GREATER GLASGOW AND CLYDE NHS BOARD

IPC (M) 10/01

INVOLVING PEOPLE COMMITTEE

Minutes of the meeting of the Involving People Committee
3 Centre Dalian House
At 10.00 am on Monday 25 January 2010

PRESENT

Peter Hamilton
Scott Bryson Jessica Murray Pat Bryson
Ally McLaws Barry Williamson Ravinder Kaur Nijjar
Helen MacNeil

IN ATTENDANCE

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

1. APOLOGIES AND WELCOME

Apologies were received on behalf of John Bannon, Grant Carson and Joe McIlwee.

The Chair welcomed today's guests; Lorna Kelly, Head of Policy, NHSGGC and Richard Norris, Director, Scottish Health Council.

2. MINUTES OF MEETING 5TH OCTOBER

Approved

3. MATTERS ARISING

PFPI FUNDING FOR DATABASE
Peter confirmed that we now have the funding secured for the maintenance of the Involving People database for this year. A business case would be prepared later in the year to apply for future funding in 2012.

BETTER TOGETHER PROJECT
Peter stated that after the success of the Better Together pilot the project is now about to go live across all NHS Boards in Scotland. The national survey on GP Practices was issued in November 09 with results and feedback expected around May 2010.

4. SERVICE REVIEW: CORPORATE POLICY/PRIMARY CARE STRATEGY

Lorna Kelly, Head of Policy joined the committee to give a presentation on public involvement in the engagement process for the proposed Primary Care Framework. Lorna stated that the framework aims to meeting NHSGGCs overall purpose which is to deliver effective and high quality health services to improve the health of our population and to do everything we can to reduce health inequalities.

Primary care is at the heart of the NHS as most patient journeys begin and end there. Primary care is highly diverse and the challenge for NHSGGC is to ensure future planning and service developments meet an array of new requirements and changes while preserving the existing strengths of primary care built over many years.

The framework aims to establish an agreed direction of travel which allows future decisions to be taken and a consistent set of objectives which we must endeavour to achieve. The framework also focuses on the role of all independent contractors in the primary care field.

Lorna went on to say that the framework started off with a discussion paper back in Jan 2009, this was developed early 2009 firstly by a steering group comprising wide representation from professional and independent contractors from different parts of the organisation.

Further engagement then took place with each CH(C)P, discussions were undertaken with the Acute division and the mental health partnership, key partners and stakeholders, area partnership forum and independent contractors This all culminated in an event held in the Glasgow Royal Concert hall on 28th October 2009, attended by over 200 people. This brought together the major themes from local discussion, and was the key in shaping the outcomes and change proposals within the framework. The draft framework was now out for consultation.

Lorna also said that since responsibility and ownership for primary care lies with CH(C)Ps it was essential they were key players in the engagement process ensuring PPF involvement.

She agreed that this was a learning process and a number of lessons have been learned particularly around communication , ensuring all PPFs were engaged. Sometimes different approaches were required depending on how developed the PPF structures were and also recognising that consultation / engagement could not simply be targeted at PPFs but wider community views should be sought.

Peter raised the issue of “closing the loop” in the engagement process by providing feedback to those who had participated to which Lorna replied that there will be further engagement with public and feedback would be provided including those who attended the 28th October 09 event.

Scott asked what feedback had been received to date. Lorna stated comments had been very positive but it was recognised that there was a need to raise awareness of various services from primary care.
Lorna confirmed the engagement process would be complete by mid February with the final document available by April.

5. SERVICE REVIEW SCHEDULE

Peter asked for comments on the service review schedule, the paper presented by Jim at our last meeting.

Jess added that she thought it would be really helpful if the committee could have a copy of the presentations beforehand so as to have an idea of the subject matter. She not only wanted to know what was good in the service but she felt committee members would wish to know of areas where improvement was required.

Barry agreed this was a challenging and long term program and we could only sample services within acute and partnerships over the coming year but welcomed this more structured approach to our governance role related to PFPI.
Peter stated there may be a need to revisit the committee's remit in light of the new quality strategy.

Ally agreed with Jess in that he would also like to see the presenters submitting their papers to the committee beforehand.

It was agreed two presentations , one from acute, the other from a CHCP would be arranged for the March meeting.

6. REORGANISATION AND ROLE OF THE SCOTTISH HEALTH COUNCIL

Richard Norris, Director of the Scottish Health Council joined the committee to give a presentation on the reorganisation of Scottish Health Council and its proposed new structure.

He reminded the committee that the Scottish Health Council was first established in 2005, following on from publication of the NHS Reform (Scotland) Act 2004 when a legal requirement was placed on NHS boards to consult with the public and actively involve them in designing and delivering services. From this Act and as part of Quality Improvement Scotland the SHC was then established. Their role was to give support to health boards by ensuring and monitoring patient focus and public involvement within the NHS. The SHC have a presence in all NHS Board areas.

He went on to say that their original role was to independently assess the performance of NHS Boards in the delivery of PFPI and develop and support

good practice in PFPI. Provide feedback by ensuring that patients and carers and public are able to make their views on health service issues known.

Richard said that recently the SHC had been independently reviewed and their functions had been redefined.

Community Engagement and Improvement Support; this involves partnership working with NHS Boards and other stakeholders, providing pro-active tailored support, facilitate multi-agency working, this will involve SHC local staff so as to help deliver this strategic function. He followed on by saying that their principal activity will be to provide support to the development of PPFs, working with hard to reach groups, engage with community planning partners and ensure that opportunities for participation are maximised and not duplicated and lastly to facilitate and share best practice locally.

Richard then went on to explain some points about Participation Review – The Scottish Government action plan 'Better Health, Better Care' called for a Mutual NHS and the creation of a participation standard which will allow boards to review their involvement activities. He went on to say that this will ensure a consistent approach for participation and involvement activities' across Scotland. This standard was signed off by the Cabinet Secretary and will be introduced from April 2010.

Richard informed everyone that from April "The Knowledge Network" is changing its name and will be known as "The Patient Network" – this will exist in a virtual form through links to be created and developed and will be supported by a national team of SHC staff. A new website will be created to encourage and share good practice to be known as 'Evolving Practice'.

He then went on to show how the new staff structure of the SHC had been formed to ensure a consistent split of both local and national staff, this will, it is hoped lead to a more efficient organisation.

Barry was supportive of the introduction of a participation standard which he believed would add value to the PFPI agenda. Richard added that it will bring more consistency into place and help to involve more people in optional development appraisal.

Ravinder said that a big challenge is in the apathy to consultations and recently there had so many, "consultation fatigue" was now a factor. Richard replied that the key is to be able to go to the public with a good story to tell and show public input and show them what changes have been made as a result of that input.

The SHC was keen to offer support to PPFs by getting involved and providing training and organising networking events. The SHC's initial role was to help them set up at national level although it is recognised they are at different stages of development Scotland..

Peter stated that his perception of the role of the SHC is still a monitoring one rather than development and it was agreed by Richard that this was "work in progress" .

Helen said that she felt that this was a robust and positive process change. Richard added that SHC are aware that we need to work closer together with the Boards in joint activity and involvement work. What we need is one good quality set of standards – quality rather than quantity.

Peter thanked Richard for his very comprehensive presentation to the committee Copies of the Participation Standard would be distributed to members.

7. INFECTION CONTROL ANNUAL REPORT

Copies of the infection control annual report 2009/10 were distributed for the information of members. It was agreed to invite Tom Walsh , Infection Control Manager to a future IPC meeting to present on PFPI aspects of the report.

8. PHARMACY PRACTICES COMMITTEE

Scott informed the committee that a letter is being sent to 30 out of the 150 people who we have on the database, who had expressed interest in the development of pharmaceutical services in NHSGGC. This letter is targeting people who are potential candidates for recruitment as lay members to the Pharmacy Practices Committee (PPC). A selection process has been mapped out which will involve the Chair of the IPC. The PPC has a vital role in regulating the provision of pharmaceutical services for the NHS Board.

9. ACCESS TO NEW MEDICINES

Scott gave a short update to the committee on the issues around access to new medicines, he advised the committee of the various stages involved in the rather complex process.

10. VALE OF LEVEN MONITORING GROUP

Jim informed the committee that the first public meeting of the Vale monitoring group was taking place this morning. The meeting would be chaired by Bill Brackenridge (Monitoring Group Chair) and in attendance will be a group of approximately 20 members made up of key managers, various representatives of local groups and committees along with members of the public. The latest information and background around the Vale is available on the NHSGGC website.

11. DATE OF NEXT MEETING

It was agreed that the Committee would meet again on **Monday 22 March 2010.** The meeting would commence at **10.00 am**. The venue will be Boardroom 1, **Dalian House, and 350 St Vincent Street, Glasgow.**

Linda Davidson
March 2010