

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Board Room 1, Dalian House  
350 St Vincent Street, Glasgow  
on Monday 12 May 2003 at 2.00 pm**

**P R E S E N T**

Dr R Hughes (in the Chair)

Mr J Cassidy  
Mrs A Duncan  
Mrs G Leslie  
Dr F Angell

Dr B West  
Dr J Nugent  
Mrs C Anderson  
Mrs F Needleman

Mr H Smith

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

Dr H Burns, Director of Public Health  
Mr T Divers, Chief Executive  
Ms S Gordon, Secretariat Manager

**ACTION BY**

**12. APOLOGIES**

Apologies for absence were intimated on behalf of Professor Sir J Arbuthnott, Dr T Parke, Mr H Rollason, Dr M T Hosey, Ms M Wilmott, Mr D McCall, Mr S Bryson and Ms C Renfrew.

**13. MINUTES**

The Minutes of the meeting held on Monday 10 February 2003 at 2.00 pm were approved as an accurate record.

**14. MATTERS ARISING**

The following information was intended to provide Members with an update of those items discussed at the last meeting of the Forum which was held on Monday 10 February 2003.

(a) Payment for Attendance at Meetings

The Secretary had contacted Trevor Jones' office on 26 February 2003 and faxed a copy of three letters sent to Mr Jones by the Secretary of the Area Dental Committee (on behalf of Frank Angell). This was in an effort to highlight Mr Angell's concern further as Mr Jones had not responded to any of the letters.

Mr Angell advised that, at a pragmatic level, this matter had be solved within GGNHSB but that, as a point of principle, he had expected Trevor Jones' office to acknowledge the ADC's ongoing concerns.

NOTED

(b) The Roles of the Nurse Director and Nurse Adviser to the NHS Board

James Cassidy had discussed the above roles with Ros Crocket who has confirmed that Sue Plummer's duties (whilst she was on secondment) as Nurse Director had been divided and shared amongst key players within the Directorate. As Nurse Director, Ms Crocket was a GGNHSB Board Member along the same lines as a Medical Director was to be appointed by the Board shortly. The Area Nursing and Midwifery Committee had been satisfied with the clarification of roles and further welcomed Ms Crocket's attendance at their next meeting in June.

NOTED

(c) Winter Plan 2002/03

Members were asked to nominate a Member to attend future Acute Admissions Review Steering Group meetings.

DECIDED:

- That Henry Smith attend future meetings as requested. **H Smith**
- That the Secretary write to Catriona Renfrew confirming this nomination. **Secretary**
- The Secretary should also seek to obtain a timetable of future meetings of this Group. **Secretary**

(d) Ophthalmology Waiting Times in South Glasgow

Gale Leslie referred to the success of the pilot project in South Glasgow and the Committee joined her in expressing the disappointment that this could not be rolled out in North Glasgow particularly as it had had such an impact on waiting times.

NOTED

(e) Design and Implementation of ACADs

The Area Clinical Forum was keen to ensure this item was an ongoing area of discussion at future meetings and Members were keen to be pro-active in ensuring their representation of views as the ACAD Business Cases developed. One area of concern to be discussed was that of the lack of GP input to the ACAD design. Barbara West agreed to speak to Norrie Gaw regarding the consultation arrangements on the ACAD development in North Glasgow. **B West**

Dr Nugent advised that at the event held on Friday 9 May 2003 at Parkhead – the topic of ACADs was well discussed and there may be outcomes arising from that.

Dr Burns advised of an offer from the Western in connection with the design of the ACADs in that they should be as innovative as possible in terms of design to improve the patient's journey. Dr Burns would be keen to pursue this route to explore further the issues of building a place of design.

NOTED

(f) Local Health Plan Steering Group Meetings

Roger Hughes advised that as Carol Anderson and himself were demitting office, the Forum should consider appointing two new Members to attend future meetings of the above Group.

DECIDED:

- That Frank Angell and James Cassidy be nominated to attend future meetings.
- That the Secretary write to Catriona Renfrew advising her accordingly.
- The Secretary should also seek to obtain a timetable of future meetings of this Group.

**F Angell/  
J Cassidy**

**Secretary**

**Secretary**

**15. ELECTION OF CHAIR AND VICE CHAIR**

(i) Chair of Area Clinical Forum

Members were asked to elect a Chairperson. In accordance with the Constitution, all Members who were Chairs of an Advisory Committee may put themselves forward as candidates for this position. If more than one person put themselves forward, an election would be held by secret ballot. The term of office for the elected Chairperson would be until 31 March 2005.

DECIDED:

Only one candidate volunteered for this role, therefore, a secret ballot was not necessary. As such, Frank Angell was elected Chair of the Forum until 31 March 2005.

The Forum agreed that having being elected Chairman, Frank Angell chair the remainder of the meeting.

(ii) Vice Chair of Area Clinical Forum

Members were asked to elect a Vice Chairperson. In accordance with the Constitution, all Members who were Chairs of an Advisory Committee may put themselves forward as candidates for this position. If more than one person put themselves forward, an election would be held by secret ballot. The term of office for the elected Vice Chairperson would be until 31 March 2005.

**DECIDED:**

That the decision for Vice Chairperson be deferred until the next meeting of the Area Clinical Forum scheduled for August 2003. James Cassidy did, however, volunteer for this role but awaited to be elected as Chair of the Area Nursing and Midwifery Committee at its meeting to be scheduled on 19 May 2003. If Mr Cassidy was elected Chairperson of the Area Nursing and Midwifery Committee then the Area Clinical Forum agreed that he be elected Vice Chair.

**August  
Agenda**

In receiving Chairmanship of the Forum, Frank Angell thanked Roger Hughes and Carol Anderson for undertaking their roles as Chair and Vice Chair respectively. He had valued their contribution to the Forum particularly throughout a term of uncertainty.

**16. PRESENTATION BY THE CHIEF EXECUTIVE**

Mr Divers attended to inform the Forum on the implementation of the Health White Paper – Partnership for Care and discuss the next steps in taking forward the plans for implementation.

He focused on the key elements within the Guidance; on the processes of implementation which the NHS Board was charged with taking forward. The main areas were as follows:

- Moving to a unitary NHS organisation.
- Devolution of powers; schemes of delegation from the NHS Board to and within operating divisions.
- A repositioning of NHS Scotland management.
- The role of NHS Chief Executives in single system working.
- Change to membership of the NHS Board.
- The development of operational divisional management teams.
- The legal steps to Trust dissolution.

Given that the timescale had been set at no later than April 2004, it was possible that Ministers would wish to see the single system working arrangements in place by April 2004. That timescale would require a launch of the public consultation paper in August 2003 with decisions by the NHS Board by December 2003.

A new duty on NHS Boards had been introduced putting in place devolved systems of decision making. On the dissolution of NHS Trusts, NHS Boards would devolve duties and responsibilities for service delivery to new Operating Divisions. This would be achieved by converting the current Trust Management Teams into Committees of the NHS Board to be known as Divisional Management Teams.

The NHS Board needed to determine whether the expected pattern of migration to Divisional Management Teams would deliver the priorities within the White Paper. Formal Schemes of Delegation needed to be prepared both between NHS Boards and Operating Divisions and within Operating Divisions. These were likely to be required to form part of the consultation paper.



The White Paper aimed to bring about a material repositioning of NHS Scotland Management to reflect its critical importance in working with clinicians to enable service change and clinical reform. Working within unified NHS systems, Divisional Chief Executives would have key cross-system leadership roles in the drive to integrate, redesign and develop patient centred services. NHS Boards would ensure that all Chief Executives carried appropriate cross system regional or national leadership roles in terms of:

- A new duty of regional (and national) planning.
- Support for clinical leadership

The role of the NHS Board Chief Executive would be broadly unchanged – the major difference was that instead of discharging responsibility for implementation through separate statutory bodies, responsibility would be discharged through Operating Divisions of the NHS Board. Similarly, the roles of Divisional Chief Executives would match closely the current roles of Trust Chief Executives in that they would continue to be accountable for their budget, the performance of their organisation and leading the work of a Divisional Management Team.

Two changes flowed from the move to single NHS organisations. Firstly, Divisional Chief Executives would not be appointed formally as accountable officers but they would still have primary accountability for their budgets and would still be liable to be summoned to give evidence to the Parliament. Secondly, the Chief Executive of the NHS Board would have overall accountability for the performance management of the whole NHS system and there would, therefore, be a direct line of accountability from Divisional Chief Executive to the NHS Board Chief Executive. These formal changes would not, however, affect the status, authority or autonomy of Divisional Chief Executives.

The current composition of Greater Glasgow NHS Board comprised twenty-three Directors (fifteen Non Executive Members and eight Executive Members). The arrangements set out in the Guidance created a potential Board Member complement in Greater Glasgow of thirty-three.

So far, Dr John Nugent had filled the position of Chair of the LHCC Professional Committee as a Board Member. Furthermore, it was likely that the NHS Board Medical Director would be appointed in three to four weeks. The pool of potential applicants for this was limited to Medical Directors employed at division level (currently Trusts).

The current appointments of NHS Trusts and Trustees would cease automatically on dissolution of NHS Trusts. When Trusts were dissolved, the Executive Members would automatically transfer to Divisional Management Teams and would become employees of the NHS Board, in common with all former Trust employees.

Mr Divers referred to the range radical views on how this could be taken forward looking particularly at Community Health Partnerships and population units of management combining primary and secondary care. He confirmed that interim arrangements would be put in place to allow flexibility of approaches. Frank Angell was anxious that the timescales did not lose an opportunity to ensure that Divisions were running properly, for example, dentistry.

Henry Smith referred to challenging area of regional workforce planning particularly if staff continued to be “poached” from one NHS Board area to another – there were huge harmonization issues.

In response to a question from Dr West, Mr Divers outlined the approaches being explored by other NHS Board areas particularly Dumfries and Galloway who were working to a single system. Argyll and Clyde NHS Board had proposals out to consultation at the moment and Lanarkshire NHS Board were working towards firming up their conclusions on how best to move forward.

Dr Hughes expressed his view that a balance must be struck in terms of management and clinical arrangements.

Frank Angell briefly summarised other issues raised by Trevor Jones at the ACF Members meeting in March.

The Chairman thanked Mr Divers for his very informative and interesting presentation.

NOTED

#### **17. SCOTTISH EXECUTIVE – ONGOING ACF MEMBERS MEETINGS**

Members were asked to note a letter from Dumfries and Galloway's ACF Chair, Dr N T B Watson seeking contact information on all ACF to allow him to compile an up to date list of Chairs and NHS Board Secretariat.

Members were asked to consider the various issues raised by Dr Watson in his letter.

With regard to the proposed financial arrangements for running future central ACF meetings, Tom Divers agreed to take this matter up with John Aldridge at the Scottish Executive Health Department.

**T Divers**

In connection with the other information being sought by Dr Watson, the Secretary was asked to respond confirming the relevant details.

**Secretary**

NOTED

#### **18. ADVISORY COMMITTEE MEETING SUMMARIES**

Members were asked to note the following one page summaries from recent Advisory Committee meetings:

(i) Area Allied Health Professions Committee – summary of meetings held on 20 February and 17 April included the following topics:

- Prescribing rights for wheelchairs/orthopaedic footwear
- Local Health Plan
- Primary Care Trust Board meeting
- Agenda for Change
- Orthoptics Training
- South Glasgow Trust – Strategy Implementation Group
- Stroke Managed Clinical Network for Glasgow
- Movement Disorder Service
- National AHP Groups

NOTED

- (ii) Area Nursing and Midwifery Committee – last meeting was held on 17 March 2003 and the main topics of discussion were:
- Informal Meetings and their domestic arrangements
  - Terms of Office
  - Responses to Consultation Documents
  - Newsletter
- (iii) Area Pharmaceutical Committee – last meeting held on 9 April 2003 and discussions surrounded the following priority topics:
- Meeting between APC and Greater Glasgow Health Council
  - The report of the Office of Fair Trading
  - Supplementary Prescribing for Pharmacists
  - Pharmaceutical Care Model Schemes Framework
- (iv) Area Dental Committee – last meeting held on 13 March 2003 with discussions surrounding the following:
- Cryptosporidium – Implications for Dentistry
  - Dental Services Information Booklet
  - The Future of Glasgow Dental Hospital and School
  - Glasgow Alliance Consultation Paper – Tobacco Strategy for Glasgow
  - Greater Glasgow Oral Health Planning and Implementation Group
  - Area Dental Committee – Constitutional Review
- (v) Area Optometric Committee – current topics of interest included:
- New Chair and Vice Chair – Gale Leslie and Hall Rollason
  - Optometry Service in South Glasgow going well
  - GRI Diabetic Service going well
  - Vision screening in schools – still awaiting a response from Linda de Caestecker
- (vi) LHCC Professional Advisory Committee – Catriona Renfrew had attended the last meeting and had given a very well informed and received presentation on the White Paper and its implications. Other topics of discussion has included:
- LHCC Accountability
  - LHCC Constitution
  - GP Contract
- (vii) Area Medical Committee – recent topics of interest had included:
- Election of Chair and Vice Chair – Barbara West and Tim Parke respectively
  - Smallpox
  - Beds/Services in GRI and Stobhill and the implications of premature merging

NOTED

**19. ANY OTHER BUSINESS**

(i) Mental Health Professional Group and Area Clinical Forum

Members were asked to note a letter from Dr J Summers, Consultant Psychiatrist, asking should the Forum be considering any issue relevant to mental health, they seek the views of Greater Glasgow Primary Care NHS Trust Mental Health Professional Group.

NOTED

(ii) Disability Act

Frank Angell asked that this be discussed further at the next meeting of the Forum particularly in relation to its implications throughout NHS Greater Glasgow.

Tom Divers suggested that Frank contact the Primary Care Trust to find out how they had addressed the implications within the Act so far PCT wide. This may provide assistance to the Forum in taking forward its discussion.

**F Angell/  
August  
Agenda**

NOTED

(iii) 2003 Accountability Review

Tom Divers referred to the Accountability Review meeting scheduled for Wednesday 25 June. Trevor Jones had scheduled a slot for discussion with the Area Clinical Forum on that date between 9.30 am and 10.30 am. The following Members agreed to be in attendance:

John Nugent  
Henry Smith  
Frank Angell  
Barbara West

NOTED

**20. DATE OF NEXT MEETING**

Date: Monday 18 August 2003

Place: Dalian House

Time: 2.00 pm

**Members to consider whether an alternative day/time would be more convenient**