ACF(N)04/04

GREATER GLASGOW NHS BOARD

Notes of a Meeting of the
Area Clinical Forum
held in Board Room 1, Dalian House
350 St Vincent Street, Glasgow
on Tuesday 16 November 2004 at 6.00 pm

P R E S E N T

Dr F Angell (in the Chair)

Ms G Leslie
Mr H Rollason
Mr H Smith
Dr B West
Ms M Wilmot
Ms L Love
Ms A Duncan

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

Ms P Bryson	-	Representing Greater Glasgow Health Council
Mr J C Hamilton	-	Head of Board Administration
Sir J Arbuthnott	-	Chairman, GGNHSB
Dr B Cowan	-	Medical Director, GGNHSB
Mr D McLintock	-	Consultant in Dental Public Health
Mr T A Divers	-	Chief Executive, GGNHSB
Ms R Crocket	-	Nurse Director, GGNHSB
Ms S Gordon	-	Secretariat Manager

Members had already been circulated with the following documents:

- Extract from the August 2004 NHS Board meeting which referred to the need for the ACF role to be revised.
- ACF Constitution and Remit.
- ACF – Terms of Office of Members as at September 2004.
- ACF membership list as at September 2004.

Frank Angell had met with Tom Divers the week previously to begin discussion on revising the role of the Area Clinical Forum. Discussion had focused on the shift to single system working within NHS Greater Glasgow and the general overall re-organisation that lay ahead to support and manage this. It was envisaged that the advisory committee structure would need a rethink on how best it could support single system working and particularly the evolution of Community Health Partnerships (CHPs). Frank commented at the outset that it was important to understand what the ACF was trying to achieve and, at large, to identify where the advisory committees and ACF fitted in with the Board's clinical decision making process. This had to be seen in the context that the advisory committees were statutory and, therefore, governed by legislation.

Members went on to discuss the importance of connecting the views of practitioners and clinicians with those of management to ensure an overall balanced and structured view point with confidence in the fact that a diverse range of views would have been discussed and aired. This was their key aim for the ACF. Ros Crocket cited, as an example, the current systems in place within the PCD Mental Health Division where managers and professionals worked closely together with a common goal.

It was recognised that many of the issues discussed at advisory committee level (particularly the AOC) dealt mostly with PCD issues and there was an uncertainty on how advice would be progressed when the PCD was fragmented and nine CHPs formed.

Tom gave a brief overview of the detailed plans for the restructuring of NHS Greater Glasgow and summarized this as follows:

- Acute Services – it was proposed that citywide delivery of acute care services would be supported by Directorates each charged with key aspects of service delivery. An Acute Planning Team would oversee the Acute Hospital Modernisation Programme.

- Primary Care – community based services would be supported by nine CHPs and by a new Mental Health Partnership. These new organisations would be designed to optomise the delivery of primary care, to enhance joint working with major partners and to promote health improvement across Greater Glasgow.

- Older People's Group

A draft consultation paper on the principals of the overall change would be presented to the December 2004 Board meeting. Following approval, it would thereafter go out for consultation and be further considered at the February 2005 Board meeting. In the interim period, key members of staff had been identified to work up the detail and implications for the supporting management structure.

Frank wondered if the ACF had had limited value to date in NHS Greater Glasgow because of the well respected and strong advisory committee structure that was already in place. He explored with Members alternative advisory systems including a service led model rather than a professional led model.

Members reviewed their functions as noted in the ACF Constitution and Remit and felt that they were still valid. What they sought was to have a more pro-active rather than reactive role with the NHS Board. They thought their time would be better spent as a multi-disciplinary group looking at more high profile complex matters than they currently looked at within their respective advisory committees. This would avoid duplication of effort and afford them the opportunity to exclusively provide advice to the Board at a strategic level. This should give the ACF more potential to develop its role and look at how it could wider engage particularly with the intending formation of nine CHPs.

It was suggested that a useful information exchange may be at Board Seminar level whereby representatives from the advisory committees could meet with Board Members to discuss areas of mutual concern/interest. This may be a valuable platform to take forward. Sir John echoed this view and agreed this would be something that could be discussed in the future.

In concluding, it was agreed that Tom and Frank prepare a paper identifying a more pro-active role for the ACF and its continued involvement in the NHS Board's decision-making process. This would be considered by the next ACF meeting scheduled to be held on Monday 6 December 2004.