

GREATER GLASGOW AND CLYDE NHS BOARD

INVOLVING PEOPLE COMMITTEE

**Minutes of the meeting of the Involving People Committee
Conference Room, Dalian House
At 1.00 pm on Tuesday, 9th May 2006**

PRESENT

Peter Hamilton (Chair)

John Bannon	Jessica Murray
Scott Bryson	Amanda Paul
Ally McLaws	Elinor Smith
Helen McNeil	

IN ATTENDANCE

Linda Davidson	Communications Assistant
Anne Jarvis	Local Advisory Council, Scottish Health Council
Gillian May	Scottish Health Council
Kate Munro	Acute Services Community Engagement Team
Gordon Robertson	Public Affairs Co-ordinator
Jim Whyteside	Head of Public Affairs

1. APOLOGIES

Apologies were received on behalf of Ravinder Kaur Nijjar and Pat Bryson.

2. MINUTE OF MEETING OF 14th MARCH 2006

The Minute was approved – with the exception of Anne Jarvis having been recorded as ‘Anne Jarvie’ on the attendance list

4. MATTERS ARISING

Future of PFPI – Ally McLaws updated Committee Members on progress with the integration of the ‘Clyde’ area within NHS Greater Glasgow and Clyde, including arrangements for the distribution of a redesigned *Health News*, now up to a circulation figure of around 400,000. The Involving People database was also being expanded to include Clyde contacts and stakeholders. An important meeting had taken place with Catriona Renfrew and Iona Colvin, at which Catriona agreed to take steps to initiate an Involving People Officers’ Group as a counterpart to the Committee. The new group will meet on alternate months from the Committee and will consist of representatives from the new Directorate structure who will take responsibility for the delivery and operational co-ordination of PFPI. A ‘Clyde’ representative will join colleagues from the Acute Services Division and each of the CHPs will also be represented.

ACTION BY

Ally McLaws will Chair the group and Jim Whyteside will attend to ensure continuity between the Committee and the group.

Peter Hamilton emphasised that the new arrangement would reinforce the Committee's role as one of Governance as there should be no confusion over which group was responsible for operational activity. John Bannon asked who oversaw the Patient Public Fora of the CHPs. Elinor Smith said that in South East Glasgow, this was the responsibility of the Director of Health Improvement. Peter said the arrangement was different in East Renfrewshire – all directors had responsibility. Ally suggested that the new group might have a role to play in establishing some consistency.

Scott Bryson welcomed the new arrangement and remarked that it was logical. Peter said that it would be necessary at some point to examine the Committee and the group's links to the Area Clinical Forum.

Performance Assessment Framework Submission 2005/06 – Peter and Jim Whyteside informed Members of a delay in the Scottish Health Council's assessment process which meant that formal feedback on the submission would not be made until 25th July 2006.

Our Health Five – Peter updated Members on progress. A steering group had met for the first time and it looked likely that the event – a celebration of the work of volunteers – would be held in September. Peter would provide further information at the next meeting of the Committee

Patient Literacy – Peter said that he had taken some of the startling information from Dr Madhok's presentation to Terry Findlay and Jim Coleman in order to raise awareness. Clearly, there was no quick fix but his intention was that the CHPs might liaise with local authorities to determine if there were any joint resources or initiatives that could be employed to address the issues. Helen McNeil said that GCVS was part of a strategic partnership with library services that deployed many resources and would try to route the topic through this. Peter also agreed that the issues should be raised with individual CHPs.

HMcN
PH

5. MATNET REVIEW – UPDATE AND FEEDBACK

Peter welcomed Kate Munro back to the Committee and invited her to provide an update.

Kate confirmed that since the matter had originally been raised with the Committee in January, funding had been found to enable a review of the Maternity Services Users Network (MATNET). A full report was due to be available on 2nd June and Kate was able to provide a verbal summary.

The key findings were that MATNET would need discrete funding and management co-ordination if it were to survive and function usefully. The model represented by MATNET had received praise as a valid approach to ensuring user representation and input to service development.

It was clear that a co-ordinator would have to be appointed to support the group – but at this point no resources had been identified with which to do this, although the overall restructuring of NHSGGC may lead to potential opportunities.

Peter asked if there were a resource figure in mind to provide the necessary co-ordinator. Kate said that the indication was that a half-time post at HPO-level would be appropriate. Attempts were being made to see if this time allocation could be grafted on to an existing post. Ally asked if MATNET would be expanded to encompass 'Clyde'. Kate explained that a group had existed in the former Argyll and Clyde areas but that there were similar problems in terms of facilitation, complicated by the split of services between going into NHS Highland and NHSGGC.

Elinor asked Kate if there were the possibility of funding via the Community Planning route – money had been found for the Govan Fair in this way. Kate said that a joint application would be made to the NHS and Glasgow City Council. Elinor suggested that Kate speak to Terry Findlay to discuss any possible funding mechanism that might solve the problem.

Kate thanked the Committee for assisting with finding funding to carry out the review.

KM

6. NEW CHILDREN'S HOSPITAL CONSULTATION – PROGRESS REPORT

Kate Munro tabled an update report to Members. She was assisting in a three-month 'scoping' exercise in order to draw up plans for a five-year period of community and stakeholder engagement during the construction period of the new hospital. The aim was to engage groups 'to the extent they wanted to be engaged'. Opinion was being sought from stakeholders and key staff about the best approach to engagement – this included taking a group of young patients out for pizza in order to encourage a lively discussion. A report would be written up following conclusion of the current consultation process, due to end in June

7. COMMUNITY ENGAGEMENT UPDATE

Kate tabled a report, this time running through recent activity of the Acute Services Community Engagement Team.

She commented that the New South Glasgow Hospital was being interpreted as a major regeneration project for Govan and that focus groups had been organised in order to input to the design specification that would feature in the Outline Business Case application. With regard to Fare4All, efforts were being made to encourage stakeholders to place submissions with the National Transport Strategy leads in order to take account of healthcare transport needs.

Peter asked about progress with jargon-free signage in the new hospitals. Kate replied this was being considered at two levels –

- ease of access without the need to necessarily rely on signage and also around jargon-free terminology. A variety of groups had been contacted around potential practice.

8. 2006/07 WORK PROGRAMME – ENDOWMENTS BID

Jim Whyteside presented a paper drawn up as a bid to the Endowments Committee to fund a number of key ‘corporate’ PFPI projects that do not fit with the remit of any one particular Division or service. This bid had been given approval by the Chief Executive and Director of Finance. Key projects included a stakeholder engagement process aimed at setting the future direction of travel for NHSGGC-wide PFPI structures and priorities and a pilot project for patient and visitor information points in hospitals.

The paper had been submitted to the secretariat of the Endowments Committee for definite inclusion at its next session.

9. SPIRITUAL CARE COMMITTEE

Ravinder Kaur Nijjar had been due to present on this item but, as she had been unable to attend the Committee meeting, it was agreed to defer the matter to the next meeting.

11. GOVERNANCE ROLE: SERVICE REVIEWS

Peter reminded Members that the Governance role of the Committee required them to review PFPI activity across all the services and divisions of NHSGGC. This had been done across a number of services as evidenced by Kate Munro’s earlier appearance. The question now, though, was how to proceed in future?

Jim Whyteside suggested that Members may like to consider agreeing to a ‘timetable’ of presentations from services over the coming months – this would enable establishment of a rolling programme of reviews that every service would expect to be included within. This would serve to concentrate the minds of staff and clinicians on PFPI practice in much the same way as QIS inspections encouraged progress on clinical matters.

Jessica Murray wondered if the new officers’ group could put forward a proposed timetable. Ally said that the group had not yet been set up and it would be some weeks before it met. Jessica then suggested that Committee Members might list some of their own suggestions to be included in a review programme. Ally agreed – there were key services such as Dentistry and Diabetes that had not been discussed in the context of PFPI to his knowledge.

It was agreed that suggestions be forwarded to Jim and/or raised under ‘Matters Arising’, at the next meeting of the Committee

12. ANY OTHER BUSINESS

Peter requested a volunteer from the Committee to attend the Scottish Young Carers’ Conference on 5th June. Amanda Paul agreed to attend.

RKN

All

.13. DATE OF NEXT MEETING

AP

It was agreed that Committee would meet again on Tuesday, 11th July. The meeting would commence at 1.00 pm with a buffet lunch served from 12.30. The venue is the Conference Room on the ground floor of Dalian House, 350 St Vincent Street.

JW

Jim Whyteside
23rd June 2006