

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Meeting Room B, Dalian House  
350 St Vincent Street, Glasgow  
on Thursday 7 February 2008 at 2.00 pm**

**P R E S E N T**

Douglas Colville – in the Chair (Chair, AMC)

Ruth Forrest	Chair, APC
Clive Bell	Joint Chair, ADC
Tom Downie	Vice Chair, AAHP&HCSC
Margaret Hastings	Chair, AAHP&HCSC
Gale Leslie	Chair, AOC

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

Scott Bryson	Pharmaceutical Adviser
David McCall	Consultant, Dental Public Health
Andrew Robertson	Chairman, NHSGGC
Richard Copland	Director of HI&T (for Minute No 5)
Liz Grant	Public Health Pharmacist (for Minute No 4)
Shirley Gordon	Secretariat Manager, GG&C NHS Board

**ACTION BY**

**1. WELCOME AND APOLOGIES**

Dr Colville welcomed the new Board Chairman, Andrew Robertson, to his first meeting. Similarly, he introduced Mr Downie, the newly elected Vice Chair of the AAHP&HCSC.

Apologies for absence were intimated on behalf of Brian Cowan and Richard Groden.

**2. MINUTES**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)07/7] held on Thursday 13 December 2007 were approved.

NOTED

### 3. MATTERS ARISING

#### (i) Pharmacy Representative on the Clinical Reference Committee

Dr Colville confirmed that the Local Medical Committee (LMC) had considered the shortage of General Medical Practitioners on the Clinical Reference Group.

At their last meeting, there were no volunteers to join this group, however, this would be discussed further at their next meeting.

NOTED

#### (ii) Non Medical Prescribing

Dr Colville confirmed that non medical prescribing had been discussed at a recent LMC meeting. It was recognised that this was a national issue and would require action from the centre if it was to be fully resolved. Issues of concern were around funding and lack of definition on the mentor/trainee roles. It was suggested that the ACF write to NES as they had a role in encouraging this teaching/mentoring form of education. Given that, due to lack of clarity at the moment, there was a lack of enthusiasm in attracting mentors, perhaps NES could provide guidance on reaching a solution particularly as such difficulties could incur problems in future skill mix of the workforce, particularly in primary care settings.

Mr Bryson confirmed that this topic had also been discussed at the Prescribing Management Group (chaired by Iain Wallace) and he would welcome the ACF's intervention. He suggested that any letter sent to NES be copied to Iain Wallace and Ian Reid (Director of HR) – to raise awareness of any training implications.

DECIDED:

That the Secretary write to NES in the above terms.

**Secretary**

### 4. SMOKING CESSATION SERVICES

Dr Colville welcomed Liz Grant to update the Forum on the Board's ongoing smoking cessation services.

Ms Grant advised that all the Board's existing smoking cessation services had been rebranded under the banner "Smoke Free Services". The aim was to promote the health and wellbeing of people living and working in Glasgow and Clyde by reducing the impact of tobacco, particularly in areas of greatest need. Smoke Free Services were responsible for a wide range of tobacco projects, including the pharmacy service, policies and services aimed at reducing the impact of tobacco on people who lived and worked in NHS GGC.

Anyone who wanted to stop smoking could take part and patients would be provided with NRT plus support for up to twelve weeks.

Ms Grant described what patients could expect from their pharmacy appointments in that the pharmacist would assess a person's motivation to quit and explain the project in full. They would be provided with a stop smoking information booklet and would be asked to return to the pharmacy a few days later. NRT would be prescribed, together with personalised advice and support, lasting five to ten minutes.

This service could be used for up to twelve continuous weeks. If a person was entitled to free NHS prescriptions, then they would receive their NRT free. If they were not exempt, then they would be charged the standard prescription charge at weeks 1, 5 and 9. Each charge entitled a person to four consecutive weeks supply of NRT.

Ms Grant led the Forum through the patient details collected by the trained pharmacist and explained that the outcome analysis was in line with ISD Guidelines in terms of quit rates being collated at four week, twelve week and twelve month intervals.

98% of NHSGGC pharmacists were involved in the service and Ms Grant confirmed that the posters and leaflets would also be made available to dental practices and optometrists throughout the area. In response to a question from Margaret Hastings, Ms Grant confirmed that she would welcome information about areas where allied health professionals could make the poster and leaflets available to interested patients. Ms Hastings agreed to contact Ms Grant further regarding this.

**Ms M  
Hastings.**

At the moment, there would be forty thousand leaflets circulated but a further printing run could be undertaken without any difficulty should the need arise.

The Forum thanked Ms Grant for providing such an interesting update and saw a role for the ACF to look again perhaps in twelve months time at the outcomes of these interventions.

**Future ACF  
Agenda**

NOTED

## **5. IM & T UPDATE**

Dr Colville welcomed Richard Copland (Director of IM&T) to update on developments across the Board in respect of health information and technology.

Mr Copland described the role of the National E-health Strategy Board of which himself and Robert Calderwood were members. It was anticipated that there would be a revised strategy introduced in 2008 and Mr Copland described the national funded projects and priorities which were likely to cover three main areas:

- PMS – replacing hospital systems and was a patient management system. A Consortium Board had been formed to move this forward and look at procurement issues. It was likely that the SGHD would cover capital costs and individual Boards pick up revenue costs. It would be vital to get input from clinicians as this would be a clinical focused system.
- IPACC – revised primary care and community system.
- HR System – likely to interface with the Scottish standard on payroll systems.

Within NHSGGC, Mr Copland had almost completed the restructuring of HI&T. This had been a long process.

During discussion with Mr Copland, the following points were discussed:

- The importance of patients seeing benefits.

- The launch of the eighteen week to treatment programme – to be completed by December 2011. It would be paramount to have easily understood definitions. Currently, there were differences around NHS Scotland in what was regarded as the referral being made – was it when it left the GP? **or** when it arrived at secondary care?
- Electronic prescribing – expenditure currently was around £300m per annum in NHSGGC - £75m of this in secondary care. Discussion currently surrounded the governance arrangements for this and recognition that electronic prescribing would greatly help identify challenges/risks/clinical governance.
- Patient confidentiality.

Dr Colville thanked Mr Copland for coming along to update the Forum on these developments.

#### NOTED

### 6. ADVISORY COMMITTEE MEETING UPDATES

(i) AAHP&HCSC – Margaret Hastings and Tom Downie reported on the most recent meeting of the Committee:

- Waiting times presentation.
- Annual report.
- Mr Downie gave a summary of “An Action Plan for Health Care Science in NHS Scotland” issued by the Scottish Government in November 2007.

(ii) ADC – Clive Bell reported on the following topics discussed at the last ADC meeting:

- Oral Health Directorate update.
- Glasgow Emergency Dental Services.
- Allocation of funding to practices regarding decontamination provision on their premises.
- Review of primary care and salaried dentists.
- Safer management of controlled drugs – dental nurses and technicians to be registered with the GDC by July 2008.

(iii) APC – Ruth Forrest updated on the following to be discussed at the next APC meeting:

- Consultation documents from the Royal Pharmaceutical Society and Regulatory Body.
- Standard operating procedures regarding controlled drugs.

(iv) AMC – Douglas Colville reported the following from the last AMC meeting:

- Independent Scrutiny Panel Report.

- MMC
- Health visitor review.
- Camglen
- Spending review 2008/09.

NOTED

**7. DATE OF NEXT MEETING**

Date: Thursday 3 April 2008

Place: Dalian House

Time: 2.00 pm to 4.00 pm