

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 4 February 2010 at 2.00 pm**

**PRESENT**

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

Gale Leslie	Chair, AOC
Gillian Halyburton	Chair, ANMC
Margaret Hastings	Chair, AAHP&HCSC
Gerry Hughes	Joint Vice Chair, APC
Val Reilly	Joint Vice Chair, APC
Nicola McElvanney	Vice Chair, AOC
Patricia Spencer	Vice Chair, ANMC
Kevin Hanretty	Chair, AMC

**IN ATTENDANCE**

Shirley Gordon	Secretariat Manager
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
Brian Cowan	Medical Director, NHS Greater Glasgow and Clyde
Adele Pashley	Chair, Psychology Advisory Committee
Carole Allan	Clinical Director, Psychology

**ACTION BY**

**1. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Mary McEwan, Scott Bryson, Ruth Forrest, Linda de Caestecker, John Hamilton and David McCall.

Mr Bell welcomed all those in attendance to the first Area Clinical Forum meeting of 2010. He also welcomed Carole Allan in attendance to deliver a presentation on the role of Clinical Psychology within NHS Greater Glasgow and Clyde.

NOTED

**2. PRESENTATION – THE ROLE OF CLINICAL PSYCHOLOGISTS ACROSS NHSGGC**

Mr Bell welcomed Carole Allan, Clinical Director, Psychology, to talk through the role of clinical psychology within NHS Greater Glasgow and Clyde. Dr Allan thanked the Forum for the kind invitation and, in particular, at this time as a new professional structure within NHS Greater Glasgow and Clyde was currently being implemented. Furthermore, a consultation document, commissioned by the Scottish Government, was being considered on “Applied Psychology in NHS Scotland”. As such, it was timely to describe psychology services as they existed throughout the Board’s area and to note the challenges that lay ahead.

Dr Allan explained that psychology was newly regulated by the Health Professions Council. She set the policy context and the demographic, health and inequalities challenges that faced the Board. She recorded how the role of psychology played a significant part in many teams and services and, furthermore, how in 2006 three new HEAT targets were introduced by the Scottish Government concerning mental health, namely:-

- Reducing the rate of anti-depressant prescribing.
- Improving access to psychological therapies.
- Child and Adolescent Mental Health Services – referral to treatment target.

NHS Greater Glasgow and Clyde had the largest grouping of psychologists in Scotland (approximately 250). This represented almost half of the Scottish total of clinical psychologists.

Dr Allan described the training undertaken in the field of psychology and explained that the majority of clinical psychologists would go on to work within the NHS on qualification. In terms of the distribution of psychologists within NHS Greater Glasgow and Clyde, she recorded that about one third worked in Adult Mental Health with others working within Children's and Young Peoples Services, Older Adult Services, Addictions, Learning Disability, Homeless, Asylum Teams and in Forensic Services. Although widely distributed in this way, she explained that a single department did not exist but that psychologists were managed locally by CH(C)Ps and other local teams/services. As a profession, psychologists linked together via the Psychology Advisory Committee.

Dr Allan described the psychology input into managing occupational health within the NHS and tackling staff sickness absence rates. This work involved dealing with common mental health problems, retirement prematurely because of mental health issues, suicide, stress having an impact on the care of patients and alcohol disorders. In terms of the organisational tree for psychology, it was noted that it was a small professional group dispersed over a number of specialities. As such, this fragmented the service and there was a need for a critical mass to ensure sustainable capability and capacity. This was one of the challenges for the restructuring and to ensure equality of access to psychology services across NHS Greater Glasgow and Clyde.

Dr Allan summed up by explaining that psychology in health care was everyone's business as it was the most common intervention delivered by all staff.

Ms Pashley described the role of the Psychology Advisory Committee which was formed ten years ago. It was not a management-led Committee and its remit was to respond to issues on behalf of the profession. It encompassed the whole of NHS Greater Glasgow and Clyde's area and its constitution was currently being reviewed.

In response to a question, Dr Allan described, in more detail, Cognitive Behavioural Therapy (CBT). NICE and SIGN guidelines both recognised CBT as an important intervention and this was carried out face-to-face with patients. It was used particularly to tackle alcohol and/or obesity issues. It was not commonly used to address smoking cessation although the principles of CBT could be used to support those involved in the design and delivery of smoking cessation services.

Dr Allan confirmed that there was a psychology presence in dealing with long term conditions such as cardiac intervention and diabetes. In accordance with the GMS contract it was often practice nurses who delivered these services and psychology was an invaluable resource.

In terms of identifying gaps in current psychology service provision, it was hoped to quantify and resource, in the future, an increased service within older adults.

Mrs Hastings described the links between psychology and physiotherapy in relation to pain management. Good synergies existed particularly with regard to motivational enhancement work and ensuring patients had commitment strategies in place. This focussed on managing patient's expectations and ensuring they recognised their own responsibility in managing their symptoms/care plans.

Dr Allan described how the regulatory body for psychologists had changed. This was similar to pharmacists and it was now the case, since the Shipman Review, that professional bodies must be separate from regulatory bodies.

Mr Bell thanked Dr Allan for the interesting and well delivered presentation which had encouraged excellent debate.

NOTED

### **3. MINUTES**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)09/5] held on Thursday 3 December 2009 were approved as an accurate record pending the inclusion of the update from the Area Optometric Committee.

NOTED

### **4. MATTERS ARISING**

- (i) In response to a question from Ms Pashley regarding observer status to the Area Clinical Forum for the Psychology Advisory Committee, Mr Bell clarified that this would allow Ms Pashley, as Chair of the Committee, to attend and participate fully in Area Clinical Forum meetings. It did not include voting rights.
- (ii) The H1N1 vaccination had now been offered to all optometry staff.
- (iii) Gale Leslie had contacted Jane Camp, the Board's non Medical Prescribing Lead, and, as a result of discussions, progress had been made in identifying an Optometric Independent Prescriber. Mrs Leslie reported that, so far, the Optometric Independent Prescriber could only issue prescriptions within a hospital setting and not yet within the community. It was hoped to progress discussions to ensure community prescribing at a future date.
- (iv) Ongoing discussions were taking place concerning the medicines shortage. The situation stood, at the moment, that the Scottish Government was being asked to intervene to resolve. It was hoped that immediate action would be taken and also measures put in place to avoid this happening again, particularly, as the situation had now spread across both Primary and Secondary Care. Mr Robertson agreed to contact the Board's Head of Prescribing and Pharmacy to obtain further information on how discussions/resolution was progressing locally.

**Andrew  
Robertson**

NOTED

**5. REFLECTION ON ACF SLOT AT ANNUAL REVIEW 2009**

Members were asked to consider a letter from the NHS Board Chairman (with which he had attached a letter from Gale Leslie, Chair, AOC) regarding the ACF slot at the Annual Review 2009.

Mrs Leslie explained that she had been surprised to see both the Medical and Nurse Directors present at the ACF slot with the Cabinet Secretary on 19 October 2009. This had not happened previously and, she believed, it should be just nominated ACF representatives who were in attendance. She thought that the attendance of both officers was inappropriate as the point of the ACF meeting with the Cabinet Secretary was to be able to speak to him/her frankly and without fear or favour. She particularly found the intervention of Ms Crocket, in one of the two topics submitted by the AOC to be especially unhelpful.

Members discussed the purpose of the meeting with the Cabinet Secretary and the way it had been conducted. Although the Medical and Nurse Directors were not members of the ACF they were invited to be in attendance. Dr Cowan confirmed that it was his intention to be in attendance at all future ACF meetings and the ACF agreed this would be invaluable. At the 2009 Annual Review meeting, however, although much preparation work had taken place, it would have been courteous to have known, in advance, that both Dr Cowan and Mrs Crocket would be in attendance. It was accepted, however, that since the situation had been aired, it was unlikely to occur again. It was also recognised that the ACF had benefited previously from the input of the Board's Head of Planning in the run up to the Annual Review. She was also the Board's Lead for all organisational elements of the Annual Review but at the 2009 meeting had been on maternity leave. It was agreed that a substitute to support the ACF nominees would have been beneficial.

On reflection, given that the above matters had now been raised, the ACF considered that nearer the time of the 2010 Annual Review meeting with the Cabinet Secretary, they would get a sense for the likely topics to be raised and determine whether the Nurse and/or Medical Director should be in attendance. This approach was welcomed particularly as the Medical Director guaranteed his future attendance and would, therefore, have prior knowledge of the detail of the topics and issues beforehand.

NOTED

**6. NHSGGC – PRIMARY CARE FRAMEWORK CONSULTATION**

Members were asked to consider the above consultation document. The closing date for comments was 12 February 2010 and the Area Clinical Forum was asked whether it wished to respond.

The document was briefly discussed and all advisory committees confirmed that they would be responding directly to the Board's Head of Policy. As such, it was considered that an ACF response was not necessary.

DECIDED

That the Secretary respond to Lorna Kelly (Head of Policy) to confirm that the six respective advisory committees would be responding directly to this consultation document.

**Secretary**

**7. AREA CLINICAL FORUM – 2010 WORKPLAN**

Members were asked to note the ACF Workplan for 2010 which had been well populated with a presentation at each meeting allowing sufficient time for the Forum's ongoing business. Members were encouraged to think of any future presentations/discussions/topics they may wish to discuss.

Gale Leslie asked about any Primary Care infection control measures taken locally by the Board. Val Reilly confirmed that these were now in place for NHS Greater Glasgow and Clyde and would forward these direct to Ms Leslie.

**Gale Leslie/ Val  
Reilly**

NOTED

**8. ADVISORY COMMITTEE CHAIRS - UPDATES**

(i) Area Pharmaceutical Committee – Gerry Hughes reported on the following topics discussed recently at the APC:-

- David Thompson had been elected as a member of the Scottish Pharmacy Board.
- Changes being made with the needle exchange programme whereby patients were now required to give the first and fourth letter of their first name and the first letter of their surname along with their Date of Birth so that they could be logged on a database. This would go some way to monitor, in more detail, the needle exchange programme and to ensure that community pharmacies were providing an optimal advice/intervention service as appropriate.

(ii) Psychology Advisory Committee – Adele Pashley reported on the following topics discussed recently by the PAC:-

- Planning to update their constitution.
- Delivering for mental health.
- The regulation of clinical psychologists.
- The outcome of Agenda for Change appeals.
- The consultation document regarding applied psychology in NHS Scotland commissioned by the Scottish Government.

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

- Children and Young Peoples Services.
- Knowledge Services.
- Primary Care Framework.
- Allied Health Professionals Review.
- Apprenticeships in Health Care Scientists.

(iv) Area Nursing and Midwifery Committee – Pat Spencer updated on topics discussed at the last ANMC meeting as follows:-

- The Committee's workplan.
- Workforce development.
- Primary Care Framework.
- SPSP.

- (v) Area Medical Committee – Kevin Hanretty reported that the AMC were discussing:-
- Primary Care Framework.
  - Bed manipulation and clinical requirements.
  - The allocation of high dependency beds within NHSGGC.
  - Facilities provision for training (such as induction events).
- (vi) Area Optometric Committee – Gale Leslie reported on the following topics discussed by the AOC:-
- The reorganisation of A&E Eye Services.
  - The review of a referral letter within East/West Dunbartonshire CH(C)Ps.
  - Low Vision Aid Services and the new library system for optometrists within CH(C)Ps.
  - Diabetic Retinal Screening Services and the disappointingly high DNA rates.
  - Constitution changed.
  - Annual Review Preparation.
  - Independent prescribing for optometrists.
- (vii) Area Dental Committee – Clive Bell reported the following topics discussed recently by the Area Dental Committee:-
- The provision of new Dental Centres at Paisley, Greenock and Alexandria.
  - Childsmile Programme.
  - The implementation of Local Decontamination Units – 83% of NHSGGC practices were now installed.
  - Attempts to resolve delays in referring complex cases from Primary Care into Secondary Care.
  - Primary Care Framework document.

NOTED

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

Mr Bell reported that the next ACF Chairs Group meeting was scheduled to be held in early March 2010.

Mr Robertson reported the following topics being discussed recently by the NHS Board:-

- A new Scheme of Establishment for Glasgow City CH(C)Ps was being drafted.
- Ongoing discussions were taking place with the remaining CHPs to progress a more integrated model.
- The Final Business Case for the new Southside hospital would be ready by October/November 2010.
- The C-diff enquiry had had its first meeting in Dumbarton Sheriff Court on 1 February 2010.

- Negotiations were ongoing with St Margaret's Hospice to find the best use of the existing 30 continuing care beds.
- Agenda for Change- all reviews had been completed.

NOTED

**10. DATE OF NEXT MEETING**

Date: Thursday 1 April 2010

Venue: Dalian House

Time: 2 - 4 pm