

GREATER GLASGOW AND CLYDE NHS BOARD

IPC (M) 09/04

INVOLVING PEOPLE COMMITTEE

Minutes of the meeting of the Involving People Committee
3 Centre Dalian House
At 10.00 am on Monday 12 October 2009

PRESENT

Peter Hamilton
Scott Bryson Jessica Murray Pat Bryson
Ally McLaws Barry Williamson

IN ATTENDANCE

Jim Whyteside Head of Public Affairs
James Stewart Scottish Health Council
Linda Davidson Events Co-ordinator

1. APOLOGIES AND WELCOME

The Chair welcomed Barry Williamson to his first meeting of the IPC. Apologies were received on behalf of John Bannon, Grant Carson, Ravinder Kaur Nijjar, Helen MacNeil and Joe McIlwee.

2. MINUTES OF MEETING AUGUST 2009

Approved

3. COMMITTEE MEMBERSHIP AND MEETINGS

There had been some comments from members re the suitability of Monday morning meetings however after discussion it was agreed that we continue with meetings as previously diaried with meetings on a two monthly basis

4. INVOLVING PEOPLE FRAMEWORK –THE MUTUAL NHS

Jim passed around the table a discussion paper that had been written by Catriona Renfrew and Lorna Kelly on a Mutual NHS, so as to allow this committee to make comment.

Jim followed on by running through the main points of the paper stating that this paper had been developed following the May Corporate Session on the Mutual NHS. The purpose of this session was to respond to the emerging detail on the

national policy approach of how this will be developed and implemented. He went on to say a Mutual NHS is described as one where patients have more control over their own health and where decisions about how the NHS is run and shared by all. That national work streams are to be badged under the Mutual NHS label effectively replacing PFPI as terminology. The paper described the significant challenges for NHSGGC in linking closely related but different activities in relation to the way we engage with the public and local communities, and in how we assess, respond to and improve the experience of individual patients in the context of tackling wider inequalities.

Jim stated that this will present us with many challenges and the proposed actions required consideration - but on a positive note, the values, drivers and objectives at the core of the Mutual NHS were in line with our existing organisational commitments and imperatives. The national policy focus offers us the opportunity to reshape and reinvigorate our approach.

Ally stated that this allows the committee an opportunity to play a central role in how this is led.

Jim interjected that he had recently attended an event in Edinburgh on this subject - it had been attended by all the other NHS Boards across Scotland and it was clear that they saw no divergence of approach between the Mutual NHS and existing direction of travel with PFPI. Jim also said that since we have a framework that this should be fully integrated into services

Peter said he will consult with Catriona and Iain to take this forward and also get hands on feedback from them and share with committee members.

Scott felt that the Area Clinical Form should have a look at this paper to widen awareness within the committee.

5. ANNUAL REVIEW

Jim gave an update on the progress of the annual review that was due to take place on Monday 19th October.

As part of this process, beforehand, the Cabinet Secretary is scheduled to meet with a small number of patient representatives. This session is due to last approximately 45 minutes, she will have the opportunity to chat informally with the representatives, asking them for their thoughts on NHSGGC's performance and also their own personal view. Subsequent to this there had been a preparatory session for representatives which involved the Scottish Health Council. Jim had described the arrangements and programme for 19th October thus giving the representatives the opportunity to pose any questions/queries that they may have on the format and expectations for the day.

6. PFPI FUNDING

Ally stated to the committee that the IPC database up to now has only been able to survive due to Endowments, and due to the ongoing review on all funding we have only been able to secure monies to cover this up until December of this year, this equates to only two thirds of what we need. So the question is 'how do we do this thereafter' – we; already have had to pull back from things like the Our Health Events. He followed on to say that this model of database has been looked at by other boards who are most impressed by this model. Where do we go from here?

Peter agreed this was a serious issue and it was desirable that funding should be mainstream

Barry agreed strongly with Peter and feels that this is a serious matter at the very threat to take this money and resource away. He stated that we need to make a high level statement to make sure that this resource continues.

Jim pointed out that this was resource was essential to the whole organisation. Peter expressed confidence that funding would be secured as the alternative would be unacceptable in terms of the PFPI agenda

Scott said that in his own experience when he previously used the database to enlist members for a working group he had found this tool to be invaluable.

7. PROPOSED BOARD SEMINAR

It was reported that the February board seminar would include an item on the Quality Strategy and how that impinges on the mutual NHS and PFPI agenda.

8. BETTER TOGETHER UPDATE

Peter gave an update on the project .

The national survey on GP Practices would be issued mid November , the inpatient survey in January 2010 with long term conditions later in the year.

The pilot inpatient survey in NHSGGC had taken place, this involved 350 people at GRI and 250 people in Gartnavel (including the Beatson), to fill in a 40 question questionnaire, from this there was a 46% response rate.

These questionnaires are to be analysed by Price Waterhouse Cooper with feedback to the boards participating in the pilot.

Jim said that nationally the project is running 12 months behind schedule and that any survey arrangements and analysis costs are to be met by ourselves.

Peter stated that to get a more accurate picture to what is happening with this project we will invite Rory along to a future committee meeting.

9. SERVICE REVIEW SCHEDULE

Jim tabled a discussion paper that he wrote on service review and distributed among the members present.

He followed on running through some of the main points of the paper stating that at the core of the Committee's remit is the responsibility for governance of NHSGGC's discharge of responsibilities under the NHS Reform (Scotland) Act 2004. He said that this can be broken down into various elements:

- Making sure national and local policy is applied by services
- Services are aware of obligations resulting from the act and national guidelines
- Services have infrastructure in place to meet obligations
- PFPI is integrated within service planning and delivery
- Highlight best practice and bottlenecks across the system

Jim said that the current framework for PFPI 2009/10 requires services and partnerships prepare an annual statement of PFPI priorities, actions and progress for review by this committee. Jim put forward a suggested timetable of presentations for future committee meetings He followed on to say that committee members were asked to consider how many presentations would be feasible at each IPC meeting and asked members to comment as to whether there are any particular services or issues they wish to explore.

Peter asked the committee to agree to a program being compiled for acceptance at the next IPC meeting. This was agreed.

10. DATE OF NEXT MEETING

It was agreed that the Committee would meet again on **Monday 7 December 2009**. The meeting would commence at **10.00 am**. The venue will be **Meeting Room 3 Centre** (opposite the lifts), **Dalian House, 350 St Vincent Street, Glasgow**.

Linda Davidson
November 2009