

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Meeting Room A, J B Russell House, Corporate Headquarters,  
Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow, G12 0XH  
on Thursday 2 June 2011 at 2.00 pm**

**PRESENT**

Pat Spencer - in the Chair (Chair, ANMC)

Nicola McElvanney	Chair, AOC
Maggie Darroch	Vice Chair, AOC
Val Reilly	Chair, APC
Nancy Reid	Vice Chair, ANMC
Jacqueline Frederick	Joint Chair, ADC
Heather Cameron	Chair, AAHP&HCSC
Roger Carter	Vice Chair, AAHP&HCSC

**IN ATTENDANCE**

Shirley Gordon	Secretariat Manager
Jane Grant	Chief Operating Officer – Acute Division (representing Robert Calderwood)
Rosslyn Crocket	Nurse Director
Brian Cowan	Medical Director
John Hamilton	Head of Board Administration
Lorna Kelly	Head of Policy (for Minute No. 24)

**ACTION BY**

**20. ELECTION OF NEW CHAIR AND VICE CHAIR**

Members were asked to elect a Chair and Vice Chair in accordance with paragraphs 7(a) and (b) of the ACF's Constitution.

**DECIDED:**

- Chair – Pat Spencer – as proposed by Nancy Reid and seconded by Heather Cameron.
- Vice Chair – Nicola McElvanney – as proposed by Pat Spencer and seconded by Val Reilly.

Both Mrs Spencer and Ms McElvanney thanked Forum members for their support and looked forward to working with them in the future. Both would serve a term of two years (until 31 March 2013).

## 21. APOLOGIES

Apologies for absence were intimated on behalf of Carl Fenelon, Adele Pashley and Andrew Robertson.

NOTED

## 22. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 April 2011 [ACF(M)11/02] were approved as a correct record pending the following amendment:-

- Item 16(i), 4<sup>th</sup> bullet point – delete, “direct referrals to Consultant Ophthalmologists” - insert instead, “direct referrals to hospital eye service”.

NOTED

## 23. MATTERS ARISING

- (i) In respect of Minute No. 13, Update on Workforce Planning and Development in NHS Greater Glasgow and Clyde, Ms McElvanney referred to advice previously given from Ms Lauder (Head of Workforce Development) that the Optometry profession would sit under “other therapeutic staff” within the Board’s Workforce Plan. Since that time, however, it had been clarified that, in fact, the Optometry profession would be better sitting alongside the category of Health Care Scientists.
- (ii) In respect of Minute No. 14, Glasgow City CHP Arrangements, it was noted that Mrs Hawkins had alluded to an update on the allied health professionals’ redesign document being available following a meeting taking place on 4 May 2011. Ms Cameron advised that no further information had yet been circulated and the Secretary was asked to pursue this with Mrs Hawkins.

**Secretary**

*{Post meeting note – update from Mrs Hawkins duly circulated to all members on 7 June 2011}*

- (iii) In respect of Minute No. 18(ii), Pharma and NHS Greater Glasgow and Clyde, Mrs Spencer wondered if there had been any further developments with this. It was her understanding that Catriona Renfrew had formed a group to take this work forward. John Hamilton agreed to seek clarity around this matter and respond direct to Mrs Spencer.

**John Hamilton**

NOTED

## 24. QUALITY STRATEGY

Mrs Spencer welcomed both Lorna Kelly and Rosslyn Crocket, in attendance to provide an update on the approach in NHSGGC to improving quality and, in particular, implementing the NHS Scotland Quality Strategy.

Mrs Kelly explained that the NHS Scotland Quality Strategy was launched in May 2010, with the aim of achieving world leading quality health care services across Scotland, underpinned by three health care quality ambitions, namely, person centred, safe and clinically effective. The strategy set out a range of initiatives at national and NHS Board level to improve services to meet these ambitions. Work was under development on a set of outcomes and performance indicators, linked to HEAT targets, to enable progress on the Quality Strategy to be measured at national level.

Mrs Kelly explained that the Quality Strategy and the NHS Board's local response was not a new or separate set of activities but a way of pulling together a whole range of activities under one umbrella to ensure that the NHS Board was focused on improving quality. She led the Forum through the approach being taken to improve quality in NHSGGC focusing on balancing all six dimensions (safe, effective, person-centred, timely, efficient, equitable) and supporting the organisation to manage the tensions between them with a particular focus on how to maintain quality within a constrained financial environment.

Three main strands of work were being undertaken in NHSGGC to improve quality:-

- Quality Policy Development Group – this Group had been established to drive and support quality improvement across the organisation and the Group had established a Workplan. As newly appointed Chair of the ACF, Mrs Spencer would become a member of this Group.
- Specific Quality Programmes and Initiatives – there was a comprehensive range of programmes and initiatives supporting quality improvement across the organisation and ensuring the delivery of the actions set out in the NHS Scotland strategy. Many of these programmes were substantial in their own right and were the subject of regular reporting to the NHS Board. The Quality Policy Development Group would maintain an overview of these programmes of work to ensure that any gaps or duplication were identified and to ensure that collectively they were making a real difference to patients.
- Outcomes Focused Planning and Performance Arrangements – NHSGGC's planning approach was now characterised by a shift to outcomes based planning where it established clear outcomes to be delivered over the three-year planning cycle. This helped to ensure that across the full range of services and functions, the NHS Board was focusing on improving quality and outcomes for individuals.

Ms Crocket anticipated a scorecard approach to measuring results and outcomes from the Quality Strategy, however, to date, this had not been received from the Scottish Government. In terms of priority areas, the NHS Board had agreed to focus on elderly care as this spanned all aspects of the Board's services and had been prompted by recent national complaints and Ombudsman reports concerning quality of care to the elderly. In terms of how this would be taken forward, she hoped that data would be collected and compared with other NHS Scotland Boards but she would welcome the ACF's suggestions, thoughts and views on how this could be progressed. On a similar theme, Mrs Spencer referred to the Mental Welfare Commission for Scotland's Report "Investigation into the Care and Treatment of Mrs V". Many lessons could be learned from the recommendations made in this report and it was agreed that this be circulated to all members for their consideration.

**Pat Spencer**

*{Post meeting note – this Report was duly circulated to all members on 3 June 2011}*

The Forum welcomed the opportunity to tailor its Workplan to meet the Quality Strategy's aspirations and each Committee summarised areas already identified within their respective professions as follows:-

- ANMC – this had been discussed several times and the Committee's Workplan and business was devoted to many of the principles within the Quality Strategy.
- AOC – working in line with the Quality Strategy and had a lot to contribute particularly in terms of shifting the balance of care and trying to retain many services in the community. It was hoped that Mrs Kelly and/or Ms Crocket would attend a future meeting to refine the thinking in how best this could be taken forward.
- APC – much work going on in both the community and acute side. Workstreams were being established focusing on building on the spirit of the Quality Strategy.
- AAHP&HCSC – recent meetings had touched on the issues but given the disparate group of professionals that the Committee represented, a development session was planned in August 2011. The Quality Strategy would feature highly at that session to streamline members' thinking.
- AMC – the Quality Strategy had not been discussed.

By way of an example, Dr Cowan highlighted how well the Scottish Patient Safety Programme (SPSP) had been implemented successfully both locally and nationally. In summarising areas of good practice from SPSP, he illustrated how this could be taken forward in implementing the Quality Strategy, particularly in looking at the patient experience, patient-centred care and how to make the work and outcomes tangible.

The Area Clinical Forum endorsed the view, in general terms, that quality was not profession-specific, but rather, it was the quality of the relationship/service between any professional and a patient. This would be an important point to be considered by the Quality Policy Development Group. The key was utilising general principles, perhaps in different ways, but by all professions.

Mrs Spencer thanked Mrs Kelly for this update and noted that much of the work for the ACF in the future would be tailored towards meeting the aspirations of the Quality Strategy.

NOTED

## **25. AREA CLINICAL FORUM – 2011 WORKPLAN**

Members were asked to note the ongoing ACF Workplan for 2011 and were encouraged to make suggestions for forward planning of ACF activities. The following suggestions were made and the Secretary agreed to include these accordingly at a mutually suitable time with presenters:-

- Kath Gallagher – to talk about the implications of the Equality Act for age equality.
- Juli McQueen – to reflect on the ACF's development event.

NOTED

**Secretary**

## 26. ADVISORY COMMITTEE CHAIRS - UPDATES

- (i) Area Dental Committee – Jacqueline Frederick reported that the last ADC meeting was held on 12 May 2011 where topics of discussion included:-
- Interpretation Services within General Dental Practitioner practices
  - Installation of Local Decontamination Units within NHSGGC Dental Practitioner practices
  - Washer/disinfector programme
  - SCI gateway roll-out to General Dental Practitioner practices and community and salaried dental service
  - The consultation paper on Domiciliary Dental Care
  - NHS Scotland Quality Strategy – implementation in NHSGGC
- (ii) Area Optometric Committee – Nikki McElvanney confirmed that the last AOC meeting had been held on 19 April 2011 where members discussed the following:-
- Independent Prescribing
  - Optometric Learning Network for NHSGGC – 7 launch meetings had been arranged to provide a learning/training framework for Optometrists within NHSGGC. These presentations would cover a number of issues including direct referrals, eye casualty changes, the need for Optometry to be the first port of call for eye health issues and Optometrists' obligations under the GOS Regulations.
  - Glasgow Formulary – Optometric Input
  - Diabetic Retinal Screening
  - Low Vision Pilot
  - Right to Treat?
  - Delivering physical health care to people who lack capacity and refuse or resist treatment
  - Education and Training Events
  - Implications of the Nurse Triage at Eye Casualty – devoted telephone line being put in place.
- (iii) Area Pharmaceutical Committee – Val Reilly reported that the last APC meeting had been held on 20 April 2011 where topics of discussion had included:-
- Presentation on the results of Communication of Medication on Discharge to Community Pharmacists.
  - Sexual Health Blood-borne Virus Framework
  - Infection Control Guidelines
  - UK Pandemic Preparedness Strategy
  - Extemporaneous Preparation of Methadone
  - APC Responses to Various Consultations and Reviews including the Mental Health Partnership Review, the new value-based approach to the pricing of branded medicines and the ADP Prevention and Recovery Strategy.

(iv) Area Nursing and Midwifery Committee – Nancy Reid reported that the last ANMC meeting took place on 19 April 2011 where discussion included the following:-

- Better Together – Patient Experience – discussion took place regarding Rory Farrelly’s attendance to update the ANMC on the Board’s Patient Experience Programme. The ANMC had raised the need for a consistent measure that captured the essence of the patient contact with nurses for use across all services. The CARE measure had been adapted in one CHP for use (courtesy of Dr Stewart Mercer) to measure whether the patient felt listened to, responded to, empathy etc. All critical aspects of any nursing contact. Ms Crocket agreed that this should be explored/tested.
- ANMC Development Day – Reflection on successes so far and how best to take future workload forward.
- ANMC Workplan – to echo the Quality Strategy
- Membership and role of Committee and its members – Induction Plan to be developed as well as a Communication Plan.
- Public Perception of Nursing – Core Values and Behaviours
- Responding to Various Consultations

(v) AAHP&HCSC – Heather Cameron confirmed that the last AAHP&HCSC meeting had taken place on 12 May 2011 where discussion surrounded the following:-

- Datasets and Trak Care
- AAHP Practice Education Facilitators Report
- Mental Health Allied Health Professional Issues
- AAHP Redesign Update
- Professional Leadership Review
- Health Care Scientists Issues – including the initiative to meet the RTT Target by the end of the year, a general job description for support workers and postgraduate training and qualifications for health care scientists being discussed at national level.

NOTED

**27. UPDATE FROM THE ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS**

Mr Hamilton summarised some of the items discussed at the 19 April 2011 NHS Board Meeting, reporting that the next meeting was scheduled for 28 June 2011.

NOTED

**28. ANY OTHER BUSINESS**

- (i) Record Keeping in the NHS – the legal position.

Ms Reid referred to a useful presentation from the Central Legal Office on good record keeping. She agreed to circulate the slides to all ACF members for their information.

**Nancy  
Reid/Secretary**

*{Post meeting note – this slides were duly circulated to all members on 3 June 2011}*

NOTED

**29. DATE OF NEXT MEETING:**

Date: Thursday 4 August 2011

Venue: Room A, J B Russell House

Time: 2 - 4 pm