

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 6 August 2015 at 2.30 pm**

PRESENT

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

Fiona Alexander	Chair, APsyC
Audrey Espie	Vice Chair, APsyC
Samantha Flower	Vice Chair, AAHP&HCSC
Kathy Kenmuir	Chair, ANMC
Audrey Thompson	Chair, APC
Julie Tomlinson	Vice Chair, ANMC

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Pauline McGough	Clinical Director, Sandyford & Lead Clinician for Sexual Health, NHSGGC
Niall McGrogan	Head of Patient Experience & Public Involvement, NHSGGC

ACTION BY

34. APOLOGIES

Apologies for absence were intimated on behalf of Andrew McMahon, Alastair Taylor, Yaz Aljubouri, Emilia Crighton, Andrew Robertson and Jennifer Armstrong.

NOTED

35. 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

36. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 4 June 2015 [ACF(M)15/03] were approved as an accurate record.

NOTED

37. MATTERS ARISING

There were no matters arising that were not covered as substantive items on the agenda.

NOTED

38. SANDYFORD REVIEW AND PRIORITISATION OF SERVICES

Heather Cameron welcomed Pauline McGough, in attendance to describe the background to Sexual Health Services in NHSGGC and outline their interface with Primary and Secondary Care.

She began by summarising the range of services provided at the Sandyford including sexual, reproductive and emotional health services from a number of clinics at different sites across NHSGGC. These included:-

- Testing for sexually transmitted infections, HIV and pregnancy;
- Contraception and emergency contraception including contraception for those with complex medical conditions;
- Cytology and Colposcopy;
- Counselling and support services;
- Specialist services for young people under 18, men who had sex with men and those involved in prostitution;
- Archway for people over 13 years old who reported sexual assault or rape in the last seven days;
- Gender identity and sexual problems services;
- Termination of pregnancy;
- Vasectomy;
- Menopause and medical gynaecology;
- People involved in prostitution;
- Psychosexual services.

By way of statistics, there were over 110,000 attendances per year, half of whom were under 25 years old and 70% were women.

She explained that a recent review of their model of care had been undertaken to modernise the way services were provided and, as a result, the “walk in open access” model changed from 8 June 2015. Patients were now asked to phone in advance before coming into the Sandyford (0141 211 8130). An experienced sexual health nurse then asked a few questions to find out the reason for the visit and to offer an appointment based on urgency. If a patient needed to be seen urgently, they would be asked to come in that (or the following) day. If the condition was not urgent, a patient would be offered an appointment with one of the clinics on another day or maybe directed to another service such as a GP or pharmacy. By phoning first, people would save time and travel and it enabled Sandyford Services to offer the most suitable service for patient needs and at a time that suited.

Prior to the change on 8 June 2015, there had been a three month lead-in time to make sure an advertising campaign could be carried out to raise awareness of the change in approach.

The change had been well-received and the service now received around 2,000 calls per week (from about 400 before the changes). A Freephone number should go live in a few weeks. In addition, a professional helpline number (0141 211 8646) remained for clinicians to seek advice and the volume of calls to this number had increased significantly too.

The new model was now two months in and Pauline outlined some of the tweaks that had been made, taking on board comments from clinicians and patients. She led the Forum through some specific details as follows:-

- The hold time on a call was roughly 5-7 minutes;
- Callback time to a patient was roughly 30 minutes if they needed to speak with a nurse;
- The Sandyford Initiative website had been updated to reflect these changes and continued to be a work in progress as services evolved;
- Various improvements continued to be made including working with the deaf community and allowing time in consultations if and when interpreters were present;
- Feedback from the public so far was positive;
- Feedback from GPs has been broadly positive and specific concerns have been personally answered;
- Local Sandyford staff met weekly to look at performance and any modifications that were required – the new model had highlighted some learning needs which would be addressed locally;
- The concept of conducting a patient survey was being considered so that a broader level of detail could be obtained;
- GP referral for a smear test was not necessary – patient choice was respected in relation to where they wished to attend to obtain this.

Heather thanked Pauline for the overview and particularly in addressing the impact that the Sandyford services had across the whole NHSGGC area. During discussion the following points were addressed:-

- Changes had to be made to the service model to make it sustainable;
- Patient choice would always be respected;
- It was too early to identify if there had been a resource shift to primary care, however, this would be considered during review as would data and service quality.
- The specific issue of cervical cytology was discussed; there had been a small drop in the number of smears undertaken in the first two months and this would be monitored. It was not because women were not able to make an appointment for cytology. Indeed Sandyford was the only specialist sexual health service in Scotland that still offered routine cytology.
- Staff had welcomed the changes and were supportive of the new model. Some of their anxieties, including making sure patients were appropriately booked in, keeping to time during consultations and shift in skill-mix were initial challenges but were being worked through as the new ways of working became more familiar. In the main, positive feedback had been received from staff.

- It would be useful to capture the lessons learned so that, in the event of remodelling work for other disciplines, broader learning across the organisation was available.
- For the first time, DNA rates would be looked at (as the service was previously a walk-in service there were no/very few DNAs). Since the introduction of the new service, there was currently a 22% DNA rate and Pauline summarised some of the “chaser” methods used with patients, such as call backs and text reminders.
- An EQIA would be undertaken.

The Forum wished Pauline and her services/staff well as the new model evolved and thanked her for a most interesting update.

NOTED

39. PATIENT EXPERIENCE AND PATIENT FEEDBACK

Heather welcomed Niall McGrogan to the ACF to update on the Patient Rights Act.

Niall explained that the Patient Rights (Scotland) Act 2011 came into force on 1 April 2012 with the aim of improving patients’ experiences of using health services and supporting people to become more involved in their health and healthcare. An important part of the Act was to ensure that patients’ feedback, comments, concerns and/or complaints were more actively collected, monitored and used to improve services. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints, feedback and improvements made by Primary Care contractors.

In terms of patient involvement, Niall explained that this was a less explored area of the Act but meant that anything done in relation to patients must take their needs into account to allow and encourage them to be fully involved and to participate.

With regards to patient feedback, this meant that feedback had to be sought from all patients or carers and staff had to be aware and supported to take such feedback. There was a robust monitoring of feedback received including numbers, themes and actions taken to improve services. These were reported quarterly to the NHS Board and an Annual Report compiled to the SGHD. NHSGGC was responding to the patient feedback requirements via four centrally managed feedback systems as follows:-

- Universal Feedback – this saw every patient being asked the same question on the day of their discharge. It was simple, easy and transferable and, although the actual scores were made public, it also allowed NHSGGC to look at further details provided. Senior Charge Nurses received an email prompt every month to alert them to the feedback for their own area being readily available. This was then shared with their staff. General Managers and Directors also got to see the results and they reported back quarterly on service improvements/actions taken as a result of feedback received.

In 2014/15, 96 wards participated with 8182 patients providing feedback. This was a response rate of around 29% and the overall percentage positive score was 96%.

- NHSGGC Patient Feedback – this method allowed feedback via a form available from the NHSGGC website. It covered all of the NHS Board’s services and a drop-down menu linked feedback to specific departments. The feedback was only seen by NHS staff. In 2014/15, there had been 703 postings received (291 were praise and 412 were suggestions and/or criticisms). The three most common themes were communication/appointments, scheduling/systems or waiting times and staff, and attitudes and behaviours.
- Patient Opinion – run by an external independent organisation and postings were seen by everyone. This allowed people to share their experiences in a public forum and aimed to create dialogue between the public and the health service. In NHSGGC all postings were received by Niall, who then distributed them appropriately across NHSGGC for a response. The postings were moderated externally by Patient Opinion. In 2014/15 269 stories had been posted (98 positive, 112 suggestions/criticisms).
- The Carer’s Audit – this was requested by the NHS Board’s Director of Nursing and was a proactive approach to listening to carers. The process was that all named carers in wards were written to and the PEPI Manager visited wards each day for two hours over a week to conduct semi-structured interviewing and gather qualitative feedback. Given this, all the details received were challenging to capture.

Looking forward, Niall outlined some of the challenges and opportunities that lay ahead in gathering feedback and, locally, better use of the data received to enhance our feedback culture. The priority was to assure the public that, as an NHS Board, we listened and that their feedback was all about improvement and not performance measurement.

The Secretary was asked to circulate the 2014/15 Annual Report on Feedback, Comments, Complaints and Concerns and its associated summary document to all ACF Members for their information. She would also circulate a copy of Niall’s slides so that those not in attendance had reference. *[All three documents were duly circulated by the Secretary to ACF Members on 10 August 2015].*

Secretary

NOTED

40. ANNUAL REVIEW 2015 - PREPARATION

The Secretary reported that she had heard from the following Members who had confirmed their attendance at the NHS Board’s Annual Review ACF slot on 20 August 2015:-

Audrey Thompson
Joan Miller
Fiona Alexander
Audrey Espie
Kathy Kenmuir
Julie Tomlinson

Heather Cameron
Samantha Flower

Members had discussed, at their earlier private session, and had agreed to select two or three broad themes that cut across each profession and fell within the Minister's agenda. The following topics were proposed and Members would let Heather know a preferred shortlist down to two/three to be taken forward on 20 August:-

- Shared services vs local services
- Financial challenges and service pressures – looking at solutions across all professionals
- Advancing practice and succession planning (future-proofing all staff groups)
- The role of pharmacy in the future – system changes to professional roles – awaiting the SGHD guidance
- Vale of Leven Report and the improvement works made locally in NHSGGC
- Future challenges
- Named person legislation
- Long-term conditions
- A campaign to ensure all members of the public were aware of their own responsibilities in looking after their own health

The Secretary was asked to clarify if Rosslyn Crocket and/or Jennifer Armstrong would be attending the ACF slot. *[The Secretary duly asked Tricia Mullen, Head of Performance, who responded that if the ACF wished Rosslyn and/or Jennifer to attend, they could do as they both had the whole day scheduled for the Annual Review].*

Secretary

The Secretary was also asked to canvass Members regarding the ACF 2016 meeting dates to see if a Thursday afternoon bi-monthly meeting still best suited all Members. *[The Secretary duly circulated a canvass email to all ACF Members on 10 August 2015].*

Secretary

It was agreed that all Members submit their preferred shortlist to Heather for working up of a final agenda. It was also confirmed that prior to the Ministerial slot, ACF Members had a one hour pre-meeting between themselves to get organised.

**All Members/
Heather Cameron**

NOTED

41. HEALTHCARE IMPROVEMENT SCOTLAND CONSULTATION

Heather Cameron had requested that this be included on the ACF agenda for information. A response was invited by Healthcare Improvement Scotland (HIS) by Wednesday 30 September 2015.

Julie Tomlinson agreed to collate responses and return to Heather Cameron. All members to send comments to Julie by 31 August 2015.

**All Members / Julie
Tomlinson**

NOTED

42. AREA CLINICAL FORUM – 2015 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF Meeting Plan for 2015. All Members were encouraged to submit suggestions for future agenda items.

The Secretary would add the six 2016 meeting dates to the Meeting Plan so that these could be populated as suggestions were made.

Secretary

NOTED

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

Heather Cameron provided a brief update.

NOTED

44. 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.

NOTED

45. DATE OF NEXT MEETING

Date: Thursday 1 October 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