ACF(M)16/05
Minutes: 50 - 63

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 6 October 2016 at 2.30pm

PRESENT

Heather Cameron - in the Chair (Chair, AAHP&HCSC)

Fiona Alexander	Chair, APsyC
Yas Aljubouri	Joint Chair, ADC
Samantha Flower	Vice Chair, AAHP&HCSC
Kathy Kenmuir	Chair, ANMC
Andrew McMahon	Chair, AMC
Audrey Thompson	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Beth Culshaw	Head of Health & Community Care, Inverclyde HSCP (For Minute No. 54)
Shirley Gordon	Secretariat Manager
John Hamilton	Head of Administration (For Minute No. 57)
Brian Moore	Corporate Director (Chief Officer) Inverclyde HSCP (For Minute No. 54)
Andy Winter	E-Health Clinical Lead (For Minute No. 55)
Robin Wright	Director of Health Information & Technology (For Minute No. 55)

ACTION BY

50. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Morven Campbell, Alastair Taylor, Julie Tomlinson, Audrey Espie, John Brown and Mags McGuire

NOTED

51. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

52. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 4 August 2016 [ACF(M)16/04] were approved as an accurate record pending the

following correction:-

- Minute No 44 – “BOC” should be written in full as Beatson Oncology Centre.

NOTED

53. MATTERS ARISING

There were no matters arising not otherwise included in the agenda.

NOTED

54. UPDATE ON INVERCLYDE GP PILOT

Heather Cameron welcomed Brian Moore and Beth Culshaw in attendance to provide an update on Inverclyde New Ways of Working.

Mr Moore reported that General Practice was under considerable pressure as a result of increasing workload and workforce shortages. It was recognised that one of the major concerns in the Health & Social Care system, at present, was that the professionals involved were engaged in a significant proportion of tasks/activity that could be more effectively done by others. As such, the role of the general practitioner and other professionals in primary care, in future, must be able to make best use of the unique experience and skills of each. In order to improve outcomes, GPs needed to be freed up from activities that did not require GP involvement and other Health & Social Care professionals required to become more accessible.

Set against this backdrop, Ms Culshaw explained that, in September 2015, Inverclyde HSCP was approached to consider the opportunity to work in partnership with NHSGGC, the Scottish Government and the BMA to explore new ways of working and to inform the development of the new GP contract. An unprecedented combination of pressures had resulted in the continued delivery of primary care, in its current format, no longer being tenable. Pressures driving change included demographic changes, increasingly complex healthcare needs, workforce shortages, financial demands and public expectations. By changing the role of GPs, it was expected that there would be an improvement in the recruitment and retention, and a strengthening of the crucial role of general practice and primary care within the wider Health & Social Care system. The revised role of the GP was envisaged to be that of a senior clinical decision maker in the community, who would focus upon:-

- Complex care in the community;
- Undifferentiated presentations;
- Whole system quality improvement and clinical leadership.

Ms Culshaw led the Area Clinical Forum through the current position in Inverclyde and confirmed that all 16 GP practices had signed up to participate in the pilot. Following engagement sessions with the whole spectrum of professionals involved in the pilot, it was agreed to focus attention on three broad categories:-

- Communication;
- Operational;
- Transformational.

Over and above these, two other areas were identified as Pharmacy and Older People and Ms Culshaw alluded to complimentary workstreams that, in addition to the tests of change, the work was underpinned by these all within direct GP involvement including:-

- Patient and carer involvement;
- Education and communication;
- Data and outcomes;
- Quality and leadership.

The challenges leading to the development of the New Ways of Working project were complex and multifactorial. Careful monitoring was underway to assess the impact of change and, in particular, the ability to move activity between services and/or professionals, encouraging all to work better. Inverclyde was not unique in testing models of change, with some of the initiatives already tried in other areas and, indeed, lessons learned from these. The scale of change, however, across professionals, with all practices involved, was not replicated elsewhere, giving a unique opportunity to progress a longer term strategy of transformational change. To assist in reviewing the impact and overview of the project, researchers from the Scottish School of Primary Care and Glasgow University had been commissioned by the Scottish Government to evaluate progress.

Of particular note to date, had been the level of engagement and willingness to participate that had been secured from the local GP community against the backdrop of the whole purpose of the project. Ms Culshaw described that, going forward, a key issue would be finance. To date, the money supporting the project had been on a one-off and non-recurring basis. Support secured, both directly, financially and support in kind, such as the Collaborative Leadership Programme, had been considerably in excess of what would have been secured on a solely population base. If the benefits of moving activity were demonstrated, however, the need for recurring resources would arise and the IJB would need to consider that in the light of any available monies for allocation.

Heather Cameron thanked Brian and Beth for the insightful summary of ongoing activity to drive forward the pilot. The following points were raised during discussion:-

- Although some early indications and outputs had already been identified, it was too early to determine specifics; nonetheless, a cost benefit analysis would be undertaken, nearing the end of the pilot.
- Discussions had taken place with the GP Sub Committee and further detail would be provided at their meeting scheduled for 17 October 2016.
- Engagement had been taking place with the Acute Services Division throughout the pilot, so far, in order to measure the impact and test the robustness of success (or otherwise) of the various workstreams. The results from this would then be taken forward to determine what would (and would not) be possible to fund going forward.

- Evidence from other parts of the UK were being tested and dovetailed into the various workstreams as was the NHS 24 model of triage which was AHP-led. Best practice and lessons learned from Doctor First and its operational triage system were also being identified.
- To date there had been no resistance from service users and members of the public. Publicity materials were regularly shared and the "community connector" roles had been well received.
- The contribution and participation of all members of the Primary Care Team in the Inverclyde locality was commended in taking forward the pilot. Barriers had been removed, and very quickly the whole team in the area was well integrated – the "whole system" vision had been well received.
- Staff were and would continue to be supported through all changes made as a result of the pilot.
- Going forward, further updates would identify more exact and precise areas where changes had taken place and the results/benefits of them.

Mr Moore and Ms Culshaw thanked the ACF for its debate and discussion around the key themes of the pilot. They would be more than welcome to attend a future ACF meeting to update on further progress.

NOTED

55. IT MATTERS

Heather Cameron welcomed Robin Wright and Andy Winter, in attendance to update ACF members on the various projects being taken forward by the NHS Board's eHealth Directorate.

Mr Wright summarised the services provided by the eHealth Directorate and set out the context for their work. He led the ACF through a summary of prevailing issues and how these were being handled locally.

Mr Winter explained that the wider context for eHealth activities in NHSGGC was the NHS Scotland eHealth Strategy 2014-17 as this strategy was supported by an eHealth vision. At a practical level, the vision was supported by a number of specific aims against which NHS Boards were asked to develop work plans to make progress in defined areas. He led the ACF through NHSGGC's response to the range of aims as follows:-

- Rationalise the number of systems in use.
- Focus on "cornerstone investments", implementing service specific systems only where there was clear justification, including Clinical Portal, Trakcare, EMIS and EMISweb. As well as these "cornerstones", single diagnostic service management systems were in place to support laboratories and radiology services providing common pressures and single interfaces with these services across the NHS Board. Furthermore, there were a number of service specific systems currently deployed that reflected the specific requirements of services including Sexual Health, Chemotherapy Prescribing, Renal Medicine and SCI Diabetes.
- Provide a common platform for data analysis and reporting.
- Plan future developments.

In terms of eHealth governance, this had recently been revised and comprised an eHealth Strategy Board chaired by the Associated Medical Director, Dr D Stewart. Its membership included senior clinicians and managers across the organisation and sector groups had, or were in the process of, being established in the Acute Division, IJBs and Mental Health Services to ensure that there was a coherent approach between them and the NHS Board. Furthermore, a clinical leadership team was established with representation from medicine, nursing, AHPs, general practice and pharmacy. Clinical leadership team colleagues were developing a wider network of clinicians to ensure that the eHealth agenda was appropriately engaged. An engagement event was held in early September with more than 70 clinical attendees and it was proposed that such events take place twice yearly and that the network was effectively supported in online participation in the eHealth agenda.

Mr Wright highlighted some of the current challenges including:-

- Systems availability and performance;
- Service management;
- Demand management.

The ACF discussed these in further detail with the following points being raised:-

- The role of clinical eHealth leads appointed throughout NHSGGC had been hugely welcomed by frontline staff.
- Recognition of the clinical concerns around Portal and Trakcare as they stood at the moment and the active programme in place to inform improvements.
- It would be useful to understand how the various projects were prioritised locally and ensure communication on such developments to all frontline staff.
- The suggestion that more direct support staff be available (site-based) rather than a reliance on the service helpdesk #650.
- Specific issues raised by Mr McMahon on behalf of the AMC and Mr Winter would happily attend a future meeting to discuss these in further detail in an attempt to reach a solution.
- Recognition that proper engagement had to take place with staff to ensure that, operationally, the data input by them met the needs of the programme/service. eHealth was represented on discussions on shared services and the associated strategy going forward.
- What lessons could be learned from the setting up of the system in the new Queen Elizabeth University Hospital and how could these be rolled out?
- Staff had become accepting of a way of working that needed changed but were there resource implications?
- Some good examples cited in the use of IT in Mental Health Services and what lessons could be learned from that.
- Concerns about the design and use of apps locally and how did NHSGGC's governance arrangements approve their use?
- Continued frustrations at some information on Staffnet being outdated.

Heather Cameron thanked both Robin and Andy for attending to deliver such an insight into the ongoing local and national developments in technology.

NOTED

56. HPHS UPDATE

Members were asked to note an update on the Health Promoting Health Service (HPHS) as submitted to the Scottish Government on 30 September 2016, reporting on the period 1 April 2015 to 31 March 2016. This provided details of all the hospital sites represented as well as an insight into how each of the strategic actions was being taken forward in NHSGGC.

NOTED

57. ACF ACTION PLAN RESULTANT FROM THE HIS REPORT ON THE BEATSON ONCOLOGY CENTRE (BOC)

Mr Hamilton explained that the ACF, at its meeting on 2 June 2016, discussed the initial draft action plan on the review undertaken of the processes and support given to the ACF which had been developed following the HIS report on the Beatson Oncology Centre. The ACF agreed that members' comments would be submitted to Heather Cameron and, thereafter, she would discuss any issues with the Head of Administration with a view to an updated action plan being submitted to the ACF for further review/discussion. Mr Hamilton had met with Dr Cameron on 15 September 2016 and discussed the remaining issues in detail. Thereafter, the Medical and Nurse Directors were involved in reviewing the final draft action plan prior to its submission to today's ACF meeting.

Mr Hamilton explained the approach taken in that NHSGGC had reviewed its Area Clinical Forum and supporting Advisory structure to ensure appropriate engagement across its Professional Advisory Committees using the guidance set out in CEL16(2010) as a basis for this review.

He led the ACF through comments against each theme from the CEL16(2010) document, highlighting the NHSGGC position as well as action required to ensure all issues/actions were being met. The following points were raised:-

- In terms of ensuring clinical professions had the necessary time and support to make a full contribution to the work of the NHS Board, Mr Hamilton agreed to keep current arrangements under review and he would look to anchor the financing of backfill into arrangements for NHSGGC staff undertaking the ACF Chair role.
- The Medical Director and ACF Chair would discuss how best the CEO was sighted on ACF business to ensure a view could be taken about possible attendance and engagement with the work of the ACF.
- A Secretariat service for the APsyC was provided through local agreement with the service – the Committee would wish this to be reviewed, recognising that following restructuring of the corporate functions, it would not be possible to offer this centrally. Mr Hamilton agreed with Mrs Alexander that this be further discussed in the future if need be.
- The facility for the ACF Chair to serve a four year term (currently a two year term) if individual circumstances so dictated. Where the four year term of the ACF Chair was desirable/possible, it was proposed to review the individual's Professional Advisory Committee remit and seek agreement/change of remit to allow a four year term when its Chair also took on the Chair role of the ACF.

- The ACF Chair would consider the training and development needs of ACF members.
- The Director of Corporate Communications would attend a future meeting of the ACF to discuss the development of a communications strategy with members.

Mrs Alexander highlighted a couple of typographical and grammatical errors throughout the document and agreed to forward these to Mr Hamilton for update prior to adoption. **John Hamilton / Fiona Alexander**

The ACF agreed to review this development plan in one year and the Secretary was asked to include this in the ACF's Forward Planner. **Secretary**

NOTED

58. ENGAGEMENT PROCESS ON PROPOSED SERVICE CHANGES

NHSGGC was encouraging patients, community representatives and campaigners to give their views on five potential service changes through a range of engagement processes launched in September 2016. Dr Armstrong summarised these as follows:-

- Birthing services at Inverclyde Royal Hospital Community Midwife Unit;
- Birthing services at Vale of Leven Community Midwife Unit;
- Centre for Integrative Care;
- Rehabilitation Services in North East Glasgow;
- Ward 15 Royal Alexandra Hospital.

She alluded to the engagement sessions held so far with patients, interested parties and elected representatives.

Dr Armstrong confirmed that a paper was scheduled to be considered at the October NHS Board meeting on the "Outcome of Engagement on Transfer of Paediatric Inpatients and Day cases from Ward 15 RAH to RHC and next steps". The others were likely to be considered further at the December 2016 NHS Board meeting. She encouraged the ACF to participate in the processes of engagement. The Advisory Committee Chairs would receive the October Board papers when they were circulated so they could feed these to their respective committee members.

NOTED

59a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS

In John Brown's absence, Jennifer Armstrong briefly referred to the following:-

- The NHS Board's Chief Executive, Robert Calderwood, had intimated his intention to retire on 31 January 2017.
- The five potential service changes launched seeking feedback as referred to in Minute No. 58 above.

- The NHS Board's financial situation.

NOTED

59b) UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS

Heather Cameron reported that the national group had not met since the last ACF meeting.

NOTED

60. AREA CLINICAL FORUM 2016-17 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF Meeting Plan for 2016/17 and encouraged to make any suggestions for inclusion. As an aside, Dr Armstrong agreed to circulate a paper setting out the recommendations of the Beatson West of Scotland Cancer Centre future steering group, to provide a sustainable model for patients requiring a higher level of care currently available either within the Beatson West of Scotland Cancer Centre or Gartnavel General Hospital. She explained that the paper described the high level case for change that would ensure that the Centre continued to function as an internationally renowned cancer centre delivering a comprehensive non-surgical clinical service to cancer patients with an extensive associated research portfolio. *[Post-meeting note:- Secretary duly circulated this to ACF members on Friday 7 October 2016].*

NOTED

61. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS & APPROVED MINUTES TO NOTE

Members were asked to note salient business items discussed recently by the respective Advisory Committees as well as their most recent approved sets of minutes. The following points were highlighted:-

- AMC – Andrew McMahon referred to the redesign of NHSGGC's appointment system and described the implications of that. It was suggested that Jonathan Best be invited to attend a future ACF meeting to talk further on this. *[Post-meeting note:- Jonathan Best has agreed to attend the 6 April 2017 ACF meeting].* The Secretary had added this to the ACF's Forward Planner. **Secretary**

- ANMC – Kathy Kenmuir raised three points of note:-

  - Data burden and duplication of record-keeping
  - Application of the NHS Board's Uniform Policy particularly in relation to piercings, tattoos and brightly coloured hair – the ANMC would raise this further with Staff Side.
  - Workforce development – agreed that Mags McGuire would discuss this further.

NOTED

ACTION BY

62. ANY OTHER BUSINESS

a) NHSGGC's Interpreter Services – Dr Armstrong recalled David McColl (Joint Chair, ADC) asking for some clarification around the Board's Interpreter Services. She asked that he forward her a briefing paper highlighting the points of concern which she would discuss in further detail with the Service Manager.

David McColl/ Jennifer Armstrong

NOTED

63. DATE OF NEXT MEETING

Date: Thursday 1 December 2016
Venue: Meeting Room A, J B Russell House
Time: **2 - 2:30pm** Informal Session for ACF Members only
2:30 – 5:00pm Formal ACF Business Meeting