

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 4 December 2014 at 2.30 pm**

PRESENT

Heather Cameron - in the Chair (Chair, AAHP&HCSC)

Fiona Alexander	Chair, APsyC
Morven Campbell	Vice Chair, AOC
Kathy Kenmuir	Vice Chair, ANMC
Nicola McElvanney	Chair, AOC
Johanna Pronk	Vice Chair, APsyC
Val Reilly	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	Medical Director (For Minute No 69)
Scott Bryson	Pharmacy Lead for Clinical Governance (For Minute No 70)
Alison Campbell	Public Health Pharmacist (For Minute No 70)
Shirley Gordon	Secretariat Manager

ACTION BY

64. APOLOGIES

Apologies for absence were intimated on behalf of Kenny Irvine, Andrew McMahon, John Ip, Sandra McNamee, Douglas Malcolmson, Samantha Flower, Andrew Robertson, Linda de Caestecker, Rosslyn Crocket and John Hamilton.

NOTED

65. 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

66. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 2 October 2014 [ACF(M)14/05] were approved as an accurate record.

NOTED

67. MATTERS ARISING

- a) Minute No 58 - Heather Cameron confirmed that she had since been invited to join the "Integration Group".
- b) Minute No 59 – Lyndsay Lauder would be asked to provide a response to the points raised concerning the Workforce Plan.
- c) Minute No 60 – Rosslyn Crocket would speak to Fiona McCluskey to see if it would be possible for ACF members to have a tour of the new South Glasgow hospitals.

**Shirley Gordon/
Lyndsay Lauder**

Rosslyn Crocket

NOTED

68. HR REVIEW UPDATE

Due to unforeseen circumstances, Ian Reid (Director of Human Resources) was unable to attend the meeting – he had since agreed to provide a written report which would be circulated before Christmas.

Ian Reid

NOTED

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

Members were asked to note salient business items discussed recently by the respective advisory committees. Those who had not submitted a written summary briefly led the Forum through key topics that had been discussed at their last meetings.

In respect of the consultation on the proposals for an Offence of Wilful Neglect or Ill-Treatment in Health and Social Care Settings, all advisory committees confirmed that they had (or were due to) discussed this at their respective meetings. It was agreed that it would be useful for the ACF to submit a response and, as such, members were encouraged to submit their respective advisory committee views to Val Reilly by 20 December 2014. Val would collate the responses on behalf of the ACF and submit these to John Hamilton (Head of Board Administration) who, Jennifer Armstrong confirmed, was submitting an overall NHSGGC response. It was noted that the closing date for comments was 2 January 2015.

**All Members/
Val Reilly**

Jennifer Armstrong summarised some of the points raised from the Senior Clinical Leads Group following their discussion of this consultation document. She shared the ACF's view that there was a lack of clarity and purpose of the document and a broad recognition that this had arisen from the Francis Inquiry. The following points were raised:-

- The ACF was not sure about how wilful neglect was being progressed in England.
- There was a lack of clarity about the existing sanctions and legislation which currently existed in Scotland – was there already sufficient legislation in place to deal with issues such as wilful neglect?

- There were no definitions around what constituted wilful neglect? How did this fit with clinical negligence and/or criminal neglect?
- If this new proposed law was intended to improve patient safety, was it likely to have the opposite effect in that staff may be so threatened by the new legislation that there was a reluctance to take part in any SCI process as this may be seen (and used) as evidence for a wilful neglect charge?
- How did this new proposed legislation impact on the normal process of clinical care?
- The consultation document did not include children within some settings of Local Authority care – was this because Child Protection legislation would kick in at that point?
- How did this wilful neglect approach facilitate a learning approach from system failures?
- How did this impact on the current role of professional regulatory bodies? Similarly, how did it fit with the Adults with Incapacity Act and Mental Health Act, already in place? For regulated health professionals, what did this proposed new legislation add? Or was its intention for current unregulated roles?
- Was the focus of the wilful neglect “intent” rather than “outcome”?
- Should it apply to organisations as well as individuals?

Jennifer Armstrong also took the opportunity to update the Forum on the NHSGGC response to the Vale of Leven Hospital Inquiry Report recommendations. She explained that 75 recommendations had been made (65 for NHS Boards in Scotland). The Scottish Government Health Directorate had set up a process to monitor each NHS Board’s assessment and implementation against the 65 recommendations identified, and a guidance note and template had been produced. The NHS Board would be required to describe the current position/progress towards implementing the recommendations and, where relevant, provide supporting evidence and examples of good practice. This was due to be returned to the Scottish Government by 19 January 2015.

NOTED

70. ACCESS TO NEW MEDICINES PRESENTATION

The Forum welcomed Alison Campbell and Scott Bryson, in attendance to deliver a presentation on the process for access to new medicines.

Alison Campbell led the Forum through the process for the assessment of new medicines and their licensing. She described the national role in assessing new medicines (the Scottish Medicines Consortium) as well as local roles and responsibilities (NHSGGC ADTC and local governance tools). The licensing process looked at safety, efficacy and quality but not cost effectiveness (value for money). From there, the SMC provided advice to local Boards’ ADTCs who then made a formulary decision (either accepted and available for routine use or not recommended so not added to the formulary).

She described how the Scottish Medicines Consortium functioned and reported that NHSGGC was well-represented on it. It was a consortium of NHS Scotland's 14 Health Boards and established in 2001 to benefit patients by providing NHS Scotland with a single source of advice about the value of each new medicine and the patients for whom it would be of most benefit. Its advice also helps NHS Scotland plan the speedy uniform introduction of beneficial treatments across Scotland. Its members come from across Scotland and included public partners, doctors, practitioners, economists, pharmacists, nurses, directors of finance, health service managers and representatives from the pharmaceutical industry.

Alison Campbell described how the SMC expected to receive company submissions before the product was made available for use within NHS Scotland, and, ideally not later than three months after the date of marketing authorisation. The SMC would track the licensing and availability of new products in the UK and contact companies proactively once a product received a positive opinion from the European Medicines Agency Committee for human medicinal products or marketing authorisation from the Medicines and Healthcare Products Regulatory Agency. The onus to make a submission to the SMC was on the applicant company. SMC advice would not be issued until it had received confirmation that a product had received marketing authorisation for the UK. The SMC assessment process was 18 weeks from receipt and scheduling of submission to publication of advice on the SMC website and the SMC Secretariat had set product assessment timelines which provided companies with a guide to the relevant dates throughout the assessment process.

The SMC work programme was governed by the available resources and expertise in the assessment team at any point in time and the deadline for company submissions could only be regarded as a guide, therefore, did not guarantee review at the next meeting of the new drugs committee. The SMC made one of three decisions about the use of a medicine within NHS Scotland:-

- Accepted for use;
- Accepted for restricted use (e.g. restricted by patient group or restricted by practitioner);
- Not recommended for use.

Once the decision was made, it was communicated to local NHS Boards and the pharmaceutical company who submitted the product for assessment. Four weeks later, the decision was made public via a press statement on the SMC website.

Mrs Campbell went on to describe the impetus for change which saw the SMC directed (by the Scottish Government) to undertake a rapid review to establish more flexible approaches to end of life/orphan medicines. This was due to divergent policy between NHS Scotland and NHS England, and different approaches from NICE. As a result of an independent review of the SMC and review of local ADTCs, SMC meetings were now held in public and the role of patient and public involvement had been expanded.

She described some of the challenges this posed NHS Boards, highlighting the impact on clinical engagement, opportunity costs, the role of the Prescribing Management Group at interface between cost effectiveness and affordability, and some medicines still not being recommended. On this point, she described the current Individual Patient Treatment Request (IPTR) process and the new

process (of which details were awaited) of the Peer Approved Clinical System (PACS).

During discussion, the following points were raised:-

- In 2013/14, around 150 IPTRs were received; around half were attributable to other NHS Boards (as this was a regional West of Scotland process). Around 75-80% of these were approved.
- PACE meetings would involve preparation time and looking at “added value” such as innovation.
- Prices had to be realistic.
- End of life” medicines were defined as those to treat a condition at a stage that usually led to death within 3 years with currently available treatments.
- Guidance was awaited on how the PACS was to be undertaken – it was anticipated that this would not be management-led which was the criticism of the IPTR process.
- The SMC had been up and running for around 12 years and NHSGGC has responded almost entirely with all of its recommendations.
- Recognition that nationally there were different funding priorities between NHS Scotland and NHS England e.g. Cancer Drugs Fund in NHS England, NHS Scotland provided free prescriptions and free personal care.
- The concept of polypharmacy was discussed.
- Reference to the governance tools to support the work of the Area Drugs and Therapeutics Committee and the new App which had been positively received.

The Forum thanked Alison Campbell and Scott Bryson for the interesting and enlightening debate.

NOTED

71. 2015 ACF MEETING DATES

The ACF was asked to note its schedule of meetings for 2015 – agreed as follows:-

5 February
2 April
4 June
6 August
1 October
3 December

NOTED

72. CLINICAL SERVICES REVIEW UPDATE

Heather Cameron reported that a review paper had been considered by the NHS Board at its October 2014 meeting. At that time, Jennifer Armstrong reported that the Programme Team was now established and, along with service managers and frontline staff, it was developing ways to improve the provision and accessibility of Community Health and Social Care services. A comprehensive review of the population of the Renfrewshire Development Programme would be undertaken and the needs assessment was a systematic approach that aimed to ensure that resources were used in the most efficient way to improve the health of the population. A range of information had been collected locally as well as aggregated census information. This work would create a multi-variate report on the population which would form the basis of the future monitoring and evaluation of the programme. The Programme Team would continue to develop and to fully implement the monitoring and evaluation programme to allow a review of the projects which were now being established. As new components of the programme were developed, these would be built into the evaluation process.

Heather Cameron confirmed that she was now a member of the Steering Group and would keep the ACF up to speed with developments.

In response to a question from Val Reilly, Heather agreed to find out who the Pharmacy representative was on the Steering Group.

Heather Cameron

73. AREA CLINICAL FORUM – 2014/15 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF Meeting Plan 2014/15 and were encouraged to make suggestions for forward planning of ACF activities. The following suggestions were made:-

- Members understood that the Sandyford was undergoing a review and prioritisation of services – it would be useful if the Sandyford could share the services review work/consultation to give the ACF an opportunity to offer comment on it and, furthermore, if a representative was able to attend a future ACF meeting to update on the progress and future plans. It was agreed that Kathy Kenmuir would approach Pauline McGough in respect of this.
- Members noted that all the advisory committee elections for Chair and Vice Chair were due to take place in March/April 2015 with the election for ACF Chair/Vice Chair at its June 2015 meeting. Members thought it would be useful to have a think about succession planning in advance of these elections, and would discuss this further at their February 2015 informal session.

**Kathy Kenmuir/
Shirley Gordon**

All Members

NOTED

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

Heather Cameron summarised NHS Board topics discussed at the most recent meeting. In terms of the national ACF Chairs Group, much discussion surrounded the integration that lay ahead from April 2015. It had been reassuring to note that all ACFs were considering how best to engage, in the future, with the new Health and Social Care Partnerships and the Integrated Joint Boards (IJBs). To progress this in NHSGGC, Heather Cameron suggested taking up the offer of the Joint Improvement Team who were keen to facilitate a joint meeting between ACF Members and senior officers of the new IJBs. Members welcomed this approach and it was suggested that it take place on a Thursday afternoon sometime in February 2015. Heather Cameron would firm up the arrangements and get in touch further with Forum Members.

Heather Cameron

NOTED

75. DATE OF NEXT MEETING

Date: Thursday 5 February 2015

Venue: Meeting Room A, J B Russell House

Time: **2 - 2:30pm** Informal Session for ACF Members only

2:30 – 5:00pm Formal ACF Business Meeting