

ACF(M)17/01
Minutes: 01 – 11

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 February 2017 at 2.30pm**

PRESENT

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

Yas Aljubouri	Alastair Taylor
Audrey Espie	Audrey Thompson
Samantha Flower	

IN ATTENDANCE

Jennifer Armstrong Medical Director

ACTION BY

01. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Dr F Alexander, Dr L De Caestecker, Ms M Campbell, Ms K Kenmuir, Dr M McGuire, Mr A McMahon and Ms J Tomlinson.

NOTED

02. 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

03. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 1 December 2016 [ACF(M)16/06] were approved as an accurate record.

NOTED

04. MATTERS ARISING

a) Communications Strategy:

Dr Cameron updated the Committee, advising that the work of the Area Clinical Forum would be highlighted in Staff News, before elections took place. Photos would be arranged for Committee members for the next meeting

The Communications Team were also progressing the web portal for the ACF which could include blogs from the Chair and Vice Chair. As the roles and

remits for each of the advisory committees would be similar, it was planned to include information on the ACF to encompass the relationship with advisory committees.

b) Update on Dental Hospital emergency referrals:

Dr Aljubouri provided an outline of the paediatric emergency referral system within the Dental Hospital, focussing on extractions and anaesthetic cover over the weekend period and no assessment clinic taking place on Mondays.

Dr Armstrong advised that she had contacted the Dental Hospital in this regard following the ACF meeting on 1 December 2016. The pathway had been changed and it was confirmed that children were seen on the same day/ next day after referral. Dr Armstrong suggested that the General Manger could speak to the Area Dental Committee. Following that, if appropriate, this could then come back to the ACF. In the meantime, Dr Armstrong would provide a copy of email she had from the Dental Hospital which outlined the position.

Dr Cameron commented that it would be helpful to have a briefing paper from Dr Aljubouri outlining the key facts as that would highlight any challenges within the context of evidence. The Committee could then consider an invitation to the General Manager of the Dental Hospital, for the ACF taking place after this.

Dr Aljubouri
Secretary

Dr Taylor commented that it would be useful to place the experience of NHSGGC within the context of other territorial Boards.

NOTED

05. TRANSFORMING THE DELIVERY OF ACUTE SERVICES

Dr Armstrong updated the Committee on the work taking place within acute services, within the context of the National Clinical Strategy and the movement of services into the community. This review would look in detail at the interaction between the Acute Services Division and the HSCPs. This would take place within the context of the financial challenges facing the Board.

Dr Cameron commented that whilst there had been specific consultations, there was a need to share the bigger plan and whole vision for change. The Board should utilise the ACF and advisory structures to help at an early stage. Dr Armstrong agreed advising that multi-disciplinary groups would engage and advise on integration models e.g. series of vanguard models.

Ms Thompson added her agreement that it would be helpful for advisory committees to input at an early stage. There was further discussion around this issue, emphasising the role of the ACF in advising the NHS Board.

Ms Espie suggested that the ACF could provide a response to Dr Harry Burns' consultation which had been delayed until the Summer of 2017. Dr Burns had been appointed by the Scottish Government to review targets and outcomes for patients. Audrey Espie would pass the email relating to this to Members.

**Audrey Espie/
H Cameron**

There was further discussion in respect of the impact of targets, focussing on the 4 hour target time within the Emergency Department as well as the 12 to 18 week waiting time targets. This included the impact on GP appointments of the waiting time targets, as well as the level of follow up in place. Dr Cameron

emphasised the need to concentrate on outcomes for patients, rather than throughput of patients in the system. There was further discussion relating to how to measure the successfulness of outcomes for patients.

Dr Armstrong commented on the link between acute services and the community and the interaction between services. Dr Cameron commented on the higher level of diagnostic testing and admissions within NHS GGC compared to other territorial Boards.

Dr Taylor commented on the limited options for GPs who may feel a need to refer the patient for acute assessment. District nursing staff may have ongoing relationship with the patient and their family and this could help in taking a view on what was best for the patient. Ms Flower commented that anticipatory care plans were helpful in this regard.

NOTED

06. LIST OF COMMITTEE ELECTION DATES 2017

The Committee was asked to note the list of advisory committee dates for forthcoming elections.

NOTED

07a) UPDATE FROM THE NHS BOARD CHAIR ON ONGOING BOARD BUSINESS

In the absence of the NHS Board Chair, Dr Armstrong summarised ongoing business as follows:-

(a) The financial challenges in 2017/18.

It was noted that a paper would go to the Acute Services Committee in March 2017, before further action was considered. It was noted that the outlay on locum medical staff had been managed successfully and that would be a similar focus on use of premium nursing.

(b) The benefit in moving paediatric inpatient and day cases from RAH to RHC

It was noted that Dr Armstrong had provided the ACF with an overview of this proposed service change previously. There was discussion of this within the Committee and Members noted that the proposed change had clinical support from the teams at the RAH as well as the RHC. Members of the ACF noted their support for this proposed services change. Dr Taylor also noted the support of the GP Sub-Committee in this regard.

NOTED

b). UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS

Dr Cameron provided the Committee with an update on the most recent quarterly meeting of the National ACF

- 1) Mr Jim Ward had attended on behalf of the Scottish Ambulance Service (SAS) to provide an overview of SAS to 2020 and beyond. This had focussed particularly on conveyance of patients to

hospital as well as covering non conveyance work i.e. where an ambulance has been called to attend but the patient is not taken to hospital. Mr Ward had explained that SAS were reviewing what they could offer rather than simply from the perspective of the provision of services already in place.

- 2) Dr Cameron also highlighted the campaign for “Changing Place Toilets” as a campaigner had attended, who had outlined her own personal experience. She has adult twins who both require hoist mechanism, and provided data on how few of these are in place in public toilets generally (100 throughout Scotland). In the NHS, there was a lack of availability even in more newly built facilities. This created the need to visit the ward area to access hoist during outpatient visit. The ACF asked the Secretary to contact the Director of Facilities to ask how many of these were in place in hospitals throughout NHS GGC.

Secretary

NOTED

08. AREA CLINICAL FORUM 2016-17 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ACF Meeting Plan for 2016/17 and encouraged to make any suggestions for inclusion.

The Interim Chief Officer, Mr J Best had been invited to attend on 6th April 2017 to discuss the access policy in terms of outpatient appointments, what the Board defines as a reasonable offer.

April Agenda

The General Manager of the Dental Hospital (Ms F McLinden) would be invited to either the April or June meeting, following discussion of emergency paediatric referrals at the Area Dental Committee. In the meantime, Dr Armstrong would formulate the previous email update from Ms McLinden into a letter to be distributed to the ACF.

April/ June Agenda

Aileen Muir (Lead Pharmacist for Governance) and Margaret Ryan (Lead Clinician Pharmacy Services) would be invited to provide an overview on expenditure on drugs, concentrating on particular medications.

April/June Agenda

The Finance Director would be invited to the future ACF to provide overview on the Board’s financial position.

June Agenda

NOTED

09. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS & 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 sets of minutes. The following points were highlighted:-

- AAHP & HS – noted that Director for Planning & Policy attended regarding proposed service changes, and that the Chief Officer for Renfrewshire HSCP would be attending in relation to the Renfrewshire Development Programme.
- AMC – Noted that Dr C Johnman (Public Health Consultant) and the Chief Officer, Renfrewshire HSCP had to discuss the Renfrewshire

Development Programme and that this had been instructive to the AMC in clarifying how the conclusions made in the project had been evaluated.

- ADC - Dr Aljubouri commented on the positive work of the committee.
- ApsyC – approved minutes not yet available, but nothing specific to report.
- APC – nothing specific noted.
- ANMC – nothing specific noted.

NOTED

10. ANY OTHER BUSINESS

The Committee did not raise any other business.

NOTED

11. DATE OF NEXT MEETING

Date: Thursday 6 April 2017

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

The meeting ended at 4.40pm.