

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Area Clinical Forum
held in Meeting Room 3 Centre, Dalian House
350 St Vincent Street, Glasgow
on Thursday 3 April 2008 at 2.00 pm**

P R E S E N T

Clive Bell – in the Chair (Joint Chair, ADC)

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

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

David McCall	Consultant in Dental Public Health
Liz McGovern	Specialist Pharmaceutical Public Health Advisor
Andrew Robertson	Chairman, NHSGGC
Shirley Gordon	Secretariat Manager, NHSGGC

ACTION BY

8. APOLOGIES

Apologies for absence were intimated on behalf of Douglas Colville, Scott Bryson and Linda de Caestecker.

9. MINUTES

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 February 2008 [ACF(M)08/1] were approved as an accurate record pending the following correction:

- Item 3 (i) delete the word “Pharmacy” from the heading.

NOTED

10. MATTERS ARISING

- (i) Members confirmed receipt of the new Smoking Cessation leaflets from NHS Greater Glasgow and Clyde’s “Smoke Free Services”. Gale Leslie was not aware that Local Optometrists had received these and, as such, agreed to get in touch with Liz Grant (Public Health Pharmacist) to establish when Optometrists would be added to the circulation list.

**G Leslie/L
Grant**

[The Secretary has emailed Liz Grant to ask about this and Liz has confirmed that Johnston and Johnston will be organising a mailing to optometrists].

NOTED

- (ii) Clive Bell reported that Richard Copland (Director, HI&T) had attended a recent ADC meeting. It had been interesting to hear of ongoing IT developments throughout NHSGGC and, in particular, how the Department would engage with not only the Oral Health Directorate but General Dental Practitioners.

Margaret Hastings summarised wider ongoing developments with HI&T.

NOTED

11. NON MEDICAL PRESCRIBING

Members noted a letter sent by the Secretary dated 22 February 2008 to Sonya Lam at NES concerning the development of non medical prescribing. There were ongoing issues regarding this programme, in particular, getting support from doctors to supervise the training that was required as well as cost implications. Unfortunately, Ms Lam had not responded but the ACF noted a response from Dr Iain Wallace.

The ACF appreciated that the principle of the programme was to widen access to treatment to enable better patient care. This was being obstructed by the short-term problem of obtaining mentors especially as it was then their responsibility to sign an individual off as an independent prescriber. It also involved time consuming one-to-one training albeit that the education sector provided the knowledge base. Another problem seemed to be that individuals could not agree to attending the educational elements until they had obtained a mentor. This was disappointing particularly as it was apparent that there was a willingness to undertake the role of non medical prescriber but that this was being delayed due to the training/mentoring implications.

DECIDED:

- That the Secretary respond to Iain Wallace in the above terms outlining the ACF's continued concerns. **Secretary**
- That the Secretary write to Jane Camp, Chair, Non Medical Prescribing Subcommittee, to ask whether it would be possible to quantify the difficulties so that the scale of the problem could be established (eg was there a backlog of willing non medical prescribers who could not find a mentor? Was this holding up progress of the initiative?) **Secretary**

[The Secretary has written to Jane Camp as above and over and above this, invited her to the next ACF meeting on 5 June 2008 to discuss this further. Jane has confirmed she would be happy to come along between 2 and 2.45 pm].

12. EMERGENCY CARE SUMMARY

Members received an update on the ECS on 25 February 2008.

This was a consultation process and Ruth Forrest confirmed that the APC had responded supporting the process in community and hospital bases but suggesting its availability also to A & E and Acute Medical Receiving Departments as it contained medication history and allergy information that was important to patient care.

Members discussed the purpose of ECS and explored patient confidentiality and consent issues. All Members saw the importance in seamless patient care and the benefits of the ECS particularly as it provided current medication information. In operational terms, the information was generated automatically from GPASS GP practices and, so far, from an audit trail it seemed to be a success and an excellent use of technology.

NOTED

13. ADVISORY COMMITTEE MEETING UPDATES

(i) AOC – Gale Leslie reported the following topics from the recent AOC meeting:

- Camglen.
- New Committee structure.
- Patient referrals to hospital for treatment and the ongoing frustration that hospitals did not feed back to optometry. There were training issues required for Optometrists to refer to hospitals properly and the exact nature of the information required by secondary care before a referral could be made. This was needed to achieve good clinical pathways. It was recognised that the target of 18 weeks from patient referral to treatment should improve these current difficulties in referring to secondary care.

(ii) APC – Ruth Forrest reported the following topics from the recent APC meeting:

- Pandemic flu provisions and training implications.
- Storage of controlled drugs.
- APC response to various consultations.

(iii) AAHP&HCSC – Margaret Hastings reported that the next meeting was scheduled for the end of April 2008.

(iv) ADC – Clive Bell reported the following:

- Tom Divers had attended the last GDP Subcommittee meeting.
- Ongoing concerns regarding the decontamination guidelines and implications for GDPs in terms of how some objectives could be accommodated by the end of 2009 if a separate room was required. Many practicalities still had to be ironed out.

NOTED

14. ANY OTHER BUSINESS(i) Attendance at ACF Meetings

It was noted that the ANMC was very rarely represented at ACF meetings. The Secretary reported that the Chair of the ANMC worked permanent nightshift and was actively canvassing for a new Chair of her Committee. In light of no nominations being forthcoming, she was pro-actively approaching Members to identify someone to fulfill this role. This would hopefully mean that the new Chairperson would be available to attend day time meetings such as the ACF.

L LoveNOTED(ii) ACF Input to the NHS Board

It was reported that Douglas Colville was hoping to attend a meeting of all the Advisory Committees to obtain a wider brief on their ongoing topics of discussion. So far, he had made arrangements to attend the next April APC meeting as an observer.

D Colville

Over and above this, the 2008 ACF meetings had been scheduled to fall within two weeks before NHS Board meetings. This gave ACF Members an opportunity to inform the Chairman of any matters that they wished him to raise at the Board meeting itself. This also allowed Dr Colville to report back to the ACF on any matters arising from Board seminars that may be of interest to the ACF and encourage their input. This approach was welcomed by Andrew Robertson.

**Regular ACF
Agenda Item**

In terms of the NHS Board papers circulation, Members were reminded that these were embargoed until 12 noon on the day of the Board meeting. Board papers were sent out by hard copy to all Chairs of the Advisory Committees. The Board had not adopted the practice of emailing papers due to their embargo restrictions. Members also recognised the onus would then be upon individuals to print off their own papers (which were often two to three hundred pages long).

NOTED**15. DATE OF NEXT MEETING**

Date: Thursday 5 June 2008

Place: Dalian House

Time: 2.00 pm to 4.00 pm