ACF (M)13/01
Minutes: 01 - 12

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum
held in Meeting Room A, J B Russell House, Corporate Headquarters,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Thursday 7 February 2013 at 3.00 pm

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Heather Cameron	Chair, AAHP&HCSC
John Ip	Chair, AMC
Val Reilly	Chair, APC
Nicola McElvanney	Chair, AOC
Carl Fenelon	Vice Chair, APC

IN ATTENDANCE

Fiona Alexander	Chair, Psychology Advisory Committee
Shirley Gordon	Secretariat Manager
Andrew Robertson	NHS Board Chairman
Noreen Downes	Lead Clinical Pharmacist for Prescribing Development (for Min No. 5)

ACTION BY

01. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Andrew McMahon, Jacqui Frederick, Maggie Darroch, Rosslyn Crocket, Jennifer Armstrong and John Hamilton.

Mrs Spencer welcomed Noreen Downes, in attendance to deliver a presentation on the Board's Mindful Prescribing Strategy.

NOTED

02. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

03. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 6 December 2012 [ACF(M)12/06] were approved as an accurate record.

NOTED

04. MATTERS ARISING

a) In respect of Item No. 59 (NHS Lothian Report), Mrs Spencer was unaware whether the anonymous FTFT staff survey had yet been analysed and a report written up with the results. She agreed to pursue this with Ian Reid. **Pat Spencer/Ian Reid**

b) In respect of Item No. 60 (CEL (1) 2012 – Update), Mrs Spencer reported that Claire Curtis would attend the 4 April and 3 October 2013 ACF meetings to provide a further update on the Board's implementation of the CEL document.

c) In respect of Item No. 61 (Presentation – Director of Finance, Paul James), Mrs Spencer reported that Mr James had agreed to attend the ACF's 3 October 2013 to provide an update on the Board's current financial situation.

NOTED

05. PRESENTATION – CEL 36 (2012) NHSGGC's MINDFUL PRESCRIBING STRATEGY

Mrs Spencer thanked Noreen Downes, Lead Clinical Pharmacist for Prescribing Development, for attending the ACF meeting to raise awareness of current progress in the implementation of the CEL 36 document throughout NHSGGC.

Mrs Downes reported that the SGHD National Polypharmacy Guidance (CEL 36) was launched on 01 November 2012 providing guidance for clinicians undertaking face-to-face medication reviews. The guidance also provided direction to Health Boards planning services to address the polypharmacy agenda. Boards would be asked to regularly report on supportive activities as part of the SGHD Quality and Efficiency Programme.

NHSGGC had been provided with the details of approximately 9,000 patients aged over 75 years with a SPARRA risk score of 40-60% considered high priority for review.

The Board's ADTC established a Polypharmacy Committee in 2012 in recognition that polypharmacy was an issue for the Board with the awareness that a national strategy was in development. This committee met quarterly and provided direction for NHSGGC's polypharmacy strategy. It was chaired by a consultant geriatrician who was also part of the national poypharmacy group developing the national guidance.

A Mindful Prescribing Strategy, and associated workplan, to address the SGHD's requirements had been developed. This recognised that a number of services across NHSGGC already provided polypharmacy reviews.

The strategy aimed to support engagement with prescribers and patients to encourage a collaborative mindful approach to the use of medication. The committee's objectives included the provision of guidance on patients considered to be priority for review providing standardised evaluation tools to allow interventions from the range of activities to be collated to create NHSGGC wide reports.

In terms of progress so far, Mrs Downes highlighted the following:-

- The NHS Board's Polypharmacy Strategy "Mindful Prescribing" was ratified by the ADTC in December 2012 and a workplan to translate the strategy into practice had been developed and execution started.
- Polypharmacy medication reviews were taking place by prescribing support teams, the Falls and Osteoporosis Team, Change Fund Initiatives and Medicine for the Elderly (Acute Services).
- Initial pilot polypharmacy medication reviews by GPs and pharmacists for the SGHD priority cohort were in progress. Initial evaluation had been undertaken demonstrating that, on average, 1.7 drugs were stopped in every patient reviewed and that 31% of drugs stopped were in high risk BNF sections. The average saving per patient to date was around £100 per annum. Pilot activity and evaluation would continue for the duration of the current financial year.
- Clinician views around processes, tools and training requirements were being sought to assist in development of a local enhanced service to support delivery of GP-led face-to-face multidisciplinary polypharmacy reviews in a primary care setting in 2013/14. All relevant stakeholders were involved in the development of the proposed local enhanced service. It would be developed to compliment the polypharmacy activity elsewhere in NHSGGC including anticipatory care and inclusion within the GMS contract for 2013/14.
- Regular reports on progress and evaluation were delivered to the ADTC, PMG and clinical governance groups.

The Forum supported this holistic approach to medication review for patients. Members recognised this as an important area of development that would be welcomed advancing to secondary care too in due course. In terms of conducting the medication review, Mrs Downes confirmed that this was conducted with the co-operation of the GP and the patient in a planned consultation. This facilitated a joint discussion around the purpose of medicines a patient was taking and a shared decision for future prescribing for that patient. This was key to the success of the work and engaging patients and ensuring empowerment of the decisions made. There was recognition that some of this work needed a culture shift so that patients felt comfortable probing clinicians if they wished.

In response to a question concerning evidence that the more prescribers that were involved in the care of a patient, the greater the prevalence of inappropriate prescribing, Mrs Spencer questioned this as she was aware of evidence for Nurse Prescribing evidencing that, when a nurse prescriber was involved, overall medication safety and concordance improved. Mrs Spencer would seek out some references for this and forward to Mrs Downes.

Noreen Downes/Pat Spencer

The ACF would be be interested to see the evaluation of this work particularly in terms of qualitative and quantitative data and Mrs Downes agreed to provide this, when available. Dr Ip reported that this had been discussed at the GP Subcommittee and met very positively.

A very critical development would be in improving engagement with secondary care and it having access to increased GP information – how could this be shared wider (more than the current ECS)? Better two way dialogue was paramount. Mrs Downes agreed and confirmed that interface issues were discussed regularly throughout implementation of this work and it had support from both primary care and secondary care clinicians.

Mr Robertson alluded to the Audit Scotland Report "Prescribing in General Practice in Scotland" as issued in January 2013. This identified real issues particularly around prescribing costs and appropriate medicines management.

Mrs Downes agreed and reported that some of the data available from the polypharmacy work would identify practice outliers in prescribing (perhaps outwith the formulary) and this would be taken forward.

Mrs Downes thanked the Forum for the opportunity to attend to outline ongoing developments with this work. Mrs Spencer encouraged all the advisory committees to record their support for the Board's Mindful Prescribing Strategy and get in touch with Noreen with any comments and/or views. **All members**

NOTED

06. DISCUSSION – BUILDING A NATIONAL APPROACH TO LEARNING FROM ADVERSE EFFECTS THROUGH REPORTING AND REVIEW: A CONSULTATION PAPER

Members had already been circulated with the above consultation paper comments of which were due to be returned by 1 March 2013. It was reported that Jennifer Armstrong/Andy Crawford would be composing NHSGGC's formal reply to this consultation and Pat Spencer agreed to seek an early draft of this so that the ACF's comments could be incorporated. **Pat Spencer**

Although this was a national document with 19 set questions for reply, members discussed local NHSGGC processes to report incidents/near misses. In doing so, they recognised the difficulty in providing one generic reply given that some questions related to some groups of professions/clinicians and others less so. As such, it may be that individual professions may wish to reply to the consultation direct.

In taking this work forward, in a no blame culture that learned from mistakes, a huge challenge presented itself. Furthermore, although important to learn from local mistakes and near misses, it was also paramount to learn from other areas and to disseminate this information for general NHS-wide learning and best practice. Although Datix was used widely throughout NHSGGC, members considered that it may not consistently be used across the piece and it also did not include independent contractors. The consultation, therefore, posed a number of questions to support the successful development and implementation of a national approach to reporting, management and learning from adverse events. It was hoped to build upon areas of strength within current systems across NHS Scotland and identify areas to deliver better quality health care and ultimately achieve better outcomes.

It was noted that, at CH(C)P level, clinical directors were responsible for reviewing critical incidents within their own patch of GP practices. Furthermore, members alluded to the roll out of SPSP which now included some mental health areas.

Given the importance of building a national approach to learning from adverse events, the ACF was keen to reply and feed its comments into the Board's response. Pat Spencer would update the Forum after she had received Jennifer/Andy's draft reply to inform of the necessary ACF inclusions into this. **Pat Spencer**

NOTED

07. CLINICAL SERVICES REVIEW

Heather Cameron provided an update from the last Clinical Services Review Steering Group meeting. John Ip and Pat Spencer had also attended this meeting. It was noted that the Case for Change had been completed and work was proposed for new service delivery models. Sub groups had been set up to take various workstreams forward and various progress had been made with their development. A further meeting had been arranged for the Steering Group for 8 March to look again at the modelling work before it went out for further consultation.

There remained concern about non medical involvement in the work of the sub groups and how the Board would engage with non medical perspectives. The ACF considered that it was so important to get the right people involved at the right time and there was continued frustration that the Steering Group's meeting summaries were not up to date on the FTFT website so other professionals (not directly involved in the work of the Steering Group) were not kept abreast of ongoing work. Pat Spencer agreed to pursue this point with Sharon Adamson/Lorna Kelly to find out how best to ensure the FTFT website was constantly up to date. **Pat Spencer**

There was recognition that the Clinical Services Review was an ambitious piece of work and the Steering Group (chaired by Robert Calderwood) had made steps in the right direction. Proceeding with service models that would be fit for purpose for the next 10/15 years was now the difficult part of the review and it was hoped that some radical proposals may be made rather than tinkering around the edges of current models.

In terms of how the events where being led so far, members wondered whether meetings lasting 2 to 3 hours were really ideal. They concluded, however, that there were many levers at play including political input, the impending referendum, future general election and media interest. It was important to take this work stage by stage so that all the effort would not be expended to no effect. The Forum empathised with this view and the difficulties NHS Boards had in attempting radical changes locally.

Fiona Alexander updated on the third and voluntary sector Clinical Services Review event she had attended, representing the ACF on 29 January 2013. This event had been most interesting and had touched upon trust issues between the NHS Board and these organisations; issues around the sharing of patient information and the motivation, in general terms, for the Clinical Services Review. When the written summary of the day was issued, Fiona Alexander would circulate this to ACF members for information. **Fiona Alexander**

NOTED

ACTION BY

08. AREA CLINICAL FORUM – 2012/13 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF meeting plan for 2013/14 and were encouraged to make suggestions for forward planning of ACF activities.

It was suggested that Andy Crawford (Head of Clinical Governance) be invited to come along to a future meeting to talk through in further detail the reporting of adverse events locally in NHSGGC. The Secretary would duly arrange this with Andy. **Andy Crawford/Secretary**

{Post meeting note – Andy will attend the 4 April 2013 ACF meeting}.

NOTED

9. UPDATE FROM THE AREA CLINICAL FORUM CHAIR ON ONGOING BOARD / NATIONAL AREA CLINICAL FORUM BUSINESS

Pat Spencer outlined items of business discussed at the last national ACF Chairs meeting and reported that the next meeting was scheduled for the end of March 2013. It had been confirmed that Alex Neil would now attend all ACF Chair Group meetings in the future. She outlined those items discussed at the December 2012 NHS Board meeting and alluded to the person centred care framework document circulated to all ACF members on 22 January 2013. She welcomed views from all the advisory committees by Tuesday 19 February 2013 so that an ACF response could be submitted to the Board's Nurse Director. **All Members**

In terms of general NHS Board activity, Mr Robertson reported that the Board had had an away day at the end of January 2013. Furthermore, he reported that the new South Glasgow hospitals were, to date, on schedule and in budget. He extended a personal invite to attend any clinical group meeting to update on any of the Board's activities. This was welcomed.

NOTED

10. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS

The advisory committees each provided a brief update on their most recent topics of discussion and activities from their meetings. This was useful in looking at any cross profession themes and ongoing learning of each others business.

a) **ANMC** – Pat Spencer reported that the last ANMAC meeting was held on 12 December 2012. Topics of discussion included the following:-

- Clinical Services Review
- Annual Review Feedback
- Professional Network

- Person Centred Care Programme
- Feedback/discussion from a survey undertaken of members
- Reflection of 2012 and forward planning 2013
- Willis Commission – future of nurse education
- Ongoing HR review

b) **AOC** – Nicola McElvanney reported that the last AOC meeting had been held on 21 January 2013. Topics of discussion included the following: -

- Eye Care Integration Project Update
- Glasgow Ophthalmology Acute Referral Centre
- AOC Workplan for 2013
- AOC Electoral Process for 2013
- Independent Prescribing for Optometrists
- Dry Eye Protocol
- Annual Review Feedback
- East Dunbartonshire CHCP Survey regarding the outcome of ophthalmic referrals

c) **PAC** – Fiona Alexander reported that the PAC had not met since its November 2012 meeting. She confirmed that it was currently looking at its schedule of meetings. It was her intention to complete a business case for full representation on the ACF (as opposed to observer status only) for submission to the Head of Board Administration.

d) **APC** – Val Reilly confirmed that the last APC meeting was held on the 19 December 2012. Topics of discussion had included the following:-

- Presentation on Primary Care Pharmacy
- Local Planning and Professional Integration of Adult Health and Social Care
- The NHS Board's Annual Review
- Clinical Services Review Update
- APC Elections

e) **AAHP&HCSC** – Heather Cameron confirmed that the last meeting had been held on 24 January 2013 where topics of discussion had included the following:-

- Development Session
- Area Clinical Forum Update
- Healthcare Scientists Issues
- Professional Leadership
- AHP National Delivery Plan
- Vice Chair Elections

f) **AMC** – John Ip reported that the last AMC meeting was held on 25 January 2013 and members had discussed the following issues:-

- Changes to secretarial staffing
- Primary care and secondary care interface

- Adverse events consultation document
- Reporting of General Practitioner X-Ray Results
- Polypharmacy Strategy
- Board Annual Review

NOTED

11. ANY OTHER BUSINESS

a) Pat Spencer alluded to an earlier discussion around the person centred framework. Over and above the ACF being asked to contribute to the draft document, it was being asked to nominate a member on to the Quality Policy Development Group (QPDG) on measuring compassion etc under the "Person Centred" commitment.

DECIDED

Fiona Alexander be the nominated ACF Representative on this group. **Fiona Alexander**

NOTED

12. DATE OF NEXT MEETING:

Date: Thursday 4 April 2013

Venue: Meeting Room A, J B Russell House

Time: **2 – 5 pm**
2 - 3 pm - informal Area Clinical Forum members only meeting
3 - 5 pm – formal Area Clinical Forum business meeting