

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 3 December 2015 at 2.30pm**

PRESENT

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

Fiona Alexander	Chair, APsyC
Yas Aljubouri	Joint Chair, ADC
Audrey Espie	Vice Chair, APsyC
Samantha Flower	Vice Chair, AAHP&HCSC
Kathy Kenmuir	Chair, ANMC
Andrew McMahon	Chair, AMC
Audrey Thompson	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	NHSGGC Board Medical Director
John Brown CBE	NHSGGC Board Chair
Shirley Gordon	Secretariat Manager
David Leese	Director, Renfrewshire HSCP (For Minute 64)

ACTION BY

58. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Morven Campbell, Alastair Taylor, Peter Ivins, Julie Tomlinson and Emilia Crighton.

Heather Cameron welcomed John Brown to his first ACF meeting since his appointment as NHS Board Chair.

NOTED

59. 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

60. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 1 October 2015 [ACF(M)15/05] were approved as an accurate record.

NOTED

61. MATTERS ARISING

- Minute No 50 – Heather Cameron confirmed that she had spoken to Catriona Renfrew about the ACF’s intention to pursue the holding of a joint session with the six Chief Officers of the HSCPs to discuss how to engage with the IJBs going forward. Catriona advised that the six Chief Officers met as a group and the Forum’s preferred option would be to try to get a slot with them at one of their meetings to see how best to take forward establishing a relationship, not only with the ACF, but with the seven NHSGGC Professional Advisory Committees. She would progress this matter in early 2016.
- Minute No 55 – Yas reported that there was no substantive update on the need for an urgent general anaesthetic referral pathway for children with dental/facial abscesses. This continued to be progressed with the Oral Health Directorate. He would keep the ACF up to date with any development.
- Andrew McMahon raised a general point about communication between the Advisory Committees/ACF and the NHS Board as well as a more specific point around the Health Improvement Scotland (HIS) report on its Inquiry Visit to the Beatson West of Scotland Cancer Care Centre.

Heather Cameron

Yas Aljubouri

To clarify, Heather outlined the role of the ACF and how its membership comprised the Chairs and Vice Chairs of the seven Professional Advisory Committees. This multi-disciplinary membership had many benefits and, although recognising the time pressure and commitment of all the professional members, she reiterated the importance of each constituent Committee attending ACF meetings as often as possible. Heather also referred to the HIS report which commented on the lack of engagement of the AMC with the ACF. She alluded to the standing item on each ACF agenda which was a brief update from each Advisory Committee on salient business points and this included a bullet point list submitted by each Advisory Committee. The ACF agreed that, in future, it would be useful to see each others’ minutes and members were asked to submit their latest approved sets of minutes to Shirley for inclusion on ACF agendas.

**All Members/
Secretary**

ACF members agreed that it would have been useful to have discussed, at an earlier stage, the Beatson issues but that the concerns had not been raised with them by the Area Medical Committee. Andrew explained that the Beatson issues had been considered by the AMC and its Hospital Sub Committee for a couple of years now and he understood that the AMC minutes were submitted to the NHS Board for information. Heather explained that this was not the case as the Advisory Committees reported in to the ACF and it was the ACF’s minutes that were submitted to the NHS Board for information.

Going forward, it was important that, in strengthening the governance of the ACF, it managed to strike a balance between considering issues that related to one profession and being in a position to represent and engage with the NHS Board on multi-professional matters. In this way, the ACF was able to work with the NHS Board and have the opportunity to influence its broad decision making processes.

This was particularly the case as each of the Advisory Committees should have an executive lead in attendance and specific professional matters would be pursued via that route. ACF members also had the opportunity to raise profession-specific matters at their informal meeting which took place directly before formal ACF meetings.

Heather welcomed the opportunity to reflect on how ACF business was conducted and encouraged all members to contribute to the agenda-setting process to ensure it reflected, not only topics of mutual interest to all professions, but that it provided all members with an opportunity to input to real-time relevant debates. She would consider how best, in future, to allow a flexible slot on the ACF agenda (as well as standing items) to make sure that members felt they were able to raise matters in a timely way and that key messages could be fed to the NHS Board. This would go some way to look at how information flowed from the Advisory Committees up to the ACF to the NHS Board; sideways across all the professions and; downwards from the NHS Board to the ACF to the Advisory Committees to frontline staff.

The majority of the Advisory Committees, at the moment, shared the ACF minutes at their meetings as a conduit to cascade information and this was regarded as an effective means of communication.

John Brown asked that the Secretary forward to him, for information, a copy of the Advisory Committee constitutions and membership lists.

Secretary

Kathy agreed to include the HIS report on the next ANMC agenda.

Kathy Kenmuir

NOTED

62. UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS

John Brown thanked the ACF for the invitation to attend ACF meetings and expressed his intention to attend as many as possible in the future.

He led the Forum through his induction plan and his recent learning of NHSGGC and, more widely, NHS Scotland. He described some of the work being undertaken by the NHS Board in terms of its look back/look forward and, more long-term, into the future. As a new Chair, he was pulling together a list of individuals/localities/groups that he considered his priorities to meet and he welcomed the ACF's contribution to this.

He described some of the NHS Board's short/medium/long term priorities, and summarised these as follows:-

Short Term

- Unscheduled Care
- Winter Planning
- HIS Reports
- This year's finance

Medium Term

- Integration going forward

Long Term

- After the election – what happens?
- Taking 2020 Vision forward
- Strategic planning – delivery and capability

It was a key priority for John to look at the issues, challenges and risks (and their linkages) and he would engage with frontline staff in taking this work forward.

Members welcomed this insight and agreed that the concerns and challenges highlighted by the NHS Board Chair mirrored those of the Professional Advisory Committees in that the priority was to deliver quality services to patients, recognising the size of the organisation.

Jennifer Armstrong briefly summarised the NHS Board's financial situation in that it was currently overspent by £6.5m in month 7. She explained that the NHS Board was looking to identify all pressures going forward into 2016/17.

In terms of SPSP, she described current activity, key areas of progress and key issues to note. It was hoped to roll out the principles of SPSP in all Sectors and sites more quickly.

In going forward, she alluded to the following key areas of work for the NHS Board:-

- Looking at the patient pathway at the new QEUH – reviewing front door activity and GP referral process.
- Centre for Data Intelligence – the concept of a data warehouse and the development of clinical outcome indicators – collocating key staff to deliver a data link.
- National Clinical Strategy looking at Acute and Primary Care.
- HIS Scrutiny Plan and the associated standards therein.
- Looking at Clinical Effectiveness and Clinical Governance.

NOTED

63. UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS

Heather alluded to the discussion that took place under Matters Arising around the role of the ACF and the Statutory Advisory Committees. She explained that much of this had been discussed at the last national meeting particularly in looking at both current capacity and also succession planning. The national group also referred to the HIS reports and recognised that this was the second time the ACF had been mentioned in a national review report. These issues would be raised at the next meeting with the Minister.

Other topics of discussion included:-

- The sustainability and succession planning of ACF members.
- Engagement with Shona Robison and Paul Gray.
- The integration agenda being at different stages within different Boards.
- Health Promoting Health Service – the concept was being refreshed but in a less onerous manner in terms of data collection. It was being condensed into three themes which would include Person-Centred

Care, staff health, the environment and financial inclusion. Heather would let the ACF know as soon as the information was received.

NOTED

64. DEVELOPING GP SERVICES – ENGAGING AND LISTENING

Heather welcomed David Leese, in attendance to outline the programme that was launched to engage a wide range of interests in developing a direction for GP services in NHSGGC.

David explained that the programme was launched to engage with and listen to a wide range of opinions about GP services and how these services needed to change. General Practice was one of the key strengths of the NHS but it was under severe strain. Demand was rising and the number of people choosing to become GPs was not keeping pace with the growth in funded training posts. The traditional divide between Primary Care, Community Services and Hospitals, largely unaltered since the birth of the NHS, could be a barrier to the personalised and coordinated health services patients needed. GP and hospital roles tended to be rigidly demarcated in ways which did not reflect patients' care needs.

David explained that part of the pressure of demand related to the rising needs of the ageing population with increased chronic disease and the health issues created by deprivation. It was also the case that patients often went to their GPs with issues that could be dealt with elsewhere and did not require skilled medical intervention. The open access nature of GP services, an important strength, meant that GPs were a point of service for a wide range of demands.

David led the Forum through the list of questions to prompt feedback but highlighted that all comments would be welcomed by 14 December 2015. This was a joint engagement and listening exercise between the NHS Board and the new Integrated Partnerships and there would be local engagement and discussions as well as this consultation.

David summarised the 2020 Vision for Health and Social Care and the NHS Scotland Quality Strategy which provided the priorities and framework in which the health services in Scotland would evolve and develop to meet future health and care requirements and to deliver safe, effective and patient-centred care. Delivering this vision, however, would require substantial changes to the way the NHS worked and David provided some examples of this. He emphasised that the model of GP services brought together the management of illness and disease with continuity, empathy and humanity. GP services were the bedrock of the NHS, delivering over 90% of patient contacts and skilfully assessing undifferentiated patient presentations.

NHSGGC had over 240 practices with nearly 800 doctors and spent £154m on GP services. He summarised the reasons for launching this programme now, reporting that resources for GP services were definitely a key issue but concluded that the set of fundamental challenges described would not be addressed by “more of the same”. Changes to try to support GP services more effectively were required. It was for this reason that the discussion paper provided the basis for wide engagement to contribute to the future shape of GP practices.

Heather welcomed the ACF's views on the consultation paper and the following points were addressed:-

- The Quality and Outcomes Framework (QOF) was being dismantled from April 2016 – as announced by the SGHD. A new GP contract was scheduled to be in place in 2017 and work was being taken forward to progress this. It was not clear what arrangements would be put in place during the gap period in between.

It was essential that NHSGGC built a dialogue with its GPs locally before the national debate began and the creation of the new HSCPs/IJBs provided an excellent opportunity to do that. NHSGGC needed to find a way to visibly address these challenges locally and needed to move to a different place in terms of how it resourced and contracted GP services. Beginning a consultation early provided an opportunity to work through these issues with GP practices.

- It was important that if the QOF was being replaced, that it was replaced with a new model that showed quality improvements.
- It was not yet clear how the Scottish Government would take forward discussions with professionals, but it was recognised that all professional perspectives had to be considered.
- A solution could not be reached in isolation – it needed to be looked at cohesively around what the patient population needed.
- Engaging with HSCPs was key particularly in looking at GP lists, their flow and their demand. It was well known that a cohort of patients were regular attendees at GP practices whereas others attended much less frequently. It would be important to unlock the reasons for this and work with GP practices to manage the workflow better and engage with other professions such as district nurses, social workers, community nurses etc, and make them much more visible, working better in a cohesive, multi-professional team.
- Recognise what works well at the moment particularly at the junction of Acute and Community Services. How can we build on this momentum, working smarter with Community Pharmacy, Home Services, Social Services, Specialist Services and Mental Health Services, etc, ensuring better knowledge sharing within peer groups.
- What lessons could be learned from the Renfrewshire Development Programme?
- The importance of succession planning particularly as the GP workforce was ageing as was the GP employed workforce and there was difficulty in recruiting and retaining staff.
- Big issues around GP premises and how GPs were reimbursed for their premises.

Heather thanked David for attending the ACF to give more context to the consultation paper and agreed, on behalf of the ACF, to submit a response.

Heather Cameron

NOTED

65. AREA CLINICAL FORUM – 2015/2016 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF Meeting Plan for 2015/2016. The following suggestions were made for future agenda items and the Secretary would make the necessary arrangements and update the plan going forward:-

4 February 2016 meeting

In light of the earlier discussion to leave more flexibility around the ACF agendas, the CAAS update be deferred.

Secretary

7 April 2016 meeting

Given the financial pressures, Jennifer Armstrong suggested that James Hobson attend the April 2016 ACF meeting (Mark White was coming to the 2 June 2016 meeting) - *confirmed attendance*.

Secretary

NOTED

66. 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.

Kathy summarised some issues, in particular, surrounding nursing, including revalidation, the new Code of Conduct and work being conducted by the ANMC in raising its visibility. She would keep the ACF up to speed with developments.

Kathy Kenmuir

NOTED

67. DATE OF NEXT MEETING

Date: Thursday 4 February 2016

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