

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Area Clinical Forum
held in Conference Room, Dalian House
350 St Vincent Street, Glasgow
on Monday 6 December 2004 at 2.00 pm**

P R E S E N T

Dr F Angell (in the Chair)

Mr H Smith

Dr B West

Ms A Duncan (from Minute No 39)

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

Ms S Gordon, Secretariat Manager

Mrs P Bryson, Convener, Greater Glasgow Health Council

Mr S Bryson, Pharmaceutical Adviser, GGNHSB

Mr J C Hamilton, Head of Board Administration

Mr P Hamilton, Chairman, NHSGG Involving People Committee) For Item No 39

Mr J Whyteside, Public Affairs Manager)

Mr D Thomson, Director of Pharmacy, Primary Care Division)For Item No 40

Ms M Worsfold, Counter Fraud Services)

Mr D Hair, Counter Fraud Services)

ACTION BY

32. APOLOGIES

Apologies for absence were intimated on behalf of Sir John Arbuthnott, Mr T Divers, Mr J Cassidy, Dr H Burns, Ms R Crocket, Mr H Rollason, Dr B Cowan, Ms G Leslie, Ms H McKenzie, Dr T Parke and Mr C Fergusson.

It was noted that the meeting would not be quorate as a quorum of the Area Clinical Forum was one-third of its full membership. As such, Dr Angell reported that any decisions made would require to be endorsed at the next meeting scheduled for March 2005.

**March 2005
Agenda**

33. MINUTES

(i) The Minutes of the meeting held on Monday 6 September 2004 [ACF(M)04/3] were noted. They would be approved at the March 2005 meeting.

(ii) The Notes of the special meeting held on 16 November 2004 [ACF(M)04/4] were noted. They would be approved at the March 2005 meeting

34. MATTERS ARISING

Members were asked to note the following Matters Arising from the Minute of the meeting held on Monday 6 September 2004:

(i) Item 24 (vii) – Prescription Scripts

Members noted an update letter sent to Dr Angell from Scott Bryson dated 5 October 2004 in connection with the above. Mr Bryson explained that it was envisaged an integrated IT approach across the professions was a key aim of the National IT Strategy and the logical next step would be uniformity in the process for issuing prescriptions from a wide range of prescribers. Such developments were set out in a recent Health Department letter and Members agreed that, given this, the matter be held in abeyance for the time being to see how the strategy developed. Scott Bryson agreed to keep the Forum up-to-date with progress particularly as the e-pharmacy agenda developed.

NOTED

(ii) Item 27 – Terms of Office of ACF Members

Members discussed at their September 2004 meeting how to tackle the election of a new Chair and Vice Chair in April 2005. At that time, it was noted that five out of the six Chairs eligible for election terms of office expired on 31 March 2005 and there may be difficulty in knowing which respective Advisory Committee Chairs would be in place for the ACF election by April 2005. As such, Dr Angell had suggested that every Advisory Committee should have a Chairman designate prior to 31 March 2005 so that the individual would be in the frame for the ACF Chair and Vice Chair election. The Secretary had, therefore, been asked to write out to all Advisory Committees asking if this approach would be acceptable.

Representatives from the Advisory Committees reported that it may be difficult to have a Chair designate as their formal election (and sometimes voting) took place at their April meetings. Rather than have a Chairman designate, Members agreed they would prefer to know for sure the names of their respective Chairs prior to an ACF election taking place. This approach was agreed and the following was:

DECIDED:

- That the respective Advisory Committees go ahead with their 2005 elections at their April 2005 meetings and that the 14 March 2005 ACF meeting go ahead to discuss normal business.
- That a special meeting be arranged for the end of April 2005 for the sole purpose of electing a Chair and Vice Chair of the ACF. By this time, all the respective Advisory Committees would have elected their own Chair and Vice Chair.

**March 2005
Agenda**

**Special April
2005 meeting**

35. REPORT BACK FROM ACF CONFERENCE ON 29 OCTOBER 2004

Seven Members from the ACF had attended the Scottish Executive's conference on 29 October 2004. Dr Angell reported that the morning session, in particular, had been interesting and valuable with some excellent presentations being delivered.

The afternoon session had been in the form of workshops which he felt did not add so much value. He referred to the varying contribution of ACFs across the Scottish NHS Board areas and highlighted the advantage in NHS Greater Glasgow of having an overall strong Advisory Committee structure.

NOTED

36. FUTURE ROLE OF THE ACF

The Secretary tabled a paper prepared jointly by Dr Angell and Mr Divers in connection with the future role and remit of the ACF. This suggested ways in which the work of the Forum could be more pro-active in future years. A special meeting of the ACF had been held on Tuesday 16 November 2004 and Dr Angell talked through many of the points raised at that meeting.

Firstly, it may be worth each Advisory Committee revisiting its membership to ensure all clinicians/practitioners were represented. In particular, the AAHPC should discuss representation from Clinical Psychologists, the AOC should consider representation from Ophthalmologists and the ADC should consider representation from Dental Therapists and Hygienists. The Chairs of these Committees were asked to discuss this at their next meetings and report back to the March ACF.

**AAHPC/
AOC/
ADC
March 2005
Agenda**

There was a general feeling that there must be clear channels for ensuring appropriate interface with Clinical Directors/general management and the work of the Advisory Committees and awareness should be heightened to facilitate this. It was suggested that an article in the Staff Newsletter may be a vehicle for highlighting the role of each Advisory Committee and its membership with key contact points should anyone require further information.

**Communications
Team**

Members felt that their functions as set out in the Constitution and Remit remained valid albeit that they wished to have a more pro-active role in their work with the NHS Board looking at more strategic, complex matters which were beyond the responsibilities of individual Advisory Committees. This would also avoid the duplication of work and Members were happy to note that it was the intention of the NHS Board to consider getting the Forum involved in looking at major strategic issues, including those involving public consultation. This may also see the Forum having a role in supporting the Board in explaining its policies to clinical groups and perhaps also the wider public perhaps via the newly formed nine CHPs, Board seminars and schools' career fairs and other events involving recruitment into the NHS.

Members looked forward to their new strategic role and working more closely with the NHS Board.

NOTED

37. DRAFT RISK MANAGEMENT STRATEGY

Members were asked to note the consultation document "Risk Management Strategy". Dr Angell encouraged the Advisory Committees to consider this document and referred Members, in particular, to page 4 of the document which outlined how the risk management framework would be fulfilled.

NOTED

38. SCHEDULE OF MEETINGS - 2005

Members were asked to note a proposed list of ACF meetings for 2005.

DECIDED:

That the following dates be approved and Members note these in their diaries:

14 March 2005

April meeting – to be arranged (for the election of a Chair and Vice Chair)

13 June 2005

12 September 2005

12 December 2005

All Members

39. PRESENTATION - PFPI

Dr Angell welcomed Jim Whyteside and Peter Hamilton to present on Patient Focus and Public Involvement (PFPI). Mr Whyteside had attended many of the Advisory Committee meetings and had been asked to provide a brief summary on common themes that had emerged.

Mr Whyteside described the background to PFPI, the existing role being undertaken by Health Councils and the new role of the Scottish Health Council from April 2005. He went on to give a brief resume of the political direction of PFPI in that there would be a Ministerial assessment of PFPI performance. He described the future role of CHPs and there was a fundamental role for PFPI within these.

Mr Hamilton highlighted the role of NHSGG Involving People Committee of which he was the Chair. This was a formal Subcommittee of the NHS Board and had a projected work plan around the key issues of patient and public representation including ongoing “Our Health” events, patient information and communications, service change and modernisation.

Mr Whyteside highlighted some common themes emerging from his attendance at Advisory Committee meetings including the following:

- A perceived lack of engagement of clinical staff in PFPI.
- Confusion around what exactly was public involvement and how could it be done at Advisory Committee level. It was recognised that some Health Council Members were invited to Advisory Committee meetings to act as observers but when the Health Council no longer existed the Committees would have to find other ways of engaging/involving patients and the public.
- Can other methods be used such as surveys and focus groups?

It was recognised that this could not happen overnight and, by in large, NHS Greater Glasgow was doing well with its PFPI; the challenge would be maintaining this momentum.

Mr Bryson referred back to the item discussed earlier looking at a future role for the ACF and commented that PFPI could be a priority theme. This suggestion was received with enthusiasm particularly as it provided a platform to engage further with clinicians.

**Future
Agenda Topic**

Dr Angell thanked Mr Whyteside and Mr Hamilton for attending.

NOTED

40. PRESENTATION – COUNTER FRAUD SERVICES

Dr Angell welcomed Maggie Worsfold and Dave Hair from Counter Fraud Services. David Thomson, Director of Pharmacy, Primary Care Division also attended to give an NHS Greater Glasgow perspective.

Ms Worsfold began by outlining the remit of Counter Fraud Services (an arm of National Services Scotland) and the size and scale of the work they undertook. From 29 December 2004, they would be based in Livingston. She led the Forum through an analysis of the total spend of FHS services and highlighted the annual patient exemption charge of £400m. She explained to Members the purpose of having a Counter Fraud Service and their role in checking patient exemptions, issues arising from routine checking and penalties that could be incurred. Mr Hair described and provided examples of how fraud arose in the NHS and cited some examples of sanctions which could be enforced.

Areas of concern and confusion were aired at the question and answer session and Members agreed that the presentation had been very enlightening and interesting.

Dr Angell thanked both Ms Worsfold and Mr Hair for attending. David Thomson briefly informed Members of steps being taken to counteract fraud at a pharmacy level in NHS Greater Glasgow.

DECIDED:

That Maggie Worsfold forward to Shirley Gordon a copy of the slides and that these be circulated to all Members for information.

Secretary

41. ADVISORY COMMITTEE MEETING SUMMARIES

Aileen Duncan, Barbara West and Frank Angell all noted that the topic of CHP development had been high on their respective Advisory Committee agendas. As such, it was agreed that at the March meeting, someone be invited to deliver a presentation on taking forward the work of the nine CHPs. Dr Angell would let the Secretary know who he wished to attend nearer the time.

**Chairman/
Secretary**

42. DATE OF NEXT MEETING

Date: Monday 14 March 2005

Place: Dalian House

Time: 2.00 pm – 4.00 pm