

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Room A, J B Russell House, Corporate Headquarters,  
Gartnavel Royal Hospital,  
1055 Great Western Road, Glasgow, G12 0XH  
on Thursday 3 February 2011 at 2.00 pm**

**PRESENT**

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

Nicola McElvanney	Chair, AOC
Val Reilly	Vice Chair, APC
Heather Cameron	Chair, AAHP&HCSC
Gerry Hughes	Vice Chair, APC
Nancy Reid	Vice Chair, ANMC
Patricia Spencer	Chair, ANMC
Roger Carter	Vice Chair, AAHP&HCSC
Maggie Darroch	Vice Chair, AOC

**IN ATTENDANCE**

Shirley Gordon	Secretariat Manager
Adele Pashley	Chair, Psychology Advisory Committee
John Hamilton	Head of Board Administration, NHS Greater Glasgow and Clyde
Brian Cowan	Medical Director, NHS Greater Glasgow and Clyde
John Legg	Director, RNIB Scotland (for Minute No. 4)

**ACTION BY**

**1. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Rosslyn Crocket, Andrew Robertson, Scott Bryson, Ruth Forrest, Robert Calderwood and Kevin Hanretty.

Mr Bell welcomed everyone to the first Area Clinical Forum meeting of 2011. In particular, he introduced John Legg (Director, RNIB Scotland), in attendance to discuss the Eye Care Review Pilot Results. Mr Bell also introduced the newly appointed Vice Chair of the Area Nursing and Midwifery Committee, Nancy Reid.

NOTED

**2. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum [ACF(M)10/06] held on Thursday 2 December 2010 were approved as an accurate record pending the following amendment:-

Page 3, Minute Number 54 “Annual Review Reflection”:-

Delete the sentence “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 clearly benefited local patients, such as the electronic linking of optometrists and the successful implementation of the NHS Board’s Clinical Portal Programme”.

Insert the sentence “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 would clearly benefit local patients, such as the proposed electronic linking of optometrists and the successful implementation of the NHS Board’s Clinical Portal Programme”.

NOTED

### **3. MATTER ARISING**

In respect of Minute number 60, Ms Reilly provided an update on the writing/dispensing of prescriptions at the Children’s Hospice, Robin House, Balloch. The original question raised by Gerry Hughes had prompted a review of pharmaceutical services at the Hospice. From that, some recommendations had been made and ongoing actions were being implemented. This was work-in-progress which would be considered in further detail at the next APC meeting. Following that, Ms Reilly agreed to give a further fuller update to the next Area Clinical Forum meeting.

**Val Reilly**

NOTED

### **4. EYECARE REVIEW PILOT RESULTS – 30 MINUTE PRESENTATION FROM JOHN LEGG**

Mr Bell introduced Mr John Legg, Director of RNIB Scotland who would be reporting on the outcome of the community eye care pilot projects funded by the Scottish Government.

Mr Legg explained the background to the pilot exercise which had involved over 30 pilot projects across all NHS Board areas for a 2 year period commencing in December 2007. Following the launch of the pilot projects a number of significant national initiatives had been developed. The main initiatives were the introduction of the Scottish Vision Strategy 2008 and its implementation plan in 2009. Mr Legg took members through the key principles and achievements of the pilot projects which in NHS Greater Glasgow and Clyde had focussed on adult, children’s and ethnic minority services.

The key recommendations arising from the pilot exercise were:-

- That the Scottish Government and NHS Boards consider the value that focused and supported seed investment could have in developing services and consider future similar investment to drive further improvements in community eye care services.
- That the Scottish Government formally addresses the outstanding workforce training issues arising from the Review.

- That funding is made available to the Scottish Vision Strategy Advisory Group to undertake a short term study to identify factors that have influenced the apparent reduction in people being registered blind or partially sighted.
- That the Scottish Government continue to promote and support the sharing of best practice amongst the community eye care networks through funding annual sharing best practice seminars for those involved in children's services, adult services, and the provision of services to ethnic minority communities.
- That the lessons learned from the eye care pilot be shared with the dual sensory pilots.
- That the Scottish Government continues to support the work of the action group and consider funding a specific national initiative to imbed best practice across Scotland.
- That the Scottish Government consider the business case for a national network and provide appropriate support to NHS Boards and Local Authorities. NHS Boards and their partners consider the provision of emotional support as a patient priority to those newly diagnosed with sight loss.
- That the Scottish Government fund and evaluate a pilot Managed Clinical Network in one of the participating NHS Board areas to formally test an MCN model.
- That the Scottish Government set national performance/quality measurements for community eye care services.

Some discussion followed and Mr Legg answered a number of specific questions from members as follows:-

- The work undertaken in the pilot was an excellent example of how the Quality Strategy could be implemented.
- A separate report from NHS Greater Glasgow and Clyde was being pulled together with an emphasis on the shifting of the balance of care.
- Much work was ongoing within NHS Greater Glasgow and Clyde particularly in respect of unmet need to specific groups such as those with learning disabilities and black and minority ethnic (BME) groups. Another pressure point was that of age related macular degeneration.
- IT connections were critical.
- A range of lifestyle issues such as smoking and diabetes affected eye sight. Similarly, it was often the case that, following sight loss, people required increased emotional support and eye awareness campaigns were set up to address these matters.

Mr Bell thanked Mr Legg for a most interesting and thought provoking presentation. Mr Legg thanked the Area Clinical Forum for the opportunity and welcomed the feedback from those in attendance.

NOTED

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

Members noted the Area Clinical Forum Workplan for 2011. A number of suggestions were made for future meetings, particularly in terms of presentations. The Secretary would contact the suggested presenters to seek mutually convenient slots in 2011. Thereafter, the Workplan would be updated and further considered at the next Area Clinical Forum meeting.

**Secretary**

The Secretary also indicated that, as the respective advisory committee elections would not have taken place by the next AFC meeting (scheduled for 7 April 2011), the election for a new Area Clinical Forum Chair and Vice Chair could not take place until the Area Clinical Forum meeting scheduled for 2 June 2011. The Advisory Committee election dates were as follows:-

- AMC – 20 May 2011
- ADC – 12 May 2011
- APC – 20 April 2011
- ANMC – 19 April 2011

Given these circumstances, Mr Bell agreed to chair the April Area Clinical Forum meeting with the election being held at the June meeting.

**Mr Bell/June  
Agenda**

NOTED

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

Mr Bell referred to the Area Clinical Forum Development Session held on Thursday 20 January 2011. This had been well attended and had encouraged open and frank dialogue between delegates focussing on the increasing expectations and demands on the Area Clinical Forum. Mr Bell summarised some of the themes discussed at the event and highlighted some of the proposed actions to be taken.

There was recognition that the NHS Board had a large disparate amount of Committee's/Groups to which it sought advice. Due to this, it was often the case that the Area Clinical Forum was not seen as a route for advice to the NHS Board. It would be important to alter this mindset to give the Area Clinical Forum a more strategic role and it was suggested by Dr Cowan that the newly appointed Area Clinical Forum Chair and Vice Chair (from June 2011) meet with himself, the Chief Executive and Nurse Director to discuss how best the NHS Board could engage with the Area Clinical Forum going forward. Dr Cowan also referred to the Board's review of its Committee structure. This had initially been discussed at the February 2011 Board seminar with some further suggestions/proposals being made for further discussion at the March 2011 seminar. Mr Hamilton thought that it would, thereafter, be considered by the NHS Board at its April 2011 meeting. It would be useful if the Area Clinical Forum fed into that review.

Mr Hamilton suggested some discussion with the Chair of the Area Partnership Forum. The Area Partnership Forum's membership had similarly a diverse representation and its Chair was also a member of the NHS Board. Mr Bell agreed that it would be useful to meet the Area Partnership Forum Chair to identify how its agenda was prioritised and how it proactively got involved in the strategic issues considered by the NHS Board. This may provide some benchmark for Area Clinical Forum members.

**Mr Bell**

NOTED

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

- (i) Psychology Advisory Committee – Adele Pashley reported that there had not been a meeting of the PAC since the last ACF meeting.
- (ii) Area Nursing and Midwifery Committee – Patricia Spencer reported that the last ANMC meeting was held on 22 December 2010. Topics discussed included the following:-
  - New South Glasgow Hospitals Project – A presentation from the project Senior Nurse Advisor.
  - Discussion of two consultations - Lightburn Hospital closure and Reshaping Bereavement Care in Scotland.
  - Professional leadership for community nursing.
  - Modernising nursing in the community Board.
  - Regulation of Healthcare support workers.
- (iii) Area Allied Health Professionals and Health Care Scientists Committee – Heather Cameron confirmed that the AAHP&HCSC had not met since the last ACF meeting.
- (iii) Area Optometric Committee – Nicola McElvanney reported that the last AOC meeting was held on 13 December 2010. Topics of discussions included:-
  - South Glasgow new Patient Glaucoma Audit 2010.
  - Eye Care Review Pilots.
  - Report from the CHCP/CHP Lead Optometrists Group.
  - Age related macular degeneration.
  - Annual Review outcome.
  - Community Eye Care Project: NHS Network Connectivity to Community Optometrists.
  - NHS Greater Glasgow and Clyde Formulary.
- (iv) Area Pharmaceutical Committee - Val Reilly confirmed that the last Area Pharmaceutical Committee meeting had been held on 15 December 2010 where topics of discussion had included:-

- Safer use of medicines.
  - Stress in pharmacy.
  - APC workplan.
  - Patient access to information about medicines.
  - The Board's consultation document on Lightburn Hospital.
  - Membership of Glasgow CHP Committee.
- (v) Area Dental Committee – Clive Bell reported that the last ADC meeting had been held on 13 January 2011. Topics of discussion had included the following:-
- Primary Care review.
  - Washer/disinfector programme.
  - Improved decay results for children.
  - Childsmile programme.
  - Prescribing controlled dental drugs.

NOTED

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

Mr Bell summarised recent activities particularly in relation to the Board meeting held on 21 December 2010. The next Board meeting was scheduled for 15 February 2011. He was also due to attend the Quality Strategy Development Group meeting on 23 February 2011 and the next quarterly ACF Chairs Group on 2 March 2011.

NOTED

**9. DATE OF NEXT MEETING**

Date: Thursday 7 April 2011

Venue: Room A, J B Russell House

Time: 2 - 4 pm