

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Area Clinical Forum
held in the Conference Room, Dalian House
350 St Vincent Street, Glasgow
on Thursday 3 December 2009 at 2.00 pm**

PRESENT

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

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| Patricia Spencer | Vice Chair, ANMC |
| Gerry Hughes | Vice Chair, APC |
| Nicola McElvanney | Vice Chair, AOC |
| Ruth Forrest | Chair, APC |
| Mary McEwen | Vice Chair AAHP&HCSC |

IN ATTENDANCE

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| Shirley Gordon | Secretariat Manager |
| Andrew Robertson | Chairman, NHS Greater Glasgow and Clyde |
| Kevin Hill | Director of Oral Health (for Minute No.41) |
| Brian Cowan | Medical Director |
| John Hamilton | Head of Board Administration |

ACTION BY

40. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Gillian Halyburton, Margaret Hastings, Val Reilly, Gale Leslie, Linda de Caestecker, Adele Pashley and Scott Bryson.

Mr Bell welcomed Kevin Hill in attendance to deliver a presentation on the role of the Oral Health Directorate.

He also welcomed Mary McEwen, the newly appointed Vice Chair of the Area Allied Health Professions and Health Care Scientists Committee. Mary had replaced Tom Downie.

NOTED

41. PRESENTATION – THE ROLE OF THE ORAL HEALTH DIRECTORATE

Mr Bell welcomed Kevin Hill, Director of the Oral Health Directorate who, since his appointment, had worked very hard to build a solid working relationship between the Oral Health Directorate and the whole dental care community in NHS Greater Glasgow and Clyde. In Primary Dental Care, excellent lines of communication with the Oral Health Directorate existed through the Area Dental Committee and the General Dental Practitioner Subcommittee of the Area Dental Committee. Mr Hill regularly attended these meetings. Furthermore, dental networking had been further improved by the N3 intranet computer system which was now installed in virtually all dental practices in NHS Greater Glasgow and Clyde.

Mr Bell reflected how beneficial it would be if this excellent model was rolled out, in the future, to optometrists.

Mr Hill began by giving a brief overview of the Oral Health Directorate and where it sat within NHS Greater Glasgow and Clyde. It was one of seven Clinical Directorates within the Acute Services Division and encompassed over 650 General Dental Practitioners, 252 General Dental Practices, Community and Salaried Dental Services within 39 locations (90 surgeries), Glasgow Dental Hospital and School, the Emergency Dental Services, Dental Public Health and Health Improvement and Acute Hospital Orthodontic Services. Over and above this, the Directorate had built an excellent working relationship with the University of Glasgow to share strategies and plans of common interest as well as joint understanding and communications.

As such, the Oral Health Directorate brought together all professions involved in dentistry and had a presence on most acute sites and in health centres in every CH(C)P area. The unique Directorate structure also afforded the opportunity to standardise clinical governance activities.

Mr Hill led the Forum through activity levels in respect of Glasgow Dental Hospital which saw over 117,000 patients in 2008/09. This represented an 8.3% increase on 2007/08. In terms of working with General Dental Practitioners, a joint approach had been taken with the development of strategy, policy, planning and operational implications between General Dental Practitioners and with other areas of the Oral Health Directorate. A number of areas had been identified where it was considered dedicated General Dental Practitioner participation and advice could be required and five work streams had been set up to progress this work.

He was aware that the provision of Local Decontamination Units (LDUs) was a topic regularly discussed at the Area Clinical Forum. Throughout NHS Greater Glasgow and Clyde, 81% of practices now had a Local Decontamination Unit facility. Work was ongoing with those practices that, to date, had been unable to provide this facility.

Mr Hill summarised both the “Toothbrushing” and “Childsmile” programmes aimed at improving the oral and general health of children in Scotland reducing inequalities both in dental health and access to dental services.

In terms of current and future plans, Mr Hill emphasised that it was paramount to improve and sustain current programmes of work. In this regard, Childsmile was being integrated into General Dental Services and a range of local dental services was being developed to improve patient care and access to specialist and intermediate dental assessment, advice and treatment. Glasgow Dental Hospital and School would be redesigned and large modern dental centres were being introduced at the Royal Alexandria Hospital, Inverclyde Royal Hospital and the Vale of Leven Hospital.

Ms Spencer referred to the Oral Health Improvement Funding devolved from the Oral Health Directorate to CH(C)Ps for children aged 0 – 4 years. This totalled over £1.6M and she wondered how this was managed. Mr Hill clarified that this was managed on a day-to-day basis by the CH(C)Ps mostly with the Heads of Childrens Services. Service Level Agreements had been established for these monies and quarterly monitoring took place in terms of its accountability.

Mr Robertson commended Mr Hill for the huge undertaking since the conception of the Oral Health Directorate. The presentation had given an excellent overview of all services that the Directorate encompassed. In response to a question from Mr Robertson, Mr Hill outlined the Board’s HEAT targets in respect of dental registration for children and targets to reduce dental caries within primary school aged children. Early data gathering suggested that the Board should meet these targets.

In response to a question from Dr Cowan, Mr Hill confirmed that the Oral Health Directorate was represented on the Primary Care Framework Group. The future of the Directorate was under discussion as were the pros/cons of having the service centralised or fragmented. Mr Bell commented that it was the view of the Area Dental Committee that a single point of access to a Dental Directorate had many benefits and he hoped not to see this fragmented in the future.

Mr Hughes asked about the continuing personal development of Dental Practitioners and wondered how this compared with pharmacists. Mr Bell confirmed that over 5 years, Dental Practitioners had to complete 250 hours of continuing personal development, 15 hours per year of which had to be verifiable. Such further education requirements did not fall to the Oral Health Directorate but sat with the General Dental Council.

The Forum was interested to note the N3 intranet computer system which had now been installed within NHS Greater Glasgow and Clyde's dental practices. This was an excellent development and, although did not give access to patient records, gave access to electronic referrals and a patient's CHI number. Mr Hill also recorded that work was ongoing with the Board's Health Screening/Vaccination Programme Teams to try to get equitable access to their databases so as to target children for the Toothbrushing and Childsmile programmes. This would represent an excellent development.

Mr Bell thanked Mr Hill for the interesting and informative presentation.

NOTED

42. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)09/4] held on Thursday 8 October 2009 were approved as an accurate record.

NOTED

43. MATTERS ARISING

- (i) Mr Bell reported that Dr Craig Williams had agreed to attend the Forum meeting scheduled for 1 April 2010 to discuss the MRSA Screening Project.
- (ii) Ysobel Gourlay had duly attended the last Area Dental Committee meeting to present on the overview of antimicrobial prescribing tailored toward dental prescribing.
- (iii) Mr Bell sought endorsement of observer status at future Area Clinical Forum meetings for a representative of the Advisory Committee in Clinical Psychology (normally the Chair or vice Chair). This was agreed and the Secretary was asked to confirm this, in writing, to Ms Adele Pashley. *{post meeting note – the Secretary duly confirmed this to Ms Pashley on 8 December 2009}.*
- (iv) Mr Hughes confirmed that from a retail pharmacy point of view, uptake of the H1N1 vaccination had been positive. Ms McElvanney, however, raised concerns about the availability of the vaccination to optometry staff. This appeared to differ across CH(C)Ps with some not recognising optometrists as healthcare staff. As a result of this, some optometrists had attended their own GP for the vaccination rather than one of the central locations being offered to healthcare workers. This was disappointing and the Forum agreed that CH(C)Ps should be

Secretary

consistent in how the vaccination was being delivered across the piece to healthcare staff.

Mr Hughes confirmed that every pharmacy within the Board's area now had tamiflu available for the dispensing of a prescription.

NOTED

44. ANNUAL REVIEW – FEEDBACK AND REFLECTION

Mr Bell considered the ACF slot with the Cabinet Secretary on 19 October 2009 to have been held in a positive and construction manner. The Cabinet Secretary had been well briefed and had listened carefully to all the points raised. He thanked those ACF members who had attended for their professional presentations and the manner in which their points were made. In terms of the Area Dental Committee topic, Mr Bell was pleased to note that the Cabinet Secretary agreed the timeframe for LDU installation in all dental practices was not now realistic and that new timescales would be drawn up soon for the various types of practices unable to conform to the Glennie recommendations. This was currently being drawn up and new guidance was expected shortly.

The Forum agreed that it missed the input from the Board's Head of Performance who had been on maternity leave. Other members who had attended the meeting had varying opinions on how it was conducted. In particular, Mrs Hastings did not feel she had an opportunity to respond to the Cabinet Secretary question on how involved the advisory committees were on workforce review and career development. Gale Leslie did not feel that solutions to her topics, raised on behalf of the Area Optometric Committee, had been well addressed. The Forum discussed this and suggested that, in respect of the AOC's queries concerning independent prescribing, she liaise with Jane Camp, the Board's Non Medical Prescribing Lead. It was also suggested that this may be best tackled at CH(C)P Director level and, as such, the best route may be to go directly via Catriona Renfrew, Director of Corporate Planning and Policy / Lead NHS Director Glasgow City CHCPs.

Gale Leslie

Gale Leslie

Mr Robertson confirmed that the Cabinet Secretary's follow-up letter to the Annual Review had been received and had been favourable. This was available on the Board's website.

NOTED

45. 2010 ACF MEETING DATES

Members were asked to approve their 2010 meeting dates which followed the established cycle of being held bi-monthly on the first Tuesday from 2.00 pm – 4.00 pm. The meetings were approved as follows:-

4 February
1 April
3 June
5 August
7 October
2 December

NOTED

46. AREA CLINICAL FORUM – 2010 WORKPLAN

Members were asked to note the ACF Workplan for 2010. Mr Bell reported that Lyndsay Lauder, Head of Workforce Development, had been keen to attend a future ACF meeting. The Secretary was asked to contact Ms Lauder to agree a mutually suitable date. *{post meeting note – the Secretary has confirmed with Ms Lauder and she will attend the meeting scheduled for 5 August 2010}.*

Secretary

NOTED

47. ADVISORY COMMITTEE CHAIRS - UPDATES

(i) Area Nursing and Midwifery Committee – Pat Spencer updated on topics discussed at the last ANMC held on 5 October 2009:-

- ANMC Development day – feedback from the 31 August 2009 event
- The ACF slot at the Board’s Annual Review and, in particular, the ANMC topic
- Professional Network meeting
- Framework and approach for refreshing the Primary Care Strategy
- Definition of Community Nursing – consultation document
- Agenda for Change
- Draft Health Records Management Strategy Document
- Pandemic Flu Management

Ms Spencer also circulated a copy of the Committee’s Workplan and encouraged other members’ suggestions/input.

(ii) Area Pharmaceutical Committee – Ruth Forrest reported on the following topics discussed at the last APC meeting on 21 October 2009 including the following:-

- Community Pharmacy Contract
- Responsible Pharmacist Regulations
- Pandemic Flu Planning
- Communication Support and Language Plan

(iii) Area Allied Health Professions and Health Care Scientist Committee – Mary McEwen reported on the following topics discussed at the last AAHP & HCSC meeting:-

- Welcomed new representatives from biomedical science and mental health
- Elected new Vice Chair
- 18 week Referral to Treatment programme and its implementation in NHS Greater Glasgow and Clyde
- Output from refreshing Primary Care Strategy
- Update on the AHP National Mental Health developments including a development to appoint an AHP Consultant in Dementia who would work with the Acute Services Division to ensure better co-ordination of such patients out of acute care and back into community settings
- Modern apprenticeships in some of the Glasgow laboratories – want to explore potential for developing this to support skill mix within services

(iii) Area Dental Committee – Clive Bell reported on the following topics discussed at the last ADC meeting on 12 November 2009:-

- Dental aspects of antimicrobial prescribing
- Oral Health Directorate business
- LDU compliance rates
- Letter from the Chief Dental Officer regarding the extended timeframe for LDU installation
- Childsmile
- General Dental Practitioners engaging with CH(C)Ps

NOTED

48. UPDATE FROM THE ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS

Mr Bell reported that he had attended the NHS Board meeting on Tuesday 1 December 2009 and a National ACF Chairs Group Meeting on Wednesday 2 December 2009. The NHS Board agenda included discussion around approval of a revised Scheme of Establishment for Glasgow City CHCPs and a Hepatitis C Update.

The ACF Chairs Group was held in Stirling and had discussed:-

- The roles and responsibilities of non Executive Board Members ensuring succession planning
- Proper conduct and standards of behaviour
- Annual Reviews – Sharing practice and learning from other Board areas
- 18 week Referral to Treatment target

NOTED

49. ANY OTHER BUSINESS

Mr Hughes referred to recent changes to medicines distribution in the UK. He outlined the background to the current situation which was now causing concern throughout community pharmacies in Scotland. The main concern was a shortage of certain drugs due to the quota system. The new restrictions meant that additional supplies over and above a quota could not be made and this situation had reached a stalemate and was likely to incur increasing costs to the NHS particularly as pharmacists were often having to contact manufacturers directly to seek supplies rather than obtaining via a wholesaler. Some patients were being referred back into the hospital system as the only means of obtaining their medicine and this was not satisfactory.

Community Pharmacy Scotland was collecting and collating evidence of medicine shortages due to manufacturers quotas and was recoding evidence of detriment to patient care.

DECIDED

That Mr Robertson contact Mr Hughes further to discuss the details of this problem and how best it may be addressed by the NHS Board.

**Andrew
Robertson**

50. DATE OF NEXT MEETING

Date: Thursday 4 February 2010

Venue: Dalian House

Time: 2 - 4 pm