

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 1 April 2010 at 2.00 pm**

PRESENT

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

Val Reilly	Joint Vice Chair, APC
Nicola McElvanney	Chair, AOC
Maggie Darroch	Vice Chair, AOC
Patricia Spencer	Vice Chair, ANMC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde
David McCall	Consultant in Dental Public Health
Adele Pashley	Chair, Psychology Advisory Committee
Debbie Forsyth	MRSA Screening Project Manager
Craig Williams	Consultant Microbiologist
Brian Cowan	Medical Director
Rossllyn Crocket	Nurse Director

ACTION BY

11. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Gillian Halyburton, Mary McEwan, Ruth Forrest, Margaret Hastings, Linda de Caestecker, and John Hamilton.

Mr Bell welcomed the newly elected Chair and Vice Chair of the Area Optometric Committee, Nicola McElvanney and Maggie Darroch respectively. He formally thanked Gale Leslie who had demitted office as Area Optometric Committee Chair on 31 March 2010. He paid tribute to Gale's immense work and input to the work of the Area Clinical Forum and would miss her individual style in the discussions. He looked forward to working with Nicola and Maggie in the future.

Mr Bell also welcomed Debbie Forsyth and Craig Williams in attendance to deliver a presentation to the Forum on the MRSA Screening Project.

NOTED

12. PRESENTATION – MRSA SCREENING PROJECT

Mr Bell welcomed Craig Williams and Debbie Forsyth to talk through the MRSA Screening Project within NHS Greater Glasgow and Clyde.

Dr Williams explained the background to the Programme which commenced in Greater Glasgow and Clyde in September 2009. By the end of January 2010, screening had been implemented to include all elective in-patients to acute hospitals and all emergency admissions from the following four specialities:-

- Care of the Elderly
- Renal/Nephrology
- Dermatology
- Vascular

Exclusions included day cases/23 hour stays, paediatrics, obstetrics and psychiatry. For NHS Greater Glasgow and Clyde, the implementation of this rollout was expected to result in a further 88,000 screens being carried out across the Board.

The central Project Team was managed by a Project Manager and consisted of a Data Co-ordinator, Team Secretary and three Implementation Nurses aligned to Directorates.

Ms Forsyth led the Forum through details of the implementation of the Programme within NHS Greater Glasgow and Clyde. Very early on in the project, it was decided to keep the implementation of the screening pathways within the acute setting. Although the impact of general practices was expected to be small, NHS Greater Glasgow and Clyde was aware of ongoing discussions between the Scottish Government Health Directorate and the BMA. The BMA confirmed that they would not support screening or decolonisation within the general practice setting but did advise Boards that regional negotiation should continue with GPs.

Ms Forsyth summarised the implementation across the four pathways as follows:-

- Pre-Operative Assessment (POA) Pathway – the project rollout started with a pilot in the Pre-Operative Assessment Department of the Royal Alexandra Hospital on 7 September 2009. For the remainder of POA sites, the project was rolled out in conjunction with the Board-wide POA rollout. This was expected to capture most surgical elective activity with the remainder being captured through POA by speciality or on the ward.
- Medical Pathway – a separate pathway to capture medical elective patients in the out-patient setting was now in place and was currently being reviewed.
- Emergency Pathway – all emergency admissions were being screened on admission to the ward.
- Pathway Variations - variations to the above pathways included separate algorithms for the care of ophthalmology and orthopaedic patients.

Accordingly, NHS Greater Glasgow and Clyde had achieved full implementation of the interim recommendations made by the Scottish Government by 31 January 2010 with the exception of ophthalmology who commenced screening shortly after.

In terms of monitoring the Board's progress, Ms Forsyth explained that, as yet, no key performance indicators (KPIs) had been released from Health Protection Scotland (HPS) to measure screening compliance or MRSA prevalence. The NHS Greater Glasgow and Clyde Steering Group agreed which indicators they would like to see measured locally and these have been incorporated into a rotational audit schedule across NHS Greater Glasgow and Clyde. She reported that initial prevalence across the city was low; the highest prevalence had been noted in homeopathy and the lowest, as expected, were through the pre-operative assessment clinics.

Work was also currently ongoing to standardise lab data and recording of screens and an audit of “yellow label” usage was also underway.

Ms Forsyth highlighted three areas of quality improvement as follows:-

- Communications – in order to assess whether the information provided to patients at the point of screening was sufficient, NHS Greater Glasgow and Clyde conducted an audit on the HPS patient information leaflet. Results were presented to HPS to help inform the creation of a new patient information leaflet.
- Patient perception – an audit of patient perception of the POA Pathway was currently being developed by the project team. This was hoped to be complete by May/June.
- Clinical Pathway Audit – a retrospective audit of pathway compliance was being conducted which would help demonstrate if the screening pathway was being adhered to and how patients results had been managed.

In terms of the future direction of the Programme, the Scottish Government was sent a final report of the pathfinder and special studies projects on 31 December 2009. The response to this paper was due for release on 31 January 2010, however, this had been delayed and was expected mid April 2010. Boards had been asked individually about the level of laboratory capacity and associated costs to increased screening which would help inform SGHD policy decision.

In response to a question from Mrs Spencer, Ms Forsyth explained the difference between the “number of previous positives” and “new positives” as recorded in the snapshot audit results from December 2009 to February 2010. She also reported that results from ophthalmology were coming through now and considered that implementation had gone well throughout NHS Greater Glasgow and Clyde given that a key priority was not to slow down the patient journey.

In response to a question from Mr Bell concerning comparisons with other countries, Dr Williams confirmed that Scotland was broadly similar to the UK in terms of its MRSA figures. The UK, however, was high compared to countries such as Denmark and Holland. Similar levels to the UK were seen in Greece, Turkey and Spain. The UK had seen a different strain of MRSA to that of other European countries and it was, therefore, difficult to analyse the differences and make direct comparisons.

Dr Cowan welcomed the presentation and awaited with interest, the SGHD recommendations due by mid April 2010.

Mr Bell thanked both Dr Williams and Ms Forsyth for the interesting and well delivered presentation which had encouraged excellent debate. Following issue of the SGHD recommendations or further information from the audit work, the Area Clinical Forum would welcome a follow up visit when deemed suitable.

NOTED

13. MINUTES

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/01] held on Thursday 4 February 2010 were approved as an accurate record.

NOTED

14. MATTERS ARISING

- (i) Mr Robertson confirmed that discussions taking place concerning the medicines shortage now had higher national prominence. Within NHS Greater Glasgow and Clyde, both Kate McKean (Head of Pharmacy and Prescribing) and Scott Bryson (Pharmaceutical Adviser) were involved with these ongoing discussions and efforts to reach a solution. Ms Reilly confirmed that many operational issues had resulted from this ongoing difficulty in relation to product orders, prescription details and confidentiality issues but all were now on the national radar and being taken forward across NHS Scotland.
- (ii) Mr Robertson summarised some of the discussions taking place at Board level, at the moment, including:-
- Continuing discussions with local authority partners concerning the aspirations for increased integrated working. These discussions were going well with a firm determination to progress.
 - Discussions were ongoing with St Margaret's Hospice concerning their contractual arrangements with the NHS Board. All options would be explored fully prior to reaching a conclusion.
 - The Board's Local Delivery Plan and Financial Plan were being discussed at Board seminars and much activity was taking place concerning the Board's services and any impact of changes that needed to be made within the challenging financial climate. It was expected that a clear plan would be presented to the Board's Performance Review Group at its meeting scheduled for 18 May 2010.
 - The sod-cutting ceremony at the new south-side hospital had taken place on 16 March 2010 which celebrated great progress in the Board's Acute Services Review.

In response to a question concerning the future of the Board's CHPs and CH(C)Ps, Mr Robertson described the risk/benefits analysis that had taken place over time. He noted the difference between how CHPs and CH(C)Ps were managed and resourced. He described the governance issues and explained that legislation relating to the NHS and local authorities was very different. As such, especially with CH(C)Ps, it was paramount to ensure that they were viewed as a joint enterprise and governed and managed accordingly.

NOTED

15. AREA CLINICAL FORUM REVISED GUIDANCE CONSULTATION

Members had been sent the above SGHD Consultation on 10 February 2010. In terms of being progressed across the Board, this was being led by the Head of Policy, Lorna

Kelly. Mrs Kelly had responded to this Consultation confirming that the NHS Board recognised the spirit of the guidance and had responded fully to its detail on the earlier draft on 22 May 2009. The Board's view had not changed since that time. Mr Bell noted this letter and agreed that it captured the sense of the situation within NHS Greater Glasgow and Clyde. He asked the Advisory Committees to provide their views as follows:-

- Adele Pashley – Ms Pashley confirmed that the Psychology Advisory Committee (PAC) had discussed this document at its meeting held on 17 March 2010.

The PAC would be responding particularly in relation to psychology representation and a lack of clarity and consistency within the guidance document concerning this. She highlighted, for example, that on page 2 of the consultation document, the second bullet point referred, in particular, to psychologists. Later on in the document under “composition”, however, psychologists were not mentioned.

Psychology representation was discussed and members recalled this being discussed in depth last year when the Area Clinical Forum had decided to invite the Chair of the Psychology Advisory Committee to ACF meetings with observer status. At that time, the Secretary had canvassed other NHS Scotland Boards and there was no consistency in how psychologists were represented. Some were included within the Medical Advisory Structure (within a Subcommittee of Psychiatry or Psychology), others were represented within Area Allied Professional Committees and others were not represented at all. Given this, last year, the Area Clinical Forum considered it appropriate that (following an approach from the PAC) psychologists be represented, as observers, at NHS Greater Glasgow and Clyde's Area Clinical Forum meetings. The Forum recognised that as the SGHD document was a *guidance document*, differences were bound to exist in terms of its implementation across NHS Scotland. This was to be expected and it was recognised that the ultimate aim was to ensure the psychology profession had a voice within the advisory structure. This was now the case within NHS Greater Glasgow and Clyde. It was recognised that the other constituent committees of the Area Clinical Forum were statutory committees originating from legislation. This was not the case with the Psychology Advisory Committee. Ms Pashley confirmed that the Psychology Advisory Committee would be responding with its views to the SGHD suggesting a more equitable role and consistency throughout NHS Scotland. Mr Bell agreed on the need for greater consistency of arrangements across NHS Scotland and would also write to the SGHD endorsing this.

**Adele Pashley/
Clive Bell**

- Pat Spencer – Ms Spencer had spoken to Juli McQueen, Head of Organisational Development, regarding a development event for the Area Clinical Forum. She had provisionally agreed the 26 May 2010 for this and would circulate further details shortly. This was welcomed.
- Clive Bell – the Area Dental Committee welcomed the document and the intention to strengthen the role of the Area Clinical Forum. It supported the focus on ensuring that the Area Clinical Forum was regarded as an important Forum for engaging with the various professional bodies in considering issues affecting the provision of local health services and the important part professional groups played in managing change.

Pat Spencer

The Area Dental Committee envisaged benefits to the work of the Area Clinical Forum in developing closer links with the CH(C)Ps/CHPs. To that end, the

attendance at future Area Clinical Forum meetings of the Lead CH(C)P/CHP Director would be beneficial. The Committee had long deliberated as to how, for example, General Dental Practitioners could actively and positively engage with the CHP structures and this would, at least be a step in the right direction.

This approach was welcomed and the Secretary was asked to invite Anne Hawkins, as the new CH(C)P Lead Director, to future Area Clinical Forum meetings.

Secretary

Mr Bell also raised the role the Area Clinical Forum had at the Board's Annual Review. Previously, each Advisory Committee had raised a topic with the Cabinet Secretary. Other NHS Boards across Scotland conducted their Area Clinical Forum slot slightly differently. He welcomed the earlier suggested development event where other options could be explored further on how this was conducted in the future. He also welcomed the attendance of the Board's Medical Director and Nurse Director to give a focus to the Area Clinical Forum's work and suggested that they feel free to make suggestions regarding future agendas and/or the Area Clinical Forum's Workplan.

**Brian
Cowan/Ros
Crocket**

NOTED

16. IMPLEMENTING THE NHS SCOTLAND QUALITY STRATEGY – STAGE 1

Members were sent the above SGHD paper on 18 February 2010. The Board's Head of Policy, Lorna Kelly, was leading on this. The Advisory Committees noted the strategy and confirmed that it had been discussed at their meetings. The general view was that the document was rather nebulous and the governance arrangements were unclear. The Area Clinical Forum agreed to discuss this further as and when progress was made and the input of either the Advisory Committees or the Area Clinical Forum was required.

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17. AREA CLINICAL FORUM – 2010 WORKPLAN

Members noted their Workplan for 2010. The Board still awaited confirmation of the date of the Annual Review. When this was received, the Secretary would be notified so that this could be incorporated into the Workplan.

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18. ADVISORY COMMITTEE CHAIRS - UPDATES

(i) Area Nursing and Midwifery Committee – Pat Spencer reported that the last meeting was held on 23 February 2010. Topics of discussion included the following:-

- Consultation on new guidance for raising concerns
- Pre-registration education consultation
- Workforce planning
- Primary Care Framework
- Draft guidance on Area Clinical Forums
- Best practice submissions

(ii) Area Optometric Committee – Nicola McElvanney reported that the last Area Optometric Committee meeting had been held on 8 February 2010. Topics of discussion at that meeting included the following:-

- Area Optometric Committee constitutional issues
- A report from the CHP/CH(C)P Lead Optometrists Group
- Primary Care Framework
- Pre-School Vision Screening Services
- The standard of optometric referrals

- Independent prescribing for community and hospital optometrists
- Dispensing and fitting children under supervision
- Management of defaulting referrals

(iii) Psychology Advisory Committee – Adele Pashley reported that the PAC last met in March and discussed the following:-

- Psychology leadership, structure and functions within NHSGGC
- How would the PAC link in with this new structure?
- NHS Scotland consultation document on psychology issued by SGHD
- Quality strategy
- Agenda for Change
- Revised guidance for ACFs
- Continuing professional development
- Delivering for Mental Health

(iv) Area Pharmaceutical Committee – Val Reilly confirmed that the APC last met on 24 February 2010 and discussion included the following:-

- Community Pharmacy Palliative Care Services
- Medicines distribution
- Communication support and language plan
- Pandemic Flu planning
- Primary Care Framework
- NHS Scotland quality strategy
- Stress in the work place

(v) Area Dental Committee – Clive Bell confirmed that the last ADC meeting was held on 11 March 2010 and topics of discussion included the following:-

- The provision of endodontic services
- The role and development of Area Clinical Forums
- Primary Care Framework
- Quality strategy
- Referrals to Secondary Care
- Recruitment of dental care professionals

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

Mr Bell reported that the next Board seminar would discuss the Board's Local Delivery Plan and Financial Plan. This was scheduled for Tuesday 6 April 2010.

In terms of ongoing developments with the National ACF Group, the Group last met on 3 March 2010. The Secretary had circulated the Minutes from this meeting to all Area Clinical Forum members and discussion at the meeting included:-

- National resource allocation
- Representation of special Boards
- Succession planning and the appointment of non executive Directors
- Future meetings with the Cabinet Secretary
- Review of Guidance for Area Clinical Forums
- Quality Strategy

Mrs Spencer asked if there would be an opportunity for Vice Chairs to attend the National Area Clinical Forum's Chairs Group. She thought this would be useful in terms of succession planning. Mr Bell agreed to raise this at the next National meeting scheduled for 2 June 2010.

Clive Bell

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20. DATE OF NEXT MEETING

Date: Thursday 3 June 2010

Venue: Dalian House

Time: 2 - 4 pm