

Greater Glasgow had either now met or was progressing satisfactorily towards meeting the standards highlighted as unmet in the report, with two exceptions:

Standard 1 (IM&T, Clinical Management Systems, Audit and Monitoring)

Dr Gallacher explained the problems arising in linking Scottish Care Information – Diabetes Collaboration (SCI-DC) across the primary and secondary care interface. After three years there continued to be unresolved software issues affecting the secondary care aspect which were impeding the achievement of a population based electronic clinical management system in Greater Glasgow. It was understood that no completely integrated system had been achieved yet anywhere in Scotland.

Standard 5 (Clinical Management, Eyes)

Funding had been obtained from NHS Greater Glasgow to fund four ophthalmology sessions to allow the establishment of a consultant ophthalmologist led service for people with diabetes with identified signs of developing sight threatening retinopathy. However, it had only been possible to fill one of these sessions due to the lack of available staff. The Diabetes Managed Clinical Network had set up a subgroup to explore possible ways of resolving the difficulties, which might include outsourcing the screening process, the use of other staff grades or a regional service.

DECIDED:-

1. That the Committee’s serious concern at the unresolved issues relating to SCI-DC in relation to secondary care be communicated to the Board’s IT Strategy Group and the Scottish Diabetes Group.
2. That the chairman of the Diabetes Managed Clinical Network Retinopathy subgroup be requested to inform the Committee of the proposals that emerged from the subgroup’s current discussions on resolving the shortfall in provision of a screening service for retinopathy for patients with diabetes.

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30. MINUTES

The Minutes of the meeting held on 27 April 2004 were approved as an accurate record.

31. HDL (2004) 04 – CLINICIANS PLANNING TO UNDERTAKE NEW INTERVENTIONAL PROCEDURES

Further to Minute 23, Dr Cowan reported that there had not yet been a redrafting of HDL (2004) 04 in the light of the ambiguity in the definition of “new procedures” that had been identified in the original version. At the forthcoming meeting of Medical Directors in Scotland with the Chief Medical Officer, the question would be raised as to whether it would be redrafted. Should the original version be confirmed, it would be necessary to seek to customise its application in Glasgow to apply to clinicians undertaking genuinely new interventional procedures.

DECIDED:-

That the decision of the Scottish Executive Health Department regarding a redrafting of the HDL be awaited.

32. FATAL ACCIDENT INQUIRY

The Board had received a letter from the Health Department enclosing findings of the sheriff in a Fatal Accident Inquiry into the death of a patient with learning disabilities. It was understood that the Board's Director of Planning and Community Care had initiated a process, though Division Medical and Nursing Directors, to check that the FAI recommendations in relation to the care of people with learning disabilities in acute hospitals were being met.

Miss Henderson reported that Mr Mark Feinmann, Joint General Manager – Learning Disabilities, was taking the process forward and that a meeting would shortly be convened. Mrs Crocket reported that clinicians in the Primary Care Division were engaged in drafting an implementation plan in anticipation of the meeting.

DECIDED:-

That a copy of the implementation plan should be requested for inclusion in the agenda of the next meeting of the Committee.

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33. RISK MANAGEMENT AND THE HANDLING OF SERIOUS CLINICAL INCIDENTS

Further to Minute 17, Mr Hamilton reported on current progress in discussions surrounding the development of Risk Management structures within the Health Board.

The main issue raised by members was the proposal by the Board's external auditors, presented at the Audit Workshop on 11 May 2004, for the establishment of Governance Fora at Divisional level that would cover all aspects of governance. Doubt was expressed at the need for these additional bodies and the desirability of requiring Division Clinical Governance Committees to relate to Clinical Fora in addition to the Greater Glasgow Health and Clinical Governance Committee.

Mr Hamilton indicated that at the Board Seminar on 3 August 2004 proposals would be presented arising from discussions that had been taking place across Glasgow since 11 May, co-ordinated by Mr J Cameron, Director of Human Resources, South Glasgow Division.

NOTED

34. CLINICAL GOVERNANCE STRATEGY

Further to Minute 18, Professor Smith and Mr Hamilton reported on the Research Ethics structure in Glasgow. The review of the committee structure was now completed, with a consequent reduction in the number of Research Ethics Committees for Glasgow. With reference to the Research Governance Group, Professor Smith reported on the agreement that had been reached between the Health Board and the University regarding their respective responsibilities in clinical trials and research.

NOTED

35. QUARTERLY REPORTS ON COMPLAINTS TO GGNHSB

Further to Minute 20, Mr Hamilton had sought the views of the Operating Division Medical Directors' Group on the concept that patients should generally receive copies of discharge letters or that the discharge letter should be addressed to patients with a copy to the General Practitioner. The Group had responded to the effect that it was their understanding that it had become normal practice for patients to receive the discharge letter, with the provision for postscripts to be added to the copy sent to the General Practitioner, in exceptional circumstances. Initial impressions were that there had been no major problems. The Group felt that an evaluation of the English experience should be awaited, after which a Scottish-wide initiative should be pursued in the light of the lessons that emerged.

Mr Hamilton presented the most recent report that had been submitted to the Board on complaints covering the period January to March 2004. With regard to the introduction of the new complaints procedure, he advised that a definitive letter was still awaited from the Scottish Executive. He also intimated that the Ombudsman Service would be visiting Glasgow to explain how they intended to operate under the new procedure.

DECIDED:-

1. That the views of the Operating Division Medical Directors' Group on discharge letters being sent to patients should be noted and passed to the Board's Patient Focus Public Involvement Group.
2. That the quarterly report on complaints for January to March 2004 be noted.

36. MINUTES OF OPERATING DIVISION CLINICAL GOVERNANCE COMMITTEES

Minutes of meetings of the South Glasgow, Yorkhill and Primary Care Clinical Governance Committees submitted since the last meeting were received.

NOTED

37. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meeting of the Area Clinical Effectiveness Committee held on 18 May 2004 were received. Dr Cowan drew attention to items regarding the management of colorectal cancer in the North and South Glasgow Divisions, and SIGN Guidelines and NICE Guidance Implementation processes.

NOTED

38. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 26 October 2004 at 2.00pm in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.45pm