

**INVOLVING PEOPLE COMMITTEE**

Minutes of the meeting of the Involving People Committee  
Meeting Room 3 Centre, Dalian House  
At 10.00 pm on Monday, 1<sup>st</sup> December 2008

**PRESENT**

Peter Hamilton (Chair)  
Amanda Coulthard      Jessica Murray      Ally McLaws  
Helen MacNeil      Pat Bryson      Joe McIlwee      Scott Bryson

**IN ATTENDANCE**

Jim Whyteside      Head of Public Affairs  
Gillian Kinstry      Scottish Health Council  
Linda Davidson      Events Co-ordinator  
Kate Munro      Community Engagement

**1. APOLOGIES & WELCOME**

Apologies were received on behalf of, John Bannon, Grant Carson, and Ravinder Kaur Nijjar

Peter welcomed Dr Kate Munro to speak on agenda item 4, "User Involvement".

**2. MINUTE OF MEETING OF 8 OCTOBER 2008**

Approved.

**3. MATTERS ARISING**

Patient Information Points

Ally informed the committee that he and Peter had met with Anna Baxendale to discuss the new Health Improvement Hubs (Hi Hubs) planned to go into the new ACAD hospitals at the Stobhill and Victoria sites, this was to ensure that we do not go in a different direction from the recognised and tested Patient Information Points, which are now in use at Easterhouse Health Centre and Gartnavel Hospital.

Ally went on to say that he has planned to meet with Alex McIntyre, Director of Facilities so as to discuss the issue of spacing for the Hi-Hubs.

Kate issued an open invite to the committee for tours of the new ACADs; Peter added that he would let the non-executive directors know this along with his own local PPF.

### Better Together update

Jim informed the committee that he recently attended a meeting on the above project and stated that it will be the new year before we see any local progress, apart from that there is nothing more to update the committee with.

### Vale of Leven update

Peter stated that he had chaired the first public meeting on the previous Thursday as part of the consultation of the Vale of Leven hospital in the Commodore Hotel, Helensburgh and would be doing so at a further meeting in Dumbarton Burgh Hall later that day. More events will be held in January at the same venues and there would also be an additional evening only meeting in the Vale of Leven Academy: so far the feedback had been encouraging.

Ally commented that there had been a newsletter sent out to every household and public area in the West Dunbartonshire area and Helensburgh and the Lochside informing everyone on the Vision for the Vale.

## **4. USER INVOLVEMENT**

Peter welcomed Dr Kate Munro, Community Engagement Manager, back to a meeting of the Committee. Kate distributed a summary of the findings of her Phd study on “Developing a Dialogue on Health: User Involvement in Health and Health Services” and from this she had put together a presentation “Behind the Rhetoric – What does User Involvement mean in Glasgow”.

Kate then went on to give the committee an overview of this presentation, she said that defining user involvement entails the direct engagement of individuals or user groups in their own personal health service policy and decision making processes, and the actual activity is widely interpreted and variously named e.g. consultation, collaboration, involvement, participation or research.

She then went on to cover the policy context stating that the PFPI policy is both the culmination of many years of development and a new concept for the NHS and also that it has ambitious aims that go beyond simply identifying user views and preferences and indeed aspire to use these as a catalyst for changing the culture of the health service, the way that the NHS interacts with people and the way the services are delivered.

Kate also explained that the study was undertaken on three settings; maternity, mental health and gynae oncology, this was done on four groups; clinicians, users, managers and strategists and on three types; individual care, examining services and strategic planning also included was one excluded group this was on the basis that if processes were sufficiently sensitive to reach one such group then

they could reach others.

Kate also detailed to the committee her findings on individual care and treatment, data examine services, strategic planning, representation and barriers, she stated that this led to a number of challenges to the culture and professional ethos of the health service, although she found that these were not inconsiderable issues and represent a challenge to core concepts and relationships of the NHS.

She then went on to present her conclusions to the committee and asked if anyone had any questions.

Peter asked Kate if she thought that user involvement came more from the middle class, well educated and articulate she replied that plenty different types of people are willing to be involved but it was more likely that these were the categories who would play a role in their treatment decisions, take part in groups, meetings and forums and in the deprived communities the attitude of 'doctor knows best' still prevails.

## 5. INVOLVING PEOPLE FRAMEWORK

Jim presented to the committee the sixth draft of the Framework for Patient Focus and Public Involvement (PFPI) for 2009 – 2010, he stated that this draft updates and replaces the previous framework, this is necessary as there has been many changes since NHS Greater Glasgow and Clyde submitted their first framework document to the Scottish Executive in 2003. Substantial change has come to us via reorganisation, new national policies, new objectives and new legislation.

Jim asked the committee to draw their attention to some particular points within the content of the document e.g.

- Section 7. How decisions are made in NHSGGC
- Section 11. Corporate Objectives and Priorities
- Section 12. Service Priorities and actions

Jim also stated that we need to show the difference between *Patient Focus* and *Patient Involvement* as they are actually two very different things.

He also posed and answered the question 'where do these actions come from?' Many of the actions were put in place in response to direct input from representative stakeholders attending a special workshop based event as part of the 2008 Annual Review and Assessment process. These stakeholders who took part were encouraged to speak freely about what they saw as the principles, standards and priorities we should adopt within the framework. Jim also said that we are also pointed in the right direction by the Scottish Health Council (SHC) who undertakes the role as an independent annual assessor of the Boards performance in delivering its PFPI framework.

Jim continued by saying that he would welcome any comments/input from Committee Members and that these should be directed to him by email.

Peter asked about the next steps and Jim responded by saying that the Communications and PFPI Group and the PPPG would be looking at the framework, he hopes to have this finalised in the New Year, with the document brought back to the Involving People Committee for formal adoption..

## **6. PFPI ACUTE PLAN 2008/09**

Jo Gibson had had to cancel attendance at the Committee at short notice so is therefore unable to give her presentation on PFPI Acute Plan 2008/09.

## **7. LAY REPRESENTATION, MEDICAL PRESCRIBING**

Scott Bryson updated the committee on Lay Representation – Medical Prescribing: he tabled two papers;

1. Stages for addition of a new cancer medicine to the drug formulary in NHSGGC *and*
2. Decision process in access to cancer medicines

Scott then went on to talk through the different stages described in these papers.

Paper 1. – This gives an overview of the various levels of approval, beginning with the European level of the licensing process, which then leads on to Scottish Medicines Consortium (SMC), which advises all NHS boards of the clinical and cost effectiveness of any new drug. The next stage in the process is at Regional level when consultation is undertaken with MCNs/local experts. This is then passed down to a local level and formulary managed at this stage. The medicines can either be taken to the Prescribing Management Group (PMG) or directly given Formulary Status this will either be Total Formulary (specialist use) or Non Formulary (NF) (exceptional use).

Paper 2. - Explained the process used in the decision process in the access to cancer medicines on rare situations of Non Formulary Prescribing.

Scott stated that this process begins at Non Formulary Application level before going down to the Directorate Review Process, this is undertaken by key people such as Professor Alan Rodger, Medical Director, Beatson West of Scotland Cancer Centre. It is then passed down to the Outcomes/Options level and, if approved, will then be an NF Cancer Medicine Prescribed.

Scott went on to say that, if declined, the process will continue on and go to Consultant/Patient Support for appeal. If the appeal is upheld by the Boards Exceptional Appeal Panel, it is at this stage we should have a Lay Representative who would along with the rest of the panel decide to invite an external advisor to be appointed or to continue along to the end of the process for the medicine to be upheld as an NF Medicine Prescribed or otherwise declined completely.

Both Peter and Ally asked Scott how the right person was selected to be a Lay Representative on the Exceptional Appeals Panel to which he replied that other boards already have a process in place, NHS Grampian being one such board and we will use their example.

Peter also said that we need people with the right type of knowledge as we cannot bring someone in who is totally 'cold' and so unable to function and that NHSGGC is exposed in not having this lay person in place. Scott responded by saying that there is a large number of people who do not understand this problem: we do have a Patient Representative on the Appeal Panel but what we don't have is a Lay Member.

Helen asked if there should be a national-level group and Scott replied by saying that there are definitely benefits in this but this also there are drawbacks in that sometimes local representation is better due to reduced timescales.

Jess asked if there was a criteria for drawing up these lay people and Scott responded by saying that we do not have this in place yet but this is something we are working towards

## **8. AOB**

Pat asked the committee if they knew about a questionnaire that was going out to patients asking their views on their local GP practice, she have been informed that GPs are not pleased about this. Ally responded by saying that this questionnaire was coming directly from the Scottish Government Health department and is completely different from the Better Together questionnaire.

## **9. DATE OF NEXT MEETING**

It was agreed that Committee would meet again on **Monday, 2<sup>nd</sup> February 2009**. The meeting would commence at **10.00 am to 12.00 midday**. The venue will be Meeting **Room 3<sup>rd</sup> floor centre** (opposite lifts), Dalian House, 350 St Vincent Street, Glasgow.

Linda Davidson  
January 2009