

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Area Clinical Forum
held in the Conference Room, Dalian House
350 St Vincent Street, Glasgow
on Thursday 16 March 2006 at 1.00 pm**

P R E S E N T

Gale Leslie – in the Chair (Chair, AOC)

David Thomson	Chair, APC
Aileen Duncan	Vice Chair, LHCCC
Ewan Black	Vice Chair, APC
Andrew McMahon	Chair, AMC
Clive Bell	John Chair, ADC

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

Professor Sir J Arbuthnott, Chairman, NHS Greater Glasgow
Jean Coutt, NHS Argyll & Clyde
Andy Crawford, Head of Clinical Governance, NHSGG – for Minute No 18
Shirley Gordon, Secretariat Manager

ACTION BY

11. APOLOGIES

Apologies for absence were intimated on behalf of Linda de Caestecker, Barry Williamson, Anne Hawkins, Brian Cowan, Rosslyn Crocket, Scott Bryson, Henry Smith, Toby Mohammed and Richard Groden.

12. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)06/1] held on Thursday 2 February 2006 were approved as an accurate record.

13. MATTERS ARISING

There were no Matters Arising from the Minute of 2 February 2006 that were not on the agenda as items for consideration.

14. NHSGG AND NHS A&C INTEGRATION

Due to unforeseen circumstances, Anne Hawkins, Project Director, was unable to attend to give an update on the integration progress.

There was recognition that there were now many areas of joint working taking place in an effort to ensure smooth integration. None of the Advisory Committees that were represented at the meeting had, to date, come across any problems in progressing integration with their colleagues from Clyde.

Andrew McMahon advised that NHS A & C did not have in existence an AMC. As such, he anticipated that Clyde representatives would feed into the various NHS Greater Glasgow AMC sub specialty groups that were already in existence. This would then ensure their views were represented. He did not envisage any problems with this model of integration. At the next AMC meeting, representatives from the three hospitals currently in existence within NHS Argyll and Clyde along with a GP would attend to talk through these proposals. Mr McMahon agreed to let Gale Leslie know how this developed.

A McMahon

Jean Coult advised that Barry Williamson (Chair, NHS A&C ACF) had prepared an annual report and this would be circulated to all Members for their information as a status report identifying where NHS A&C ACF Members left off.

B Williamson

In respect of the ACF Constitution, it was acknowledged that its membership did not need to be changed. This reflected the fact that the ACF membership comprised the Chairs and Vice Chairs of the respective advisory committees. There would, however, require to be some amendments made throughout the Constitution in regards to its name and other small changes. The Secretary agreed to do this and put it on the next ACF agenda for formal approval.

**Secretary/
April Agenda**

The Secretary circulated a letter dated 8 March 2006 from John Hamilton advising that the new name for the Board was to be NHS Greater Glasgow and Clyde.

NOTED

15. PERFORMANCE MANAGEMENT

Members were asked to note the "Local Delivery Plan 2006/07" NHS Board paper containing performance management targets.

Members discussed the various standards and the following points were noted:

- The Board currently had breast-feeding targets as part of its health improvement agenda but this was not mentioned at all within the Local Delivery Plan – should this be included?
- Concerns about the 18 week target for cataract referral. There was uncertainty around what constituted the initial referral – could this be from the optometrist? Gale Leslie advised that the new optometry contract which came into place on 1 April 2006 had implications for referral patterns of patients and that these should reduce acute services waiting times as much work would be done in the community. Andrew McMahon suggested that the AOC write to the Ophthalmology Subcommittee of the AMC to progress any concerns.
- The Local Health Plan should reflect the smoking cessation work done throughout the community, particularly within community pharmacies. Similarly, there should be recognition of the work done to target teenage pregnancy targets within community pharmacy. It was also recognised that CHPs would play a greater role in smoking cessations programmes and funding had been set aside to target this. David Thomson agreed to discuss with Gale Leslie the information packs that were available for patients and how these could be best displayed within optometrists practices.

G Leslie

**D Thomson/
G Leslie**

- Should mention be made of the pandemic flu? If this occurred, there would be ramifications for all the targets within the Local Health Plan.
- There were concerns around the GP referral to cancer specialists particularly Colonoscopy. This would be a matter to be discussed further at the AMC.
- It was noted that the 48 hour timescale regarding primary care was for a patient to see any member of the primary care health team. That could include the GP, health visitor, district nurse, practice nurse etc. Adherence to this target was rigorously monitored by Iain Wallace, Medical Director, PCD.

NOTED

16. ADVISORY COMMITTEE TOP TEN PRIORITIES

At the 2 February 2006 ACF meeting, the APC, AOC and ADC's top ten priorities were noted. It was disappointing to note that priorities had not yet been submitted from the AMC, AAHPC and ANMC yet. Nonetheless, Gale Leslie had noted, from those received so far, that IT and communication ranked consistently as priorities.

In respect of IT development, Sir John advised that he was chair of the IT Programme Board and he updated on the status of various projects at both national and local level.

In light of single system working across NHS Greater Glasgow and Clyde, it would be a priority to harmonise all these separate IT systems that currently existed. Over and above this, work was ongoing regarding the Community Health Index (CHI) to ensure that it could be used NHS Scotland wide. This formed part of the national plan being taken forward with the Scottish Executive Health Department who had recently appointed a Programme Board and Department to push IT initiatives forward within NHS Scotland.

Given the feature of IT and its prominence across all the professions, Gale Leslie suggested that each advisory committee submit their IT concerns to the Area Clinical Forum. Thereafter, Keith Moore, Director of IT, NHSGG, would be invited to a future ACF meeting to reflect upon the professional concerns raised and how best these could be taken forward to resolve.

**All Chairs to
report**

Andrew McMahon described various changes occurring in the medical profession including Modernising Medical Careers (MMC), change in Junior Doctors hours, and Hospital at Night. This was noted with interest.

NOTED

17. ADVISORY COMMITTEE UPDATES

Gale Leslie reported that she had received the APC agenda and papers and looked forward to receiving all other advisory committee papers in due course.

Each of the advisory committees reported the following topics which had been discussed at their recent meeting:

APC – David Thomson reported that at their February 2006 meeting, the APC had discussed:

- Emergency hormonal contraception
- CHP development work
- Prescribing support
- The new community pharmacy contract
- Pandemic flu planning
- Public health processes

ADC – Clive Bell reported that at the last ADC, focus had surrounded the transitional arrangements integrating with NHS A&C and developments taking forward to progress the new single system Oral Health Directorate.

AOC – Gale Leslie reported that the following were discussed at the last AOC meeting:

- CHP development and how optometry fitted in
- Decontamination
- Cataract delivery programme
- Retinal screening
- New optometry contract from 1 April 2006

AMC – Andrew McMahon reported the following from the last AMC meeting:

- Single system working
- Bed modelling
- Cardiothoracic services
- New children's hospital/maternity services
- ACADs and overnight beds within these

NOTED

18. CLINICAL GOVERNANCE AND RISK

Members noted the document “Clinical Governance and Risk Management” and welcomed Andy Crawford to the meeting to update on how clinical governance and risk were being taken forward throughout NHS Greater Glasgow.

Andy Crawford led the Forum through the reporting systems in terms of clinical governance that currently existed. He described the role of the Clinical Governance Implementation Group and the corporate management arrangements that existed for risk management.

He described the purpose of the standards as set by Quality Improvement Scotland that would ensure NHS Boards had clinical governance and risk management arrangements in place. The standards were supported by a self analysis framework which would be completed by every NHS Board. NHS QIS would report their findings and publish a summary for NHS Scotland. Assessment of performance would take place at regular intervals in order to demonstrate progress against the standards. Previously there had been two separate sets of standards and NHS QIS now had one integrated set of standards which were more outcome based.

Across NHS Greater Glasgow, named leads had been identified to take forward the standards. Andy Crawford had begun his discussions with these lead individuals on how best to progress meeting the various standards.

In terms of assessment and review, NHS QIS would review NHS GG and Clyde on 26/27 September 2006.

Gale Leslie thanked Andy Crawford for such an interesting presentation. Mr Crawford commented that he would welcome any suggestions from the individual advisory committees or the ACF on taking forward future relations.

NOTED

19. CHAIR AND VICE CHAIR OF THE ACF

The terms of office for the existing Chair, Gale Leslie and Vice Chair, David Thomson expired on 31 March 2006 – following a one year term. If both remained Chairs of their respective advisory committees (the AOC and APC), they would be eligible to serve another term of up to three years, however, if they were no longer Chairs of their Committees they could not fulfill this role on the ACF.

Ms Leslie had a term of office as Chair of the AOC until 31 March 2007 and would, therefore, be eligible to be Chair of the ACF until that time. David Thomson had a term of office as Chair of the APC until 31 March 2007 and would also, therefore, be eligible to be Vice Chair of the ACF until that time.

DECIDED:

That Gale Leslie and David Thomson be re-appointed as Chair and Vice Chair of the ACF for a further one year period, that was until 31 March 2007.

Secretary

20. ANY OTHER BUSINESS

(i) Our Health 4

David Thomson encouraged Members to attend the Our Health 4 event scheduled for 23 March 2006. This would focus on community pharmacy and general practice.

(ii) New Community Pharmacy Contract

David Thomson reported that there had been a slight slippage of the introduction of this contract and it was now anticipated this would be in place by 1 June 2006.

NOTED

21. DATE OF NEXT MEETING

Date: Thursday 27 April 2006

Place: Dalian House

Time: 1.00 pm to 3.00 pm