite someone from the Board’s E-Health Team to come along to a future ACF meeting to look at how the ACF could contribute to this agenda.

M Hastings/ 20 September Agenda

32. DATE OF NEXT MEETING

Date: Thursday 20 September 2007

Place: Dalian House

Time: 1.00 pm to 3.00 pm
GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum
held in Meeting Room B, Dalian House
350 St Vincent Street, Glasgow
on Thursday 20 September 2007 at 1.00 pm

PRESENT

Douglas Colville – in the Chair (Chair, AMC)
Margaret Hastings Chair, AAHP&HCSC
Gail Caldwell Chair, APC
Clive Bell Joint Chair, ADC
Liz Love Chair, AN&MC

IN ATTENDANCE

Richard Groden - Observer, CH(C)P Committee
Richard Copland - Director of Health Information and Technology (for Minute No 35)
Marion Stewart - Head of Systems NHS GGC (for Minute No 35)
Shirley Gordon - Secretariat Manager

ACTION BY

32. APOLOGIES

Apologies for absence were intimated on behalf of Sir John Arbuthnott, Linda de Caestecker, Scott Bryson, Gale Leslie and Helen McKenzie.

33. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)07/4] held on Thursday 9 August 2007 were approved as an accurate record.

34. MATTERS ARISING

Members were asked to note a letter that the Secretary sent to Terry Findlay dated 21 August 2007. This confirmed that the ACF would be happy to invite an observer from the CH(C)P Professional Advisory Group to attend future ACF meetings. This arrangement would be reviewed after a period of six months. Mr Findlay had not responded to this letter, however, Richard Groden confirmed that he was, in fact, in attendance in this capacity.

Dr Groden reported that, as yet, no formal CH(C)P Professional Advisory Group had been established but this was envisaged for the future. In the interim, it had been agreed that he attend ACF meetings as an observer on behalf of the CH(C)Ps.
ACF Members were reminded that their membership, in terms of their Constitution, included Chairs and Vice Chairs of all the respective Advisory Committees – this included the CH(CP) Committee once it had established itself. It was the case that the duly elected Chair and Vice Chair of this group would become members of the ACF.

Until this happened, Members welcomed Dr Groden as an observer.

NOTED

35. E-HEALTH AGENDA WITHIN NHS GREATER GLASGOW AND CLYDE

Douglas Colville welcomed both Richard Copland and Marion Stewart who were in attendance to update the ACF on ongoing developments in terms of the progress made in health information and technology across NHSGGC.

Mr Copland began by explaining the new structure within his Directorate. He had four posts reporting to him as follows:

- Head of Systems
- Head of Information Management
- Head of Health Records and Knowledge Management
- Head of Programme Office

Below that management tier, each had a supporting team and it was hoped that the filling of all posts would be completed soon. Each area had responsibility for acute, partnerships and corporate work.

Mr Copland then led the Forum through the Capital Plan in terms of the committed spend and non-committed spend for 2007/08. He highlighted monies committed for the acute sector, the partnerships and within the single system NHSGGC. Committed spend totaled £3.717m with bids not yet approved totaling £1.783m. A process would be established to identify how bids that had not yet been approved could move on towards getting approval. He went through each of the committed spend items and explained how the figure had been reached and what it was proposed to spend it on.

Mr Copland highlighted some of the work ongoing to set up the two new ambulatory care hospitals. He identified the principles for patient centric information within these hospitals to ensure easier access to data and systems. Six core IT components had been identified as well as ten other IT projects necessary within the hospitals to support the overall infrastructure. It was essential that IT within the new hospitals delivered improved access to patient information as well as improve integration, efficiency and management information. This would ensure that the patient pathway was supported by improved and integrated information so that patients left the ambulatory care hospitals with a full diagnosis and prognosis. Such integrated care should result in shorter waiting times and streamlined patient episode of care. It was recognised that in setting up these new systems for the ambulatory care hospitals, there were implications for clinicians, managers and staff in terms of changes to their ways of working. Redesigned operating procedures would be established to support this. In setting up such new and innovative ways of working within the two new hospitals, a great opportunity was provided to identify how this could eventually be rolled out across the whole of NHSGGC more longer term.

Mr Copland encouraged debate and the following points came up:
• In terms of training and education, how could this be done in advance, particularly in respect of the new services to be provided within the ambulatory care hospitals so that staff were ready and confident to use the systems upon the hospitals opening? Mr Copland was working with staff to try to plan for this and hoped to work with colleagues from the newly opened Beatson Oncology Centre to see what lessons could be learned from there.

• Monies set aside to improve technology within A & E Departments would pick up on new requirements for child protection.

• Camglen was still in the loop in terms of health information and technology – recognising that 95% of the patients within Camglen would remain using NHSGGC services regardless of what happened in the future with its boundary. Mr Copland explained that over and above service based IT plans that he had highlighted earlier, geographical based IT plans were in place and this included looking at IT arrangements across all of the Board’s CH(C)Ps.

• Within the partnerships, the Community Nursing allocation included treatment rooms.

• A Director had been appointed at the Scottish Government to support the National E-health Strategy. This would assist in moving the agenda forward at a national level and would have implications at local level for NHS Boards. Early indications seemed to be around HR systems and ensuring that each Board had a single system in place to support the E-health Strategy. Currently within NHSGGC, four systems were in place (North Glasgow, South Glasgow, Yorkhill and Clyde) and the challenge would be in aligning these.

• A group had been set up to support the General Medical Services (GMS) contract and that side of the Board’s business. Mr Copland recognised the importance in getting similar groups established for dental, community pharmacy and optometry. In this regard, Mr Bell suggested that Mr Copland attend a future ADC meeting and this was welcomed.

• The ACF commended the complex agenda and challenging times that lay ahead for Mr Copland’s department particularly in breaking this down to operational activities. Mr Copland would welcome the input of the ACF. He asked that Members think about how prioritisation could take place for the investment proposals in the coming years. The ACF could have a role in looking at a process for establishing a system looking at bids received. Furthermore, he encouraged Members to think about how the IT Directorate could get cohesive clinical input? Dr Colville agreed and suggested that this be further discussed at the ACF’s next meeting in November.

• To encourage ongoing debate, it was agreed that Mr Copland receive all ACF agendas and come to meetings as and when he considered it appropriate.

• Gail Caldwell would get in touch with Margaret Hastings to clarify how best to seek inclusion of a pharmacy representative on the Clinical Reference Group.

Dr Colville thanked Mr Copland for his detailed and interesting update on what was happening across the Board’s area in terms of IT developments.

**NOTED**
36. **NHS BOARD ANNUAL REVIEW – ACF’S SLOT**

Following the last ACF meeting, it was agreed that a subgroup be formed with those likely to attend the meeting with the Minister on 10 October 2007. The subgroup met on 4 September 2007 and reviewed the shortlist of topics that had been raised and determined which of these should be on the agenda for the Minister’s meeting. This allowed Jo Quinn to confirm to the Scottish Executive Health Department the likely agenda items. Unfortunately, due to unforeseen circumstances, Ms Quinn was not in attendance at today’s meeting and Members asked the Secretary to clarify the following:

- Could ACF Members get a copy of their part of the submission pack that Jo Quinn was sending to the SEHD – they wished to familiarise themselves with what exactly was sent on their behalf?  
  
  **Secretary/ J Quinn**

- The ACF representatives going to the meeting with the Minister on 10 October 2007 would really appreciate a further talk with Jo Quinn to ensure they were fully organised – they recognised their slot on the 10 October with the Minister was between 9.00 and 9.45 am – would Jo Quinn be available to meet with them between 8.15 and 9.00 am that day?  

  **Secretary/ J Quinn**

**NOTED**

37. **WINTER PLAN 2007/08**

Members were asked to note the Winter Plan for 2007/08 (as presented to the NHS Board at its meeting on 21 August 2007) to ensure that all professions were aware of its content.

Dr Colville confirmed that, at the Board meeting, Mr Divers undertook to write to the Chief Medical Officer, Dr Harry Burns, seeking assurance on the availability of flu jabs NHS Scotland-wide.

**NOTED**

38. **ADVISORY COMMITTEE MEETING UPDATES**

The topics for consideration at the Minister’s meeting, in the main, remained the topics being discussed at the majority of the Advisory Committee meetings. These were as follows:

- An effective national IT strategy
- Decontamination
- Modernising Medical Careers
- Opportunities of the new pharmacy contract in addressing long-term conditions
- Out of hours services
- National enhanced services
- Impact of independent scrutiny in service changes
- Workforce planning

**NOTED**
39. **DATE OF NEXT MEETING**

Date: Thursday 1 November 2007

Place: Dalian House

Time: 1.00 pm to 3.00 pm

**Agenda Item** – discussion of meeting dates/times for 2008