

GREATER GLASGOW NHS BOARD

INVOLVING PEOPLE COMMITTEE

**Minutes of the second meeting of the Involving People Committee  
held in Committee Room 5, Nye Bevan House,  
India Street, Glasgow  
at 2.00 p.m. on Tuesday, 11 January 2005**

**PRESENT**

Ally McLaws (acting Chair)

John Bannon MBE    Jessica Murray  
Pat Bryson            Ravindar Kaur Nijjar  
Bill Goudie           Agnes Stewart MBE  
Helen MacNeil

**IN ATTENDANCE**

Scott Bryson            Pharmaceutical Adviser  
Elsbeth Campbell      Head of Communications, Primary Care  
Jim Whyteside          Public Affairs Manager

**ACTION BY**

**1. APOLOGIES**

Apologies for absence were received on behalf of Peter Hamilton and Councillor Bob Duncan.

**2. CHAIRMAN'S INTRODUCTION**

Ally McLaws explained that he was acting as Chairman as Peter Hamilton had been admitted to hospital for planned treatment. Committee Members offered Peter best wishes for a speedy recovery.

**3. MINUTE OF MEETING OF 10 NOVEMBER 2004**

The minute had been previously circulated by e-mail and approved. No further changes were made.

**4. MATTERS ARISING**

With reference to item seven, page seven, Ally stated that Peter had met with John Hamilton and arranged for an informal 'induction' briefing by John, Ally and Jim Whyteside to be offered.

**DECIDED**

That Helen MacNeil, Jessica Murray and Agnes Stewart would take up the offer of a briefing session. A date would be canvassed and arranged.

**Public Affairs  
Manager**

## 5. ACUTE SERVICES COMMUNITY ENGAGEMENT TEAM

Niall McGrogan delivered a presentation which set out the context and issues around which the Community Engagement Team operated and described its workload over the coming months.

Niall made reference to:

- The complexity of NHSGG's modernisation programme when compared with other parts of the UK;
- The need to engage the 'hearts and minds' of local communities by persuading them of the need for change to hospitals to which they were emotionally attached;
- Particular focus on transport issues, where difficulties with public transport have a disproportionate effect on people aged 75 and over and people living in less affluent areas, and;
- Upcoming work to run a series of displays in hospitals linking their history to the modernisation programme, involvement of patient groups in specialty re-organisations and bringing in direct advice on the needs of people with disabilities to the Ambulatory Care Hospitals design process

Ally observed that detailed design images to support awareness-raising of the new Ambulatory Care Hospitals would not be available to NHSGG for copyright purposes until formal appointment of a construction contractor, potentially in early springtime.

Ravinder Kaur Nijjar enquired on progress with space in the new hospitals set aside for spiritual care. Niall replied that a meeting between faith groups and architects had taken place and this had led to a design re-think. Niall felt that the bulk of expenditure on spaces should be reserved for the Beatson and inpatient hospitals, as this is where greatest potential use would be. Pat Bryson had reservations about this but Ravinder felt that, whatever approach was adopted, the spaces had to be properly accessible.

Ally thanked Niall for his presentation and suggested he should provide regular written updates and occasional presentations to the Committee. This was agreed.

### **DECIDED**

That Niall would provide written updates to the Committee and further presentations by arrangement.

## 6. 'OUR HEALTH 2' EVENT – CHPs, 24 FEBRUARY 2005

Jim and Elsbeth Campbell updated the Committee on progress made in organising the event. Up to that point, 64 people had indicated an intention to attend the event. Jim tabled a draft programme, which resulted from deliberations of a steering group chaired by Peter and input from Tom Divers and Catriona Renfrew.

Agnes welcomed the emphasis in the programme on presentations which explained exactly what Community Health Partnerships were and what they would do.

The proposed arrangements for workshops prompted discussion.

**Head of  
Community  
Engagement**

Helen was concerned that organisations with a Glasgow City-wide remit were not catered for by the proposed 'pan-Greater Glasgow issues' workshop, which itself was not felt to be good description. Elsbeth said that the workshop arrangements were not finalised and that there was time to canvas delegates and come up with different approaches as required.

Scott Bryson felt that the event was an opportunity to engage with professional interests. Elsbeth promised to take this up with her colleagues and Scott said he would be happy to assist in drawing up a list of contacts

Helen said she had materials from the GCVS Community Health Network which covered 'frequently asked questions' on CHPs and would make this available for the delegate briefing pack.

#### **DECIDED**

That Scottish Executive guidance on setting up CHP Public Partnership Fora would be circulated to Members.

That Elsbeth would speak to Terry Findlay about professional involvement in the event and Jim would liaise with Scott Bryson over a contact list.

That Helen would contact Jim concerning GCVS briefing material on CHPs

**Public Affairs  
Manager**

**Head of  
Communications,  
PCD  
Public Affairs  
Manager  
Helen MacNeil**

#### **7. PERFORMANCE ASSESSMENT FRAMEWORK SUBMISSION, 2004 - 2005**

Jim tabled copies of NHSGG's submission of 23 December 2004 alongside Greater Glasgow Health Council's parallel submission. He thanked John Bannon and Peter for chairing the meeting of officers on 3 December which had supported completion of the submission.

The Scottish Executive would in February produce a joint report based on the submissions and set up a meeting with NHSGG. This would lead to a final report, which in turn would form the basis of the Annual Accountability Review session to be hosted by the Minister for Health and Community Care and staged in public.

On behalf of the Health Council, Pat offered NHSGG thanks for its promptness in completing the submission.

#### **8. DRAFT INVOLVING PEOPLE ACTION PLAN**

Ally tabled a draft action plan and highlighted a number of the key issues and priorities. He observed that with the end of the financial year being so close, and the number of actions and priorities contained, that it might be appropriate to suggest that the plan should cover the period to 31 March 2006. This was agreed.

The 'missing' sections of the plan were noted Members asked that the people supplying information be contacted to bring this forward as soon as possible.

Ally said that he would be meeting with officers to discuss how PFPI delivery would be co-ordinated. However, impeding re-organisation and the final shape of services that will result were factors in how quickly arrangements could be agreed and put in place.

One of the priorities was to meet statutory obligations in replacing the 'patient voice' functions of the Health Council before it gives way to the Scottish Health Council on 1 April. Ally said that a straw poll of patient/carer/visitor liaison arrangements and provision of information revealed very different approaches across the Divisions. There would have to be some thinking around what could be done in the context of reorganisation and in making use of existing staff and infrastructural assets.

Ally cited NHS Lanarkshire's 'link line' one-stop telephone enquiry point as an example of practice elsewhere. Agnes understood the principle but thought that in a healthcare system the size of Greater Glasgow's a single point of contact would be impossible, notably in respect of CHPs.

Jim and Ally suggested that the concept might be more about providing a consistent 'front door' to all people requiring information or assistance. This front door would be a first point of contact only and linked to established networks and providers, in effect 'future-proofed' against ongoing service re-organisation.

Scott Bryson said he supported this principle as his department was often contacted by frustrated members of the public who couldn't find the information they were looking for elsewhere.

Pat Bryson asked what arrangements were being put in place by NHSGG to support the new complaints system. Jim agreed to contact John Hamilton to find out.

## **DECIDED**

That the Committee recognised the importance of the Fair for All/Diversity and Staff Training elements of the action plan and were anxious that Trevor Lakey and John Crawford supply additional information to complete the plan as a matter of urgency.

**Public Affairs  
Manager**

That Jim would circulate the original submission paper on Children's services which had been incorporated into the draft plan.

**Public Affairs  
Manager**

That a fact-finding visit to Lanarkshire's link-line would be arranged.

**Director of  
Corporate  
Communications  
Director of  
Corporate  
Communications**

That a meeting with lead officers for PFPI would be arranged to discuss and inform co-ordination arrangements resulting from re-organisation

That a single page report on progress with the complaints scheme will be secured from John Hamilton and circulated to Committee Members

**Public Affairs  
Manager**

## **9. AOCB**

Involving People Database – Bill Goudie raised concerns over the quality of contacts on the database.

Ally said this had been noted and that a quality assurance review was underway.

It was agreed that input from the Community Engagement Team and GCVS would be welcomed in widening the database and updating it.

#### **DECIDED**

That Jim will liaise with Niall and Helen to ensure database resources are shared.

**Public Affairs  
Manager**

Area Clinical Forum – Jim confirmed that he and Peter had met with the Forum on 6 December 2004. The Chair of the Forum had suggested that a Forum Member join the Involving People Committee in order to effect closer clinical engagement with PFPI. Peter had indicated that he would discuss the matter further.

#### **10. DATE OF NEXT MEETING**

2.00 pm, Tuesday, 8 March 2005 in Conference Room B, Dalian House.

The meeting ended at 3.35 p.m.