

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 August 2017 at 2.30pm**

PRESENT

Audrey Thompson - in the Chair (Chair, APC)

Yas Aljubouri	Co – Chair ADC
Morven Campbell	Vice - Chair AOC
Samantha Flower	Vice Chair AAHP & HS
Kathy Kenmuir	Chair ANMC
Cerys MacGillvray	Chair APsyC
Alastair Taylor	Chair AMC

IN ATTENDANCE

Dr J Armstrong	Medical Director
Ms Jane Grant	Chief Executive (to Minute 43)
Mr Jonathan Pender	Workforce Planning and Analytics Manager (For Minute 42)
Dr M McGuire	Nurse Director
Ms Margaret Smith	Secretariat Manager

ACTION BY

37. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Ms H Black, Dr R Hamilton Mr D Henry, Mr P Ivins, Dr D McColl and Ms J Tomlinson. Ms Thompson welcomed Ms Grant to the meeting; it was noted that they would arrange to meet to discuss the role of the ACF within the NHS Board.

NOTED

38. 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

39. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 1 June 2016 [ACF(M)17/03] were approved as an accurate record.

NOTED

40. MATTERS ARISING

- a) **Communications Strategy** – Ms Thompson had been in contact with the Director of Communications in relation to how the Committee would best utilise the website, and this item would be brought back for review.
- b) **Changing Place Toilets** - It was noted that the Director of Property, Planning and Facilities Management had confirmed to the main NHS Board in June 2017 that the provision of Changing Place toilets across NHSGGC would be under review in future planning.
- c) **Rehabilitation Services, North East Glasgow** – It was noted that the previous Chair of the AFC had formally voiced the Committee’s support of the proposed changes in June 2017.
- d) **Code of Conduct for Committee Members** – The Code of Conduct for Lay Members of all Committees was noted, and the Chair advised that further advice would be sought on declaration of interests.

Chair/ Secretary

Chair/ Secretary

NOTED

41. ANNUAL REVIEW – 2 OCTOBER 2017

Members reviewed and discussed the proposed agenda for the Ministerial Meeting with the Area Clinical Forum which would take place as part of the Annual Review. The Chairs and Vice Chairs of the consultative committees were each invited to attend. The Medical Director and the Nurse Director would also be in attendance. Further confirmation of the arrangements for the day would be circulated via the Head of Performance.

It was noted that the Board is required to provide the Cabinet Secretary with a short overview briefing to summarise the work and impact of the ACF. Members discussed the content of this particularly in describing the work of the ACF throughout the past 12 months. The direct influence of the ACF would be highlighted especially in relation to Everyone Matters 2020 Workforce Vision Implementation and Safe Care. Members emphasised the importance of patient experience.

It was noted that it would be essential to share the draft report with the constituent committees of the AFC. This piece of work would be led by the Chair through the Chairs and Vice Chairs of the Committees. A teleconference would be arranged for further discussion in September, allowing the Chair to finalise the report for submission.

Chair

The Chair asked Members of the Committee to confirm their availability for attendance at the Ministerial Meeting on 2 October 2017.

NOTED

42. WORKFORCE PLANNING – UPDATE

The Chair introduced Mr Pender who provided Members with an overview of the Workforce Plan in terms of the main themes and approach taken by NHSGGC and the projections provided to Scottish Government. This would detail the next 12 months, but also provide a sense of direction for the next three years. The finalised plan would be submitted to Scottish Government at the end of June 2017.

It was noted that the draft plan was out for consultation and Members

expressed a desire to be able to provide comment. It was agreed that Mr Pender would send the draft document to the Secretary who would circulate it to Members.

Secretary

The discussion within committee included workforce planning regarding nursing and use of bank nursing staff as well the difficulty of obtaining data in relation to independent contractors. Although there was a feeling within partnerships that it was useful to provide this information, there was an added complexity in the use of different job titles within the same areas. This had been highlighted in the integration process in HSCPs.

Members emphasised the role of workforce planning in protecting the public and explaining how services would be delivered, as well as the need to future proof. There was also discussion round the challenges presented by an ageing workforce, moving toward retirement age.

NOTED

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

Ms Grant provided Members with an update regarding key issues for the NHS Board. On a strategic level, the Local Delivery Plan had been submitted to Scottish Government. The Corporate Objectives for NHSGGC would be outlined at the forthcoming NHS Board Meeting on 15 August 2017, and would place service delivery at centre stage.

There was ongoing work on the integration of health and social care services, with new care pathways for patients. There was a continuing focus on waiting times within scheduled and unscheduled care.

Ms Grant provided an update on the financial position and the challenges the NHS Board faces.

Ms Grant confirmed that the service change proposal for rehabilitation in North East Glasgow would be submitted to Scottish Government during August 2017. Scottish Government were to respond on the proposed service change relation to inpatient paediatric services at the Royal Alexandra Hospital.

Dr Armstrong provided an overview of the work ongoing in relation to transformation of services over the next five to ten year period, with a system wide review of services in a phased process. This would be underpinned by clinical review and tested with relevant staff groups. Dr Armstrong also outlined the work ongoing regarding regional planning. She underlined that it was essential that the choices made would need clinical development and support.

The Chair noted the role that the ACF would play liaising with the sub-committee structure to input to, and inform this process.

Members discussed the need to engage patients and carers and highlight the benefits of changes, when proposed. There should be a balance between local innovation and the overall framework and it would be important to coordinate this process. From the patient's perspective, there should be one Health Board; there could be confusion for patients with different pathways locally. There was discussion of the difficulties for GP practices that exist on the boundaries

of HSCPs, with different care pathways in existence in each, It was noted that the growth of GP clusters would be integral in coordinating care pathways.

Dr McGuire outlined the review of governance arrangements around child and adult protections, as part of the Corporate Objectives.

Dr Armstrong highlighted the updated reporting to the NHS Board in relation to Public Health and this led to discussion of the impact of poverty on health. Ms Thompson confirmed that she had arranged to meet with the Director of Public Health with a view to further updates coming back to the ACF.

Chair

Dr Armstrong provided Members with an update on the provision of GP Out of Hours care within NHSGGC, with the Queen Elizabeth Centre closed to ensure adequate coverage across all areas. Given the challenge experienced in recruiting GPs, Dr McGuire highlighted the work being undertaken in developing advanced nurse practitioner and AHP roles. Ms Thompson noted that there was review of developing the role played by pharmacists.

NOTED

44. UPDATE FROM THE ACF CHAIR ON NATIONAL ACF BUSINESS

The next meeting was due in September and the Chair would provide an update to the next ACF.

October Agenda

NOTED

45. 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:-

- AOC – There were no specific issues to note.
- AAHP & HS – It was noted that Ruth Hamilton had been appointed as Chair, with confirmation of the Vice Chair to be confirmed.
- AMC – There were no specific issues to note.
- ADC - There were no specific issues to note.
- ApsyC – It was noted that following the departure of Dr Espie to another Health Board, Dr MacGillvray had been elected Chair, with Gail Cooney the Vice Chair. The Committee had discussed and reviewed accuracy of data as well as referrals to child mental health service especially in relation to “Back to Referrer” letters. Dr Taylor agreed to locate a previous advice by Scottish Government in this area.
- APC - Ms Thompson highlighted an update received on End of Life cancer medicine prescribing in the context of realistic medicine.
- ANMC – Ms Kenmuir advised that there had been review and discussion of the maternity services review.

Dr Taylor

NOTED

46. AREA CLINICAL FORUM – 2017/18 FORWARD PLANNER

The updated Meeting Planner was noted, and would be taken forward.

NOTED

47. ANY OTHER BUSINESS

Dr Aljubouri raised the issue of being unable to refer a patient through SCI Gateway without a note of their CHI number. It was necessary to contact the GP practice for the CHI, and this was not always possible in an emergency/ Out of Hours case. Alternatively, some patients may not be registered and do not have a CHI. Referrals could not be made on paper, but had to be via SCI Gateway.

Ms Campbell noted that within optometry same day referrals could go through on paper, and noted that CHI match was not always possible through SCI, especially with multiple matches. Optometrists won't necessarily have a note of the patient's CHI as there was no requirement for patients to register with an optometric practice.

Dr Taylor explained that this had also been a problem with obstetric referrals, and that had been resolved by a new gateway process being created that did not require the CHI number.

It was agreed that the Ms Thompson would write to the Director for eHealth and the Medical Director, outlining the difficulties and challenges experienced. The Director for eHealth would be invited to the next ACF to provide an update.

Chair

Ms Campbell also raised the issue of cross – border referrals from optometry if the patient resided in a different health board area from that of the optometric practice. This was discussed and it was confirmed that the health board of residence for the patient would be the appropriate referral point. Dr Armstrong outlined the policy for this, as well as for cross border billing between health boards, should this be appropriate. Dr Armstrong requested more detail in terms of whether this was a recurring and systematic issue, so that she could review if appropriate.

48. DATE OF NEXT MEETING

Date: Thursday 5 October 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.