MCN RESPIRATORY STEERING GROUP
www.nhsggc.org.uk/respmcn
Monday 23rd May 2011, 11.30am
Board Room
Glasgow Royal Infirmary

PRESENT:
Duncan MacIntyre, Consultant Physician, VIC, MCN Clinical Lead (DMac)
Linda McCarron, MCN Project Manager (LMc)
Graeme Marshall, GP, South East CH(C)P, MCN co-chair (GM)
Isobel Baxter, MCN Co-ordinator (IB)
Roger Carter, Clinical Scientist, NG (RC)
George Chalmers, Consultant Respiratory Physician, North Sector (GC)
Kathy Kenmuir, Primary Care Support Nurse (KK)
Karen Ross, LTC Lead & MCN Planning Manager (KR)
Marion O’Neill, Health Improvement Senior (MO)
Cath McFarlane, General Manager, Medicine, NG (CMcF)
Kirsty Murray, Acting Lead Nurse (KM)
Allison Freeman, Clinical Governance (AF)
Robert Puckett, Lead Clinical Pharmacist ECMS, West Sector (RP)
Bill Cameron, Volunteer patient/carer representative (BC)
Dr J Paton, W O S Complex Paediatric Respiratory MCN (JP)
Scott Davidson, Consultant, SGH (SD)
Tom Clackson, GMS Contract Manager (TC)
Helene Irvine, Public Health Consultant, NHSGG&C (HI)
Malcolm Shepherd, Consultant Respiratory Physician, GGH, University (MS)
Elaine MacKay, Team Leader, Pulmonary Rehab (EMac)
Ms Ina Miller, Volunteer patient/carer representative (IM)
Josie Murray, Respiratory Co-ordinator, CHSS (JM)
Ann Ross, Acute Head AHP’s (AR)
Heather Beck, Respiratory Clinical Nurse Specialist, West (HB)
Joanna Johnson, Pharmacist, Prescribing Support (JJ)

APOLOGIES:
Jane Gravil, Consultant Chest Physician, RAH (JG)
Kim Kirkwood, Clinical Psychologist (KimK)
Nigel Pexton, GP & LMC Representative (NP)
Noreen Downes, Lead for Prescribing & Clin Phar, South West CH(C)P (ND)
Gillian Halyburton, Practice Nurse Advisor (GH)
Sharon Adamson, Head of Acute Planning (SA)
Heather McVey, Planning Manager (HMc)
Debra Ibbitson, Local Co-ordinator, CHSS (DI)
James Cant, Head of Scotland & NI, BLF (JC)
David Walker, Sector Director, South Sector (DW)
Robert Milroy, Consultant Physician, (RM) GRI

1 Previous Minutes

Previous minutes approved.
2  Matters arising

- **Respiratory Development Nurse proposal**
  The Pharmaceutical Industrial Alliance Group (PIAG) are setting up a sub group to look at the proposal for a pilot project for a Primary Care Respiratory Development Nurse, to help support the implementation of the COPD LES. The project would be piloted in the South of Glasgow. The sub group is scheduled to meet in June. If funding for the project is agreed, the MCN will take forward.

- **National Advisory Group (NAG) Learning Forum, 2nd September, 2011.**

  The programme for the Learning Forum will be distributed when available. The Learning Forum is not designed to provide clinical updates, but rather to explore different models for delivering Respiratory services/learn from each other.

  GGC input to the day will include sessions on the following:
  - Pharmacy Role
  - Spirometry and links to Smoking Cessation
  - Discussion of areas Respiratory MCN’s should look at e.g. Bronchiectasis guidelines

- **COPD: “Where are we now?” event, 25th May, 2011**

  DMac outlined the programme for the event – a series of short presentations followed by discussions groups – and extended an invite to all Steering Group members to attend the event. The event will provide a forum for discussing developments and service re-designs that relate to COPD services. The presentations and details of the group discussions will be posted on the Respiratory MCN website in due course.  
  [www.nhsggc.org.uk/respmcn](http://www.nhsggc.org.uk/respmcn)

3  Annual Report

DMac informed the group that copies of individual work group reports, as well as the Table of Contents and Executive Summary being discussed today, will be available from the Respiratory MCN website when finalised.  [www.nhsggc.org.uk/respmcn](http://www.nhsggc.org.uk/respmcn).

DMac invited comments regarding the layout and content. Comments were as follows:

**General**
KR suggested that the focus of the Public Health perspective in the report should be on the need for the MCN to exist, highlighting the benefits of the MCN approach.

HI welcomed comment from members as to what they would like to see included in the Public Health Section of the Annual Report.

**Specific**

3.2 “trail” be changed to “pilot”

3.5 ND will reword to include information on pharmacy savings.

3.11 “Locally” be changed to “Local”

4.2 There was a lively debate around what role the MCN should play in proposed service innovations and improvements. The outcome of the discussion was that a process is needed, whereby the MCN can be advised of project proposals. DMac will take this issue forward with the Board’s Clinical Governance Committee.

4.3 Reword to reflect inclusive nature of patient forum

4.4 Noted that statement on early identification of COPD will be drafted once Health Needs Assessment from HI available. Potential to link to Keepwell programme also noted. DMac is in discussion with the Board’s Keepwell contacts re possibility of inclusion of COPD in the National Keep Well programme for 2012/13

4.5 Noted that self management advice for Asthma and COPD under preparation. KR recommended that this link into the Supported Self Management Framework, via the Health Improvement Team. It was also noted that the Pulmonary Rehabilitation literature will require review to ensure it is in line with the new Self Management advice.

4.6 Noted that Respiratory Physiology is currently reviewing resources.

4.11 Noted that an Education Work Group will be set up in 2011/12. The Group’s remit will include: Continuing Professional Development needs; undertaking a Training Needs Assessment; Workforce Development; providing an MCN view on respiratory training for staff working outwith Respiratory Medicine, e.g. Keepwell, LES update
Additions:
- Sleep and NIV – under preparation
- Prescribing management issues
- Respiratory Epidemiology – under preparation

4 Work Plan priorities for 2011/12

Sleep / NIV
The Sleep Services Work Group is in the process of finalising its work and will be discontinued in 2011/12. NIV work will be taken forward by the NIV Work Group.

Training and Education group
It was agreed that the above group be set up in 2011/12.

Severe Asthma Group
There is a pre-existing Asthma Group with membership from GGC and surrounding Health Boards. This group has agreed to take forward issues relating to severe asthma on behalf of the MCN and feedback on progress / developments to the MCN. The Steering Group welcomed this arrangement.

IT Work Group
Martin Johnston has agreed to chair this group.

Disbanding of Pulmonary Rehabilitation and Self Management Work Groups.
The Steering Group noted that both of the above groups had successfully completed their agreed work plans and would now be disbanded. It was noted that some further issues had been identified / required completion. However, it had been agreed that individuals from the groups and / or service managers would take these forward.

The MCN Steering Group expressed their thanks to the Chairs and members of the Pulmonary Rehabilitation and Self Management Work Groups for all the hard work and effort that had gone into completing the work plan.


- The NAG (National Advisory Group) is having ongoing problems with their website, which they are working to address.
- DMac advised ongoing Respiratory MCN participation at future NAG meetings as they are beneficial to a lot of
different groups, and that the Learning Forum had been useful in the past.

- NAG Chairman, Michael Bews has demitted the post and will be replaced by Maureen O’Carroll, MCN Manager for Lanarkshire.

- Oxygen – There is ongoing discussion around funding issues for the planned devolvement of provision of Homefill Oxygen services from National to Board Level.

6 Future of MCN

- DMac advised that he is waiting for a decision regarding the continuation of funding for the MCN Chair and Co-ordinator posts.

7 Any Other Competent Business

- PIAG (Pharmaceutical Industrial Alliance Group)

  The PIAG is looking at the provision of placebo inhalers for training purposes. DMac suggested that the Asthma work group, in-conjunction with Pharmacy representatives, could draw up a short list of the most commonly used inhalers. JP said that using a computer based education programme, with embedded video, on inhaler techniques for paediatrics, had worked well, and suggested that a similar approach may work for adults too.

Next Meeting:

Time: 11.30 – 13.30
Date: Monday, 15th August 2011
Venue: Board Room, Glasgow Royal Infirmary