

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, 5 June 2008 at 2.00 p.m.**

P R E S E N T

Clive Bell - in the Chair (Joint Chair ADC) (to Minute No. 19)
Douglas Colville – in the Chair (Chair, AMC) (from Minute No. 20)

Tom Downie	...	Vice Chair, AAHP&HCSC
Nicola McIlvenny	...	Vice Chair, AOC
Gale Leslie	...	Chair, AOC
Ruth Forrest	...	Chair, APC
Margaret Hastings	...	Chair, AAHP&HCSC
Ian Miller	...	Vice Chair, APC

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

Shirley Gordon	...	Secretariat Manager, GG&C NHS Board
Jane Camp	...	Non-Medical Prescribing Lead (for Minute No.)
Andrew Robertson	...	Chairman, NHSGGC

ACTION BY

16. WELCOME AND APOLOGIES

Mr Bell welcomed Jane Camp, Chair, Non-Medical Prescribing Subcommittee, and Nicola McIlvenny, the newly appointed Vice Chair of the AOC.

Apologies for absence were intimated on behalf of Gillian Haliburton, Linda de Caestecker, Brian Cowan and Scott Bryson.

17. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)08/2] held on Thursday, 3 April 2008 were approved as an accurate record.

18. MATTERS ARISING

- i) Gale Leslie confirmed that the smoking cessation leaflets had not yet been distributed to NHSGGC's optometrists.

NOTED

- ii) Margaret Hastings reported that the roll-out of the Emergency Care Summary throughout NHS Scotland had made positive progress and a very small number (around 0.04%) of patients had opted out of ECS with all practices in Scotland, except 12, participating.

NOTED

- iii) The Area Nursing and Midwifery Committee had elected a new Chair and Vice Chair, Gillian Haliburton and Patricia Spencer. The ACF looked forward to them attending future meetings.

NOTED

19. NON-MEDICAL PRESCRIBING

Mr Bell introduced Jane Camp who was in attendance to update on the current status of non-medical prescribing in NHSGGC.

Ms Camp explained that the vision for non-medical prescribing was to improve patient access, care and satisfaction, by achieving same, timely and effective prescribing by appropriately trained members of multi-disciplinary teams. Since 2001 when non-medical prescribing was extended to include more nurses and a wider range of medicines, many benefits had been seen both to the service and patients. Since 2006, nurses who qualified as extended and supplementary prescribers were enabled to become nurse independent prescribers. Similarly, pharmacist supplementary prescribers were able to undergo additional training to become independent prescribers. Over and above, AHP supplementary prescribing was introduced.

Ms Camp outlined the pre-requisites for effective prescribing:-

- Workforce planning – needed to take into account the time required to reach the critical mass of non-medical prescribers in a range of services to ensure effective prescribing and service management. This had been achieved in some areas but there was a need to include non-medical prescribing requirements within any workforce plan.
- Service redesign – for non-medical prescribers to work effectively for patients, some degree of service redesign was required to release staff from other duties in order to see patients. It would also require some adjustments to out-patient and out-reach services. The change from skill-mix from medical to non-medical prescribers would provide financial advantages and efficiencies to the organization. Some of these changes would require healthcare professionals to cut across conventional professional boundaries.
- Access to prescribing budgets – a barrier to implementation of known medical prescribing had been a lack of access to prescription pads. This had prevented the non-medical prescriber from completing the episode of care for a patient. Access to CHP-wide prescriptions are now available, where appropriate, to support prescribing that crossed multiple medical practices or was geographic in nature.
- Continuing professional development – all non-medical prescribers needed to be supported with continuing professional development and clinical supervision. Non-medical prescribing forums were being established across NHSGGC to provide opportunities for non-medical prescribers to share best practice audit and identify learning needs.

During discussion, the following points were raised:-

- There continued to be concern around mentoring to support non-medical prescribing. For AHPs, the onus was on the individual to find a doctor to mentor them and to build a good relationship. As AHPs were often not practice attached, practices were reluctant to take on the role of mentoring as no direct benefit to the practice would result. The same concern was within community pharmacy in persuading GPs of the benefits to them and their patients in the longer term. Ms Camp confirmed that Strathclyde University had support programmes for mentoring but she recognised these concerns.
- Relevant competencies were set by the further educational establishments and relevant professional societies. Ensuring that a mentor was up to speed with these competencies, required a lot of work particularly as both the mentor and the student shared accountability for prescribing. GPs were reluctant to take on the mentoring role because there was no funding source and it removed them from their clinical duties. There was some recognition, however, that the benefits of having that person as a qualified prescriber should outweigh the difficulties in mentoring them initially. To achieve this, resources had to be provided.
- Ms Camp described the difference between non-medical independent prescriber and supplementary prescriber. A non-medical independent prescriber could only be a nurse or pharmacist. A supplementary prescriber could be an AHP under a current clinical management plan.
- There were many benefits to nurse prescribing in that it had proved to be cost effective and handled increased throughout of patients in practices. The discussion had highlighted many barriers: for these reasons it was important to reduce these to see the pay-off in the end when the person was qualified.
- There was broad agreement that when a newly qualified prescriber had completed the 4-month course and their competencies had been signed off by their mentor, it would bring many benefits to the GP if that person stayed within the same practice.
- Did NES have a role in solving this workforce planning issue? Particularly when it was recognised that the benefits outweighed the difficulties in the long run but getting there, in terms of mentoring, was a huge problem at the moment. As there had not been the same difficulties in the acute service, could NES support Boards with this mentoring role.
- Was there a role within CH(C)Ps in terms of oral governance?

DECIDED:

- That Margaret Hastings draft a paper defining these concerns.
- That this be forwarded to Paul Ryan (Clinical Director, North Glasgow CHCP) to consider at the Clinical Governance Forum (CHCPs) in terms of governance and workforce planning.

Margaret Hastings

Margaret Hastings

Mr Bell thanked Ms Camp for attending and updating on this topic.

20. **ANNUAL REVIEW 2008**

The Board's Annual Review would be held on 18 August 2008. It was expected that, in line with previous years, the ACF would have a morning slot with the Cabinet Secretary. The format for 2007 seemed to work pretty well in that one representative from each of the Advisory Committees attended. These members formed a sub-group and shortlisted topics that would be raised on the day. The criteria for shortlisted topics was that they were:

1. a national issue;
2. the ACF could offer a constructive solution to propose to resolve the issue; and
3. that members could identify or highlight what has been done within NHSGGC in its regard.

DECIDED:

- That each of the Advisory Committee forward to the Secretary by Friday, 13 June 2008 a note of their named representative along with a list of topics that they may wish to bring up with the Cabinet Secretary at the Annual Review.
- That these names and topics be forwarded to Jo Quinn, Head of Performance. Sub-Group members would then meet to agree a shortlist of topics.

**All Advisory
Committees/
Secretary**

**Jo Quinn/Sub-
Group Members**

21. **CONSULTATION ON EHEALTH STRATEGY**

ACF members were emailed a copy of the above consultation on 21 April 2008. The ACF noted comments provided to Richard Copland from the AAHP&HCSC.

Ms Hastings informed the ACF that a new eHealth Strategy was scheduled to be launched by the SGHD on 24 June 2008.

NOTED

22. **UPDATE FROM THE CHAIRMAN ON NHSGGC BOARD BUSINESS**

Douglas Colville updated the ACF on the Board's most recent Board Seminar where three presentations had taken place on:-

- Understanding Health in the West of Scotland – from Carol Tannahill and David Walsh.
- Balance of Older People's Care: Johnstone Hospital – from David Leese
- Physical Disability Rehabilitation Services

Mr Robertson briefly summarised Professor Tannahill's presentation which explored life expectancy in the West of Scotland and looked at deprivation and environmental sector factors that influenced this. Discussion centred around what caused Scotland's poor health and what effect current policies and approaches were having as well as what might change things for the future.

The other two presentations summarised the Board's consultations and issues and responses received from these. Both would be considered at the NHS Board meeting scheduled for 24 June 2008.

Over and above this, the Chairman reported that he had attended the ACF Chairman's Group on Wednesday, 4 June 2008.

NOTED

23. CONSTITUTIONAL MATTER

The ACF was asked to consider the constitution particularly as it related to the term of office of the Chairman and Vice Chairman. At the moment, both serve a term of 2 years (as this is the cycle of elections for all the Advisory Committees) but it had been suggested that the ACF Chair and Vice Chair serve 4 years.

Members noted their ACF constitution and membership list. A practical difficulty with the proposed arrangement was that the Chair and Vice Chair of the ACF must also be an elected Chair of their respective Advisory Committee. If appointment was needed by the Advisory Committees for a 2-year period and, in terms of the ACF constitution, individuals ceased to be members of the ACF on ceasing to be Chairperson/Vice Chairperson of their respective professional committee. Points to note were as follows:-

- The Advisory Committee constitutions allowed for a Chair/Vice Chair to serve a further 2-year period after their first 2-year term was up – this, however, was rarely done by most of the committees. They tended to elect a new Chair/Vice Chair every 2 years. Furthermore, what was the likelihood of one particular Advisory Committee Chair obtaining these two 2-year terms from their committees and also being elected the Chair/Vice Chair of the ACF for the same 4-year period?
- Nothing precluded the ACF Chair/Vice Chair being nominated for a 4-year – or for serving a further term after that – BUT they must still be Chair of an Advisory Committee. Given above, this rarely happened.
- To allow this to happen, other than by coincidence, would ALL the Advisory Committees be prepared to change their relative constitutions to allow their Chair/Vice Chair to serve for one 4-year term? Would someone wish the commitment of being an Advisory Committee Chair for 4 years, the ACF Chair for 4 years and NHS Board Member for the same 4 years?

The ACF discussed this predicament and recognised that without altering all the Advisory Committee constitutions, it would be difficult for the Chair and Vice Chair of the ACF to achieve a 4-year term of office. Two alternatives were raised:-

- Would it make any difference if rather than having a Chair and Vice Chair, the ACF was Chaired by two Joint Chairs?
- Rather than the Advisory Committees being represented by their Chair and Vice Chair – would it make any difference to be represented by their Chair/Vice Chair and immediate past Chair?

The ACF went on to discuss the broader issue of the role of the ACF and Advisory Committees within NHSGGC. Where was the Advisory Committee mechanism used consistently by the Board to seek clinical advice?

DECIDED:

- That the Secretary write to Malcolm Finlayson (NHS Tayside) who was Chair of the ACF Scotland Chairs Group to seek other ACF constitutions in terms of how they addressed this matter.
- That all the Advisory Committees consider this matter at their respective meetings to see if they would be willing to change their respective constitutions to allow their Chair and Vice Chair to serve for a 4-year period.

Secretary

**All Advisory
Committees**

24. ADVISORY COMMITTEE MEETING UPDATES

- i) AOC – Gale Leslie reported the following topics from the recent AOC meeting:-
 - A presentation from the Child Protection Unit and implications for optometry.
 - Eye Care Review
- ii) APC – Ruth Forrest reported the following topics from their 9 April meeting:-
 - Redesign of acute mental health pharmaceutical services.
 - Better use of IT and automation of services.
 - Leadership Seminar.
- iii) AAHP&HCSC – Margaret Hastings reported the following from their last meeting:-
 - eHealth Strategy.
 - Publication of the Committee’s Annual Report.
- iv) ADC – Clive Bell reported the following from the recent ADC meeting:-
 - Ongoing implementation of the decontamination arrangements within practices. A recent SGHD communication had been received which confirmed that the compliance date was now under review.
- v) AMC – Douglas Colville reported the following from a recent AMC meeting:-
 - Health Visitor Review
 - Vale of Leven

- Independent Scrutiny Panels
- MMC

Douglas Colville confirmed it remained his intention to attend as an observer a meeting of all the Advisory Committees to gain a greater understanding of their role and ongoing topics of discussion.

NOTED

25. DATE OF NEXT MEETING

Date: Thursday, 7 August 2008

Venue: Dalian House

Time: 2.00 p.m. to 4.00 p.m.

Main Agenda item will be the Annual Review Preparation.