

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Room B, J B Russell House, Corporate Headquarters,  
Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow, G12 0XH  
on Thursday 2 December 2010 at 2.00 pm**

**PRESENT**

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

|                   |                  |
|-------------------|------------------|
| Nicola McElvanney | Chair, AOC       |
| Ruth Forrest      | Chair, APC       |
| Val Reilly        | Vice Chair, APC  |
| Heather Cameron   | Chair, AAHP&HCSC |
| Gerry Hughes      | Vice Chair, APC  |

**IN ATTENDANCE**

|                   |   |
|-------------------|---|
| Shirley Gordon    | Secretariat Manager   |
| Adele Pashley     | Chair, Psychology Advisory Committee                                |
| Andrew Robertson  | Chair, NHS Greater Glasgow and Clyde                                |
| Robert Calderwood | Chief Executive, NHS Greater Glasgow and Clyde                      |
| Brian Cowan       | Medical Director, NHS Greater Glasgow and Clyde                     |
| Douglas Griffin   | Director of Finance, NHS Greater Glasgow and Clyde (For Min No. 53) |

**ACTION BY**

**51 APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Linda de Caestecker, Anne Hawkins, Kevin Hanretty, Gillian Halyburton, John Hamilton, Pat Spencer and David McCall.

Mr Bell welcomed the Director of Finance, Douglas Griffin, in attendance to discuss the NHS Board's financial challenges.

NOTED

**52. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/05] held on Thursday 7 October 2010 were approved as an accurate record.

NOTED

### **53. PRESENTATION – DOUGLAS GRIFFIN, DIRECTOR OF FINANCE – THE BOARD’S FINANCIAL CHALLENGES AND GOING FORWARD**

Mr Griffin explained that the Comprehensive Spending Review (CSR) set spending levels for the four year period to 2014/15 for the UK for revenue and capital spend. It also set total delegated budgets to the Scottish Government for the same four year period. With this in mind, Mr Griffin set the scene from the Scottish Budget deducing that there was a real reduction of 8.6% in revenue budget and 36% in capital budget. The Scottish Budget was the Scottish Government’s detailed budget proposals for its area of devolved responsibility and included a one year detailed budget by department and an indicative overall budget for 2012/13 to 2014/15.

Mr Griffin led the Forum through an overview of key messages from the Scottish Budget which, in real terms, saw an 11% spending reduction over 4 years. The consequences of this were inevitably service cuts and prioritisation of spending. In terms of priorities, there was to be protection of the health budget albeit that the mechanics of doing so would see a 3% efficiency target for 2011/12 as well as a freeze in pay.

Mr Griffin outlined some of the key priorities in health which included the following:-

- Protect the most vulnerable through early intervention and by promoting equality.
- Achieve world leading quality and health care and maximise value through increased efficiency.
- Address health inequalities – focus on early years (Getting it Right for Every Child).
- Tackle excess premature mortality within deprived communities.
- Promote equality and fair treatment.
- Implement health care quality strategy.
- Increase efficiency and productivity.
- Address variations in waiting times across Scotland.

In announcing the Scottish Budget, Mr Griffin reported that capital funding had been confirmed for the new South Glasgow Hospitals. Nationally, monies had also been ring fenced for 100% free prescriptions, £8M step up in funding for “Clean Hospitals/MRSA Screening Programme” and £7M increased funding for health improvement and health inequalities.

In illustrating key figures from the Budget in respect of health, Mr Griffin reported that health expenditure limits increased *and* accounted for an increased proportion of the overall Scottish Budget cake. In sizing the financial challenge, Mr Griffin summarised NHS Greater Glasgow and Clyde’s Financial Plan for 2011/12. He highlighted carry forward expenditure from 2010/11, 2011/12 funding uplift and cost drivers (including pay cost growth, prescribing cost growth, energy cost growth, capital charges growth and other cost inflation). He provided an estimation of new service commitments, all in all which calculated an estimated financial challenge of £47.1M.

In response to a question concerning where exactly savings were identified locally, Mr Griffin explained that the NHS Board's Corporate Management Team (led by the Chief Executive) looked regularly at the financial and cost savings plans. Each Director continually looked at his/her own area with a view to opportunities for service redesign and/or cost savings. In outlining his own role in tackling the level of the challenges, Mr Griffin explained in further detail, the accounting techniques used. Mr Calderwood added that three broad angles of service redesign were being considered including:-

- Modernisation opportunities
- Service delivery map and economies of scale
- Disinvestment opportunities – what can we do less of?

Although work centred around these three key themes, other work-streams had been set up looking at support services in terms of economies of scale. On a more national basis, six work-streams had been set up to look at the likelihood of shared services in payroll, procurement, tele-health, public health, HR/recruitment and internal audit. Each work-stream would look at scenario planning with a 25% less resource by 2014. Mr Robertson confirmed that the NHS Board had had an away event on 26/27 November 2010 and both executive and non executive members had looked at service redesign and prioritisation and tried to establish what the criteria for the consideration of this would be.

In response to a question, Mr Calderwood confirmed that within health, there was still the policy of no compulsory redundancies and the current Government had confirmed this. Given that a Scottish Election was scheduled for May 2011, it was not clear if any new administration would retain this policy within health. Nationally, however, options would need to be explored looking at “greater workforce flexibility” and Mr Calderwood recorded that there was literally no financial slack within health to cover redundancies at the moment.

Mr Bell thanked Mr Griffin for the presentation and for the resultant discussion which had raised many interesting issues.

NOTED

#### **54. ANNUAL REVIEW REFLECTION**

Mr Bell reported that the Area Clinical Forum's slot with the Cabinet Secretary on 1 November 2010 (as part of the Board's Annual Review) had gone well. He thanked all those who had been in attendance and referred to the Cabinet Secretary's follow-up letter dated 13 November 2010 to the NHS Board Chair. This had been circulated to all members. The Cabinet Secretary had found the discussion with the Area Clinical Forum helpful. She had been reassured to hear that the Forum had a determined focus on contributing to effective Clinical Governance and Patient Safety and that the NHS Board had fully involved the Forum in agreeing the local approach to the implementation of the Quality Strategy. A range of issues had been discussed and the Cabinet Secretary had been most encouraged to hear about a number of impressive local examples of innovation and service redesign that had clearly benefited local patients, such as the electronic linking of optometrists and the successful implementation of the NHS Board's Clinical Portal Programme. A discussion had also taken place around medical workforce challenges and the importance of professional and clinical leadership in delivering the aims of the Quality Strategy. It had been clear that both the Forum and the NHS Board shared a firm commitment to ensure that the high quality of care available locally was maintained.

All those in attendance felt that the format of the debate had allowed time for the key issues to be raised with a question and answer session at the end. Mr Bell also thanked Dr Cowan and Ms Crocket for their input on the day.

NOTED

**55. AREA CLINICAL FORUM – 2011 MEETING DATES SCHEDULE**

Members were asked to note the Area Clinical Forum meeting dates scheduled for 2011 which were as follows:-

3 February 2011  
7 April 2011  
2 June 2011  
4 August 2011  
6 October 2011  
1 December 2011

**All To Note**

NOTED

**56. AREA CLINICAL FORUM – 2010/11 WORKPLAN**

Members were asked to note the rolling ACF workplan for 2010/11. The Secretary was asked to contact Anne Hawkins (the newly appointed Director for the Glasgow City CHP) to attend in early 2011 to deliver a short presentation on the new arrangements for the Glasgow City CHP.

**Secretary**

All members were asked to feed any suggestions regarding proposed future items for discussion to the Secretary. These would then be added to the workplan.

NOTED

**57. AREA CLINICAL FORUM – DEVELOPMENT SESSION**

Mr Bell reported that he had met with Juli McQueen (Head of Organisational Development) regarding the ACF development session. Ms McQueen had analysed the survey questionnaires submitted by ACF members (a copy of her analysis had been circulated) and had suggested that an afternoon session may be of benefit. This would be held on Thursday 20 January 2011 (afternoon session) and early topics for the session would include:-

- Reviewing the role and function of an effective ACF.
- Reviewing our current position against this bench-mark and beginning to take forward actions to develop this.
- Considering our stakeholders and organisational position.
- Considering our interface/understanding/influence in relation to these and beginning to take forward actions to develop this.
- Considering our current processes to interpret national policy implications, communicate with stakeholders and more systematically manage responses.
- Consider the Group (as opposed to function) effectiveness and undertaking some activities to better understand the dynamics, strengths and area of development.

- Reviewing our workplan in light of this considering how we continually monitor and improve our effectiveness moving forward.

Mr Bell asked that if any member wished to add to this agenda, they may submit their suggestion(s) to the Secretary.

**All Members**

Further information regarding the session would be sent out in due course.

NOTED

## **58. ADVISORY COMMITTEE CHAIRS - UPDATES**

- (i) Area Pharmaceutical Committee – Ruth Forrest reported that the last APC meeting held on 20 October 2010 had discussed the following:-
- Presentation on NHS Greater Glasgow and Clyde’s financial situation.
  - Area Pharmaceutical Committee workplan.
  - Annual Review topics.
  - Patient access to information about medicines.
  - Review of medicines legislation – exemptions.
  - Changes to inpatient rehabilitation services in East Glasgow and possible closure of Lightburn Hospital site.
  - Membership of proposed Glasgow CHP Committee.
  - Composition and membership of APC and CP Subcommittee.
- (ii) Area Optometric Committee – Nicola McElvanney reported on the following topics discussed at the last Area Optometric Committee meeting held on 18 October 2010 as follows:-
- NHS Greater Glasgow and Clyde – guidance on the handling of confidential and sensitive information.
  - Eye Care Services Group developments.
  - IT Network.
  - New referral forms developed.
  - Lead Optometrists Group report.
  - Diabetic Retinal Screening Group Report.
  - Age Related Macular Degeneration (ARMD) - The Area Optometric Committee had received a response from Jane Grant regarding concerns they had raised.
- (iii) Psychology Advisory Committee – Adele Pashley reported that the PAC had not met since the last ACF meeting.
- (iv) Area Allied Health Professionals and Health Care Scientists Committee – Heather Cameron confirmed that the last meeting was held on 25 November 2010 and the following had been discussed:-
- Feedback from the Annual Review.
  - NHS Greater Glasgow and Clyde’s financial situation.
  - Primary Care Framework.
  - AHP redesign outcome and proposals.
  - Glasgow City CHP management and transition arrangements.
  - Various constitutional matters.

(v) Area Dental Committee – Clive Bell reported that the last ADC meeting had been held on 11 November 2010 where the following topics had been addressed:-

- The NHS Board’s Annual Review.
- Glasgow City CHP and transition arrangements.
- General Dental Council – revalidation procedures.
- Patient orthodontic appeals.
- The provision of endodontic services.

NOTED

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

Mr Bell reported that he had attended the Board’s Performance Review Group meeting held on 16 November 2010. The following had been discussed:-

- New Southside Adult and Children’s Hospital and Laboratory Project.
- Financial monitoring for the period to 30 September 2010.
- Delayed discharges.
- Sickness absence rates.
- Excellent work of the spinal injuries clinic.

He was scheduled to attend the Board seminar on 7 December 2010 and NHS Board meeting on 21 December 2010.

NOTED

**60. ANY OTHER BUSINESS**

Robin House, Balloch

Gerry Hughes described a recent personal experience regarding Robin House in Balloch which was a CHAS Hospice. It was his understanding that as this Hospice did not have Primary Care status, it could not write/dispense prescriptions. Mr Calderwood agreed to look into the status of the Hospice in terms of the entitlement for NHS treatment that patients could receive.

**Robert  
Calderwood**

**61. DATE OF NEXT MEETING**

Date: Thursday 3 February 2011

Venue: Room E, J B Russell House

Time: 2 - 4 pm