

GGNHSB(M)05/1
Minutes: 1 - 13

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday, 1 February 2005 at 10.45 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Dr F Angell	Councillor R Duncan
Mr J Bannon MBE	Mr W Goudie
Mr J Best	Dr R Groden
Dr H Burns	Councillor J Handibode
Mr R Calderwood	Mrs S Kuenssberg CBE
Mr R Cleland	Mr G McLaughlin
Councillor J Coleman (to Minute 8)	Mrs J S Murray
Councillor D Collins	Mrs R K Nijjar
Dr B Cowan	Ms A Paul
Ms R Crocket	Mr I Reid
Ms R Dhir MBE	Mr A O Robertson OBE
Mr T A Divers OBE	Mrs E Smith
Mrs A Stewart MBE	

I N A T T E N D A N C E

Ms E Borland	..	Acting Director of Health Promotion
Mr A Faichney	..	Consultant Cardiothoracic Surgeon (for Minute 7)
Ms S Gordon	..	Secretariat Manager
Mr K Hill	..	General Manager, Acute and Specialist Medical Services, North Division (for Minute 7)
Mr A McLaws	..	Director of Corporate Communications
Ms C Renfrew	..	Director of Planning and Community Care (to Minute 7)
Mr J Whyteside	..	Public Affairs Manager

B Y I N V I T A T I O N

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
Ms G Leslie	..	Chair, Area Optometric Committee
Dr B West	..	Chair, Area Medical Committee

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Professor D Barlow, Mr T Davison, Mr P Hamilton, Mrs W Hull, Councillor A White, Mr J C Hamilton, Mr C Fergusson (Chair, Area Pharmaceutical Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee) and Mr H Smith (Chair, Area Allied Health Professionals Committee).

2. CHAIRMAN'S REPORT

The Chairman updated on the following:

Senior Board Officers continued to meet with representatives from the University of Glasgow as a Joint Strategy Group progressing detailed discussions in connection with improving joint interactions on clinical provision. A concerted effort was being made to not only progress medical services throughout NHS Greater Glasgow but also in respect of research work and determine how these could be better linked. A series of leading edge activities would be ongoing to take this work forward.

NOTED

3. CHIEF EXECUTIVE'S UPDATE

Mr Divers made reference to the following:

- (a) Rosslyn Crocket, Catriona Renfrew and he were working with officers from East Dunbartonshire Council who had been selected as a pilot in terms of child protection arrangements. The inspection of these sat with Her Majesty's Inspectorate of Education and it would be important to learn from this pilot and share experiences into the overall establishment of child protection arrangements in the future.
- (b) Yorkhill Division had hosted an event looking at aspects of the national framework for service change – specialist children's services – this had proved to be a very productive and constructive afternoon.
- (c) A regional planning event had been held on 27 January 2005 where colleagues from six West of Scotland NHS Boards came together. This provided a platform to strengthen and tighten their respective business cycles to form a better regional planning infrastructure to take forward and develop robust common processes. On this point, Sir John advised that the Chairs of the West of Scotland Boards (NHS Greater Glasgow, Lanarkshire, Argyll and Clyde, Ayrshire and Arran and Dumfries and Galloway) now met on a regular basis and would receive reports on regional planning.

NOTED

4. MINUTES

On the motion of Mr A O Robertson, seconded by Mrs A Stewart, the Minutes of the meeting of the NHS Board held on Tuesday, 21 December 2004 [GGNHSB(M)04/9] were approved as an accurate record and signed by the Chairman.

5. MATTERS ARISING FROM THE MINUTES

No Matters Arising were raised and it was noted that the Rolling Action List would be circulated at the meeting scheduled for 22 February 2005.

NOTED

6. COMMUNITY HEALTH PARTNERSHIPS (CHPs) :

- **SCHEME OF ESTABLISHMENT FOR EAST DUNBARTONSHIRE COUNCIL'S HEALTH AND SOCIAL CARE PARTNERSHIP**
- **PROGRESS ON CHPs WITH GLASGOW CITY COUNCIL**

A report of the Director of Planning and Community Care [Board Paper No 05/1] asked the Board to approve the proposed Scheme of Establishment for a Community Health and Social Care Partnership with East Dunbartonshire Council and note progress in developing CHPs with Glasgow City Council.

Ms Renfrew firstly referred to the draft Scheme of Establishment for a Health and Social Care Partnership with East Dunbartonshire Council. This proposal built on the Board's existing arrangement with the Council which preceded "Partnership for Care" to integrate health and community care services. The draft scheme had been developed through a process led by a joint executive group which included representatives from the two Local Health Care Co-operatives in the area, the NHS Board, the Primary Care Division and officers of the Council. The current Joint Health and Community Care Committee (which included NHS Board Members) had considered the draft scheme on three occasions and East Dunbartonshire Council had considered and approved the scheme, recognising NHS Board approval was also required before it could be regarded as final.

Ms Renfrew led the Board through the content of the draft scheme which was in line with the principles and policies established by the NHS Board in relation to CHPs. Most particularly, the scheme included children and families social work services within the CHP structure and established a joint director post to lead the CHP reporting to the NHS Board and East Dunbartonshire Chief Executives. That post would be supported by Heads of Children's Services and Community Care, managing the full range of local NHS and social care services outlined in the scheme. The "in principle" proposals for NHS children's services reflected discussions to date and the Child Health Strategy Group was overseeing detailed work, still to be concluded, both in terms of the management arrangements for smaller services – not presently provided in every CHP area and a framework for service integration.

Ms Renfrew advised that the scheme was in the format prescribed by the Scottish Executive Health Department and did not set out the detail of how the CHP would operate. In terms of next steps, subject to Board approval, the scheme would be submitted to the Scottish Executive Health Department for approval. In parallel to Scottish Executive Health Department consideration, the NHS Board would develop detailed implementation proposals to establish the new Partnership Committee and the CHP management arrangements – progress of which would regularly be reported to the NHS Board.

Councillor Duncan referred to the 18 month to two year gestation period in getting to this stage and fully supported the principles within the draft Scheme of Establishment.

In terms of progress with Glasgow City Council, their administration had been considering how it wished to participate in Community Health Partnerships and a paper which had emerged from that consideration would be considered by the Council's Policy and Resources Committee next week. Pending that Committee's consideration, the Council would not have a formal position.

It was the Board's expectation that the proposal for Committee approval would be that Council officers be authorised to negotiate with the NHS Board to establish fully integrated CHPs led by joint directors (but with clear lines of accountability into social work services) in relation to the Council's statutory responsibilities and clear professional social work leadership within each CHP. If that recommendation was approved, the Board would proceed to work with Council officers to develop a detailed Scheme of Establishment within the policy parameters set by the Board in the draft Model Scheme of Establishment and the policy parameters which the Council decisions established.

Councillor Coleman supported the work that had been undertaken with Glasgow City Council and, following approval by the Council's Policy and Resources Committee, looked forward to progressing further.

Dr Groden sought clarification around the future of health visiting arrangements and Ms Renfrew advised that the Scheme of Establishment did not address the detail at that level – their purpose was to identify principles and policies. The detailed implementation proposals and management arrangements had yet to be developed.

Mr Robertson had worked with the Joint Community Care Committee at East Dunbartonshire Council which had evolved well and he fully supported this system of joint working.

Ms Dhir referred to paragraph 7.25 (Board paper page number 51) and noted that both the NHS and the Council were making equivalent financial contributions which demonstrated joint partnership working.

Mr Goudie referred to discussions, which had taken place around a letter from the Area Partnership Forum. He asked that the Minutes record the fact that the Area Partnership Forum had formally requested that the draft Scheme of Establishment for the East Dunbartonshire CHP not be put to this Board meeting, as there had been insufficient time for it to be discussed by the Area Partnership Forum. He asked that his opposition to the Board's decision be recorded. Mr Reid confirmed that there would be extensive engagement with staff locally and subgroups formed to take forward distinct pieces of work. He had responded to the Area Partnership Forum letter but, in the meantime, confirmed that the NHS Board was committed to working with the Forum in progressing CHP development.

Ms Borland welcomed the implications contained within the document in terms of health promotion but wondered to what extent the Schemes of Establishment put in practice a management structure that included the key role of health improvement. Ms Renfrew reiterated that, at this stage, there was no requirement to submit management structures for the Schemes of Establishment to the Scottish Executive Health Department. She referred to the diagram on page 47 of the NHS Board papers which demonstrated a commitment for health improvement and recognised it as a critical function.

Mr Divers advised that he and Ms Renfrew had had two meetings with representatives from the Scottish Executive Health Department to keep them in touch with the NHS Board's proposed integrated model.

DECIDED:

- That the proposed Scheme of Establishment for a Community Health and Social Care Partnership with East Dunbartonshire Council be approved.
- That progress in developing CHPs with Glasgow City Council be noted.

**Director of
Planning and
Community Care**

7. DRAFT CONSULTATION PAPER : PROPOSAL TO ESTABLISH A WEST OF SCOTLAND CARDIOTHORACIC CENTRE AT THE GOLDEN JUBILEE NATIONAL HOSPITAL

A report of the Chief Executive [Board Paper No 05/2] asked the Board to:

- Receive a consultation paper which set out a proposal for bringing together Glasgow's cardiothoracic services, with planned interventional cardiology, together with thoracic services from Lanarkshire to establish a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital.
- Approve the launch of a 12-week consultation on the proposal, following consideration by the Board, with comments returned by 5 May 2005.

Mr Divers thanked Ronnie Cleland who had been the Chair of the Cardiothoracic Steering Group and welcomed Kevin Hill, General Manager, Acute and Specialist Medical Services (North Division) and Alan Faichney, Consultant Cardiothoracic Surgeon to the meeting.

Mr Divers advised that senior clinicians, managers and patient representatives had been working together for 18 months to examine this opportunity and the feasibility of establishing the West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital. He invited Ronnie Cleland to highlight the work of the Steering Group.

Mr Cleland noted that the centralisation of these services would create one of the largest specialist units in the UK for the investigation and surgical treatment of cardiac and thoracic patients. Clinical expertise and high-tech equipment would be concentrated on one site, offering patients, in the West of Scotland, timely, high quality treatment in a modern, custom built facility. He referred to the move (to a single location at Gartnavel General Hospital) which was currently planned to happen, at the earliest, in 2012. This opportunity now existed to accelerate the centralisation of cardiothoracic services by 2006 and to achieve these benefits and others much sooner.

The Steering Group had offered an inclusive and cohesive process and included a number of people representing a number of bodies, including clinical communities within NHS Greater Glasgow, NHS Lanarkshire and the Golden Jubilee National Hospital, management representatives, planning representatives and the Scottish Executive Health Department. A number of activities had been developed by a series of subgroups which had included patients groups, staff groups and MSPs, with arrangements being made for a tour around existing facilities in NHS Greater Glasgow and the proposed new facilities at the Golden Jubilee National Hospital. He advised that a positive response had been received so far from members of the public and staff.

He concluded that this integrated service demonstrated a strong signal that NHS Greater Glasgow was moving on its overall acute services review and was committed to achieving a centre of excellence in respect of cardiothoracic services.

Mr Divers led the Board through the draft consultation paper and described NHS Greater Glasgow's current service models in respect of cardiac surgery and thoracic surgery. He described the background for considering a new proposal for a West of Scotland Cardiothoracic Centre and discussed the opportunities afforded by the Golden Jubilee National Hospital.

In terms of options that had been considered, seven options had been short-listed to two and, to engage these options with interested parties, an event had been held on 12 July 2004, the aim of which was to make sure that the views of cardiothoracic patients, their carers and those with an interest in the service were taken into account at an early stage. Patient groups, carers, Local Health Council representatives, voluntary groups, MSPs and staff representatives were invited to view the existing facilities then tour the proposed site at the Golden Jubilee National Hospital. Mr Divers highlighted the benefits that had been identified and concluded by confirming that, subject to comments and amendments made following discussion, it was intended to arrange a joint launch of the consultation with NHS Lanarkshire on 10 February 2005.

Sir John advised that the Minister for Health and Community Care had visited the proposed new premises and had been briefed on the intended changes. He also commended the partnership working that had taken place with NHS Lanarkshire in moving this initiative forward.

Dr West asked whether the proposals took cognisance of emerging clinical developments and Dr Cowan confirmed that an interventional cardiology subgroup had been formed with the function of looking at the future of these services. He described the latest developments which, if implemented, would have implications on the organisation of cardiac care as different resources were used due to the radically different approach this offered. Mr Faichney added that such advances in clinical practice were yet to be proven but that, if they did come to fruition, changes would have to be made. He also advised that he would be attending the Hospital Subcommittee meeting that afternoon to talk through such issues.

In response to a question from Mrs Kuenssberg, Mr Divers clarified that ongoing discussions were taking place with the Golden Jubilee National Hospital in terms of the composition of the management arrangements for the service and it was hoped that these would be available by the end of the consultation phase.

Ms Dhir sought clarification around the funding implications and the alternative use of space which might be released at the Western Infirmary. Mr Divers reminded the Board that its approved acute services plan envisaged that these services (as currently provided at the Western Infirmary and Glasgow Royal Infirmary) would move in 2012 to Gartnavel General Hospital. In moving earlier, capacity and space would be created at the Western Infirmary and Glasgow Royal Infirmary and it may be the case that the Board could look at these changes in capacity and resources in terms of ongoing pressures. In relation to the issues of funding, he referred to the detailed process that was ongoing with the West of Scotland Regional Planning Group to resolve the ongoing concern about reimbursement to NHS Greater Glasgow where services had been provided for cross boundary flow patients. These discussions were coming to a conclusion and would be hopefully resolved by the end of the financial year. He also confirmed that it was intended that all NHS Boards' agreement to the revenue funding package be obtained during the next two months to demonstrate all parties' commitment the lines taken for the new Beatson Oncology Centre.

In terms of travel and transport, Mrs Stewart sought clarity around the staff journey in dealing with patients who would now be attending the Golden Jubilee National Hospital. Mr Faichney replied by stating that there would be little change to staff journeys from that of existing arrangements as staff were involved in travelling between sites currently and centralisation at the Golden Jubilee National Hospital would alleviate this.

Mrs Nijjar commended the format of the paper in terms of its readability and ease of understanding. On that point, Mr Divers acknowledged the contribution from Tim Davison and Sandra Bustillo at the North Glasgow Division who had made a great effort to make the document digestible.

DECIDED:

- That the consultation paper which set out a proposal for bringing together Glasgow's Cardiothoracic Services, with planned interventional Cardiology, together with Thoracic Services from Lanarkshire to establish a West of Scotland Cardiothoracic Centre at the Golden Jubilee National Hospital be received.
- That the launch of a 12 week consultation on the proposals with comments returned by 5 May 2005 be approved.

Chief Executive

Chief Executive

8. MENTAL HEALTH (SCOTLAND) ACT 1984 : LIST OF APPROVED MEDICAL PRACTITIONERS

A report of the Director of Public Health [Board Paper No 05/3] asked the Board to approve the following medical practitioners employed by the Primary Care Division of NHS Greater Glasgow to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

Dr Siobhan Murphy
Dr Andrew Munsie
Dr Sarah Dalton
Dr Jaison Abraham Maliampurakal

DECIDED:

That the above named medical practitioners be approved and authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

**Director of
Public Health**

9. AUDIT COMMITTEE MINUTES

The Minutes of the Audit Committee held on 21 December 2004 [A(M)04/6] were noted.

NOTED

10. AREA CLINICAL FORUM MINUTES

The Minutes of the Area Clinical Forum held on 6 December 2004 [ACF(M)04/04] were noted.

NOTED

11. PHARMACY PRACTICES COMMITTEE MINUTES

The Minutes of the Pharmacy Practices Committee held on 7 December 2004 [Paper No 05/4] were noted.

NOTED

12. YORKHILL DIVISIONAL MANAGEMENT TEAM MINUTES

The Minutes of the Yorkhill Divisional Management Team held on 19 November 2004 and 17 December 2004 [Board Paper No 05/5] were noted.

NOTED

13. GLASGOW CENTRE FOR POPULATION HEALTH MINUTES

The Minutes of the Glasgow Centre for Population Health held on 25 November 2004 [CGPHMB(M) 04/4] were noted.

NOTED

The meeting ended at 12.15 pm