

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 2 June 2016 at 2.30pm**

PRESENT

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

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

IN ATTENDANCE

Shirley Gordon	Secretariat Manager
Robert Calderwood	NHSGGC CEO
Margaret Ryan	Lead Clinician Prescribing Services
Jennifer Armstrong	Medical Director
Mags McGuire	Nurse Director
Pamela McCamley	Business Manager (Medical Directorate)

ACTION BY

27. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Morven Campbell, Audrey Espie, Julie Tomlinson and John Brown.

Heather Cameron welcomed guest speakers in attendance and thanked them for taking the time to provide relevant updates to the Forum.

NOTED

28. 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

29. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 April 2016 [ACF(M)16/02] were approved as an accurate record.

NOTED

30. MATTERS ARISING

- Minute No 20 “Health Centre Security Screens” – Alastair Taylor reported that the issue of reception desk security at the new Maryhill / Gorbals / Woodside Health and Care Centres remained unresolved at present. He described the current situation regarding discussions taking place with the NHS Board. Robert Calderwood confirmed that he had received two letters from practices scheduled to move into the new accommodation – both noting different views. He alluded to the design process that was undertaken and the general principles of open plan working. He hoped that a compromise could be reached and suggested that the ACF write to Alex MacKenzie (Chief Officer, Glasgow City HSCP) for an update.

Heather Cameron

NOTED

31. PHARMACY SUPPORT TO GPs

The Forum welcomed Margaret Ryan, in attendance to update on the allocation of resource from the Scottish Government Primary Care Investment Fund to develop new ways of working in primary care.

Mrs Ryan explained that, in June 2015, the Scottish Government announced details of Primary Care Investment Funding to support the Primary Care workforce and improve patient access to these services. £16.2m of this was allocated to NHS Scotland’s pharmacists. The expectation was to recruit pharmacists to work directly with GP practices to support the care of patients with long-term conditions and free up GP time to spend with other patients. Alongside this investment, Inverclyde HSCP was identified to pilot the new GMS contract model for “new ways of working”. NHSGGC’s resource allocation for 2015/16 was £544k to employ pharmacists, technical staff and for infrastructure. The 2016/17 allocation was £1,467k inclusive of additional funding for the Inverclyde HSCP pilot.

Mrs Ryan explained that NHSGGC’s Prescribing Team discussions identified several additional areas for potential pharmacy involvement in GP practices with experience from other NHS Boards also shared. For success, GP engagement and identifying GP priority areas for pharmacy involvement was considered essential. She led the Forum through progress and outlined that, following analysis, the main areas identified for pharmacist additional roles comprised of:-

- Chronic disease management;
- Polypharmacy medication reviews;
- Prescribing management;
- Triage;

- Medicines reconciliation for new patients, patients discharged from hospitals and care homes;
- Repeat prescription requests.

In terms of local implementation, the HSCPs/Sectors had now agreed which of their applications would be a pilot practice or cluster. Each HSCP did this using a version of the original analysis criteria plus local intelligence and priorities. Prescribing support was now either in the process of (or already) completed, informing the successful practices/clusters, and work to implement their proposals had started. The proposals had common themes of:-

- Polypharmacy review clinics;
- Chronic disease management clinics;
- Medicines reconciliation;
- Prescription management.

All HSCPs were utilising the resource allocation in different ways and had different priorities in terms of new services provided. This would allow for a wider assessment and evaluation of effectiveness.

Mrs Ryan explained that all pharmacists and pharmacy technicians would be in post by late summer. Appointments included joint posts between Acute and Primary Care and a Service Level Agreement agreed with Community Pharmacy. As the Inverclyde GMS pilot was primarily for 2016/17, the initial appointment of pharmacists had been to Inverclyde with the second phase of appointments to the other HSCPs already started.

The evaluation of the different pilots was essential to inform the achievement and effectiveness of the investment for future services and resources. A national short life working group was defining some national outcome criteria. Locally, work was underway to develop electronic solutions to support the evaluation. This was to ensure that there was minimisation of manual data collection required for evaluation purposes by pharmacists and technicians to avoid an impact on the workload. The participating pilot practices were asked to consent to data extraction for evaluation purposes. The evaluation would use the agreed national and local criteria using a range of data collection methods, surveys, workload analysis and prescribing analysis.

In response to a question from Ms Alexander, Mrs Ryan confirmed that initial funding was for three years. Posts were permanent as a result of the NHS Board's commitment to the project.

Dr Taylor commended the pilots so far and, in particular, the enhanced team working that was evident already. He echoed the view that it was good to see each HSCP utilising the resource allocation in different ways as each had different priorities and it was excellent that this flexibility was afforded. This, at the evaluation stage, would identify what worked best and what could be rolled out.

The Forum thanked Mrs Ryan for the informative update on the projects and looked forward to seeing how they developed and the analysis.

NOTED

32. FINANCE UPDATE

The Forum welcomed Robert Calderwood, in attendance to update members on the draft Local Delivery Plan 2016-17 and on the current 2016-17 Financial Plan as well as processes going forward.

Mr Calderwood reported that the final draft LDP would be finalised for the 28 June 2016 NHS Board meeting. The savings proposals had been built up through various sessions with the NHS Board since autumn 2015. He led the Forum through the 2016/17 financial planning processes, explaining that the financial plan contained a number and range of assumptions and proposed investments, albeit that it was under constant analysis and revision. He highlighted some key amendments and adjustments that had been made with the draft LDP and emphasised that work continued to address the gap locally. He alluded to some national workstreams being taken forward and identified a number of areas of flexibility.

He confirmed that the LDP, including the financial planning, had been developed in conjunction with the IJBs as the NHS Board now shared responsibility for strategic planning with the IJBs but retained responsibility for the allocation of the NHS budget between the services for which the NHS Board retained direct operational responsibility for and those managed by IJBs. The IJBs, however, needed to develop and approve integrated service and financial plans for the NHS and Council services which they legally delegated to them. They also had a central role in working with the NHS Board on the planning and financing of the Acute Sector and the LDP cross referenced to Partnerships strategic plans.

Mr Calderwood described how the LDP highlighted a number of areas of risk, reflecting the fact that the NHS Board did not yet have a fully balanced financial plan across NHS GGC. A substantial programme of work continued to identify the level of savings required and to put in place the necessary actions to achieve financial balance in 2016/17. He set out some examples of detailed service change plans which the NHS Board had developed to deliver its strategic priorities. The financial and policy constraints within which the NHS Board was working posed a real challenge to coherently moving forward the five strategic priorities which would deliver the NHS Board's purpose (*to deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities*). The five strategic priorities were:-

- Early intervention and preventing ill health;
- Shifting the balance of care;
- Reshaping care for older people;
- Improving quality, efficiency and effectiveness;
- Tackling inequalities.

The aim of the approach set out in the LDP was to make changes which aligned with the strategic direction, priorities and clinical strategies and enabled the delivery of financial balance. The Scottish Government set out its budget to the Scottish Parliament in December 2015. This set out an uplift of £511m or 5.3% to the health budget. Mr Calderwood highlighted the key strands of funding available to NHS Scotland's territorial Boards and demonstrated how these translated for NHS GGC. He alluded to the cost

drivers and service commitments facing the NHS Board in 2016/17 set against the uplift and highlighted a £69m savings challenge in-year. He highlighted a number of clinically led service redesign initiatives that were deferred from 2015/16 following discussions with Scottish Government colleagues – the associated savings were funded by the NHS Board non-recurrently and these initiatives remained part of the service planning of the NHS Board and were included in the 2016/17 Financial Plan. Mr Calderwood spoke about how the NHS Board planned to achieve financial balance in 2017 and alluded to a significant number of savings schemes that had been identified to address the 2016 financial gap. Work remained to identify further schemes to fully close the gap and set a balanced financial plan for approval at the June 2016 NHS Board meeting.

In response to a question from Mr McMahon, Mr Calderwood described how all avenues of savings had been pursued including bed modelling work and local analysis of NHSGGC's patient profile and population, drawing conclusions to redesign services.

Dr Cameron recognised the ambitious change that lay ahead and, in response to her question, Mr Calderwood agreed that the challenges were recognised at SGHD level. Within the political environment of the NHS, it was paramount to balance clinical decision-making with required service change and Forum members recognised the importance of having clinical arguments / debate at the forefront of service change decisions.

In response to a question concerning GP triage at the QEUH, Mr Calderwood explained, in detail, the difference in GP triage patients and A&E attendances and alluded to how the physical space was being used for both at the QEUH. There was recognition that improvements could be made and Dr Armstrong reported that these were being worked through at the moment including overall modelling revision and looking at the flow and bed availability at certain times of the day.

The Forum thanked Mr Calderwood for his insightful summary into the NHS Board's Local Delivery Plan and the financial challenges in which the NHS Board operated at the moment. They looked forward to his attendance at future meetings to keep Forum members at the forefront of ongoing discussions.

NOTED

33. ACF ACTION PLAN RESULTANT FROM THE HIS REPORT ON THE BOC

Dr Armstrong referred to the recommendation (following the HIS report on its inquiry visit to the BOC) as it related to the ACF. The recommendation was that NHSGGC should review its Area Clinical Forum and supporting advisory structure to ensure appropriate engagement across its professional advisory committees using the guidance set out in the Chief Executive letter (CEL) 16(2010) as a basis for this review.

Since then, a piece of work had been undertaken detailing NHSGGC's comments against each theme from the CEL16(2010). The key issue for NHSGGC was the engagement of the AMC with the ACF beyond the submission of its key points from its monthly meetings. An AMC representative now attended the ACF regularly and all the professional

advisory committee minutes were submitted in full to each ACF meeting for information.

Mrs McCamley led the Forum through the action plan, noting some areas where NHSGGC was compliant with the CEL but also some areas where improvements could be made. The following points came up during discussion:-

- Further thought be given to time being protected for those staff members who contributed to the ACF and professional advisory committee structure – there were capacity / support / succession planning issues and “protected time” was not being consistently applied. FHS contractors received payment for attendance at meetings, however, NHS Board employees did not, and fitted this in around their employed role. Was it an idea to approach the Director of HR to establish how staff members who committed time to be involved with union activities got their time back? Were there comparable lessons to be learned by ACF members with that approach?
- The concept of a communications strategy was an excellent idea to promote the activities of the ACF and the advisory committees. It heightened their visibility and provided a good way to cascade information and promote the multidisciplinary team work undertaken by the ACF.
- Was there any opportunity to feed into the NHS Board’s induction processes in terms of signposting new employees to the advisory committee structure?
- As the ACF worked cohesively across all the professions, could it be utilised more by the NHS Board in a more consistent way to encourage debate and meaningful engagement? Its role was, after all, to provide advice and it was important that the NHS Board got advice from the advisory committee structure.
- Recognition of the time commitment involved in being an advisory committee chair / vice chair which resulted in being an ACF member - managing time and associated conflicts was often an issue. In order to engage fully with all the professional groups, it was essential that it had to feel worthwhile.
- Could any comparisons be drawn with the NHS Board Staff Side members in terms of their role and the Committee it represented?

Heather Cameron

All-in-all, the ACF recognised its important role and Heather Cameron confirmed that many of the points raised above echoed those raised at a national level.

It was agreed that all members submit their views / comments to Heather Cameron within 2 weeks. Heather would collate these and discuss further with Jennifer Armstrong and John Hamilton. She would submit a revised version of the Action Plan to the August ACF meeting for further review.

**Heather Cameron /
Aug Agenda Item**

NOTED

34(a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS

This had already been covered in the earlier discussion with Robert Calderwood at Minute No 32.

NOTED

34(b) UPDATE FROM THE ACF VICE CHAIR ON NATIONAL ACF BUSINESS

Heather Cameron had attended a national meeting last week. She summarised the topics of discussion as follows:-

- Paul Gray and Jason Leitch were in attendance.
- Capacity issues of ACF / advisory committee members and associated workload – common view shared across all NHS Boards.
- How could ACFs best engage with IJBs going forward? Leave to local areas to progress or was a national review of ACFs needed? Heather still hoped to arrange a slot with NHSGGC's 6 HSCP CO's to discuss how best to proceed with this and how the NHS Board's advisory committees (as well as the ACF) could engage with them providing professional advice. Alastair Taylor reported that the LMC similarly hoped to engage with the CO's and to establish useful links – currently one CO attended LMC meetings.
- Regional working.
- New Chair of national Group appointed.

Heather Cameron

NOTED

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

Members were asked to note the ACF Meeting Plan for 2016. It was reported that, so far, a date had not been received from the SGHD for the NHS Board's Annual Review 2016.

NOTED

36. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND APPROVED MINUTES TO NOTE

Members were asked to note salient business items discussed recently by the respective Advisory Committees as well as their most recent approved set of minutes. The Forum was asked to consider whether members would find an O/D event useful.

All

NOTED

37. ANY OTHER BUSINESS

- Yas Aljubouri raised a concern about the future of GDS funding. The ramifications of this would be considered in greater detail by the Oral Heal Directorate and he would keep the ACF up-to-date with developments.

Yas Aljubouri

NOTED

38. DATE OF NEXT MEETING

Date: Thursday 4 August 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