

ACF(M)17/06

Minutes: 63 – 77

## 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 7 December 2017 at 2.30pm**

**PRESENT**

Audrey Thompson - in the Chair (Chair, APC)

Yas Aljubouri	Co – Chair ADC
Gayle Cooney	Vice –Chair APsyC
Ruth Hamilton	Chair AAHP & HSC

**IN ATTENDANCE**

Mr Mark Darroch	Strategic Development & Programmes Manager [for Minute 70]
Ms Margaret Smith	Secretariat Manager
Dr David Stewart	Deputy Medical Director [for Minute 68 ]

**ACTION BY****63. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Mr R Alexander, Ms H Black, Mr D Henry, Ms K Kenmuir, Mr P Ivins, Dr D McColl, Dr A Taylor and Ms J Tomlinson. It was noted that the Committee was not quorate. Members present agreed to continue the meeting and it was noted that the Committee would not be able to take any decisions during this meeting of the ACF.

NOTED**64. 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**65. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Area Clinical Forum held on Thursday 3 October 2017 were reviewed but it was not possible to approve these as an accurate record as the Committee was not quorate. These would be re-submitted for approval at the next ACF meeting.

**February  
Agenda**

It was noted that the Committee Chair had discussed Minute 53 with the Nurse director and that an update would be brought to the February meeting.

**February  
Agenda**NOTED

**66. MATTERS ARISING**

- a) **Communications Strategy** – It was noted that some members had forward a short biography to the Secretariat and remainder of Members were encouraged to do so. Some Members had not yet had a photograph taken and this would be arranged in the new year. The Secretariat would assist by updating the website. **All/ Secretariat**
- b) **Code of Conduct for Committee Members** – Further advice would follow from the Deputy Head of Administration. This was in regard to developing a code of conduct which would be applicable to all Committee members. **Deputy Head of Administration**

NOTED

**67. UPDATE FROM THE BOARD CHAIR ON ONGOING BOARD BUSINESS**

In the absence of the NHS Board Chair, it was noted that the next meeting of the main Board would take place shortly on 19<sup>th</sup> December 2017. Members discussed reviewing the Board Minute to identify those areas of particular interest to the Committee. Ms Thompson would attend the Board meeting and encouraged all Members to stay active in the process.

It was noted that the Chair and Vice Chair of the Area Psychology Committee intended to be present for the upcoming Board Meeting.

NOTED

**68. TRANSFORMATIONAL PROGRAMME BOARD**

Dr Stewart provided the ACF with an overview of the transformation strategy which would be presented to the NHS Board on 17 October 2017.

He highlighted to the AFC that the Moving Forward Together programme was a whole centred system encompassing acute, community services, mental health and social work. There was a link with the West of Scotland Regional Board, which was expected to report in March 2018.

Dr Stewart led Members through the main aims of the programme emphasising that it was a multidisciplinary approach which was seeking to engage widely, and this included the Stakeholders reference Group chaired by Non Executive Board Member, Mr Ian Ritchie.

The approach taken was tiered, and this was consistent with both Scottish Government as well as NHS England – this focussed on appropriate tier for service delivery based on patient need with each tier being equally resourced. The aim was to look at what could be possible rather than what was actually being delivered at present. This was driven clinically with three steps in progress:- top down, bottom up as well as a final joined up integrated approach.

There had been a high intensity of clinical engagement over the course of December and this would continue into the new year. This was aimed at clinical modelling groups, with the intention of engaging as widely and deeply as possible.

The Programme Board had met in the previous week, and the next meeting date was scheduled to take place on 23 January 2018. There would be continued engagement with a whole system approach leading up to a whole system

integration event planned for April 2018.

Members received Dr Stewart's presentation very positively. Ms Thompson advised that she had been invited onto the programme Board as chair of the ACF, and emphasised the importance of the ACF giving consideration to how best the Committee could input. Dr Stewart agreed and advised that he could report back regularly to the ACF and would be seeking advice and input from the committee. Members received this very positively and agreed that it was important for the ACF to engage as much as possible and have the opportunity to influence the programme from an advisory perspective. The Secretariat would note the ACF meeting dates to Dr Stewart and Mr Barry Sillars to allow them to plan further engagement. *[Post Meeting Note – this has been arranged]* It was agreed that ACF Members would try to attend the sessions being held in January 2018.

**Future Agenda**

In answer to a question from Ms Hamilton regarding the involvement of Healthcare Scientists, Dr Stewart welcomed closer engagement for this diverse and dynamic staff group. Ms Hamilton would provide the lead clinician details to Dr Stewart so that this could be facilitated.

Ms Thompson thanked Dr Stewart for his helpful presentation, and the ongoing commitment to engage with the Committee.

NOTED

#### **69. REGIONAL PLANNING**

Ms Thompson noted that she had been invited to attend workshops and to date the focus had been on review and scoping of the changing population for the Region and how best to deliver services. There was an emphasis on the need to coordinate regional planning with existing territorial Health Board Service design as well as clinical appropriateness.

Ms Thompson would share papers with the ACF once these became available so that the AFC would have an opportunity to consider and review.

NOTED

#### **70. ELECTRONIC REFERRALS – SCI GATEWAY**

A paper was submitted by Mr Darroch who was in attendance to highlight the key issues and to answer any questions from Members. Mr Darroch described the purpose of the SCI Gateway as a national system used primarily to transmit Electronic referrals to referral destination points.

Mr Darroch had been asked to provide some additional background for the AFC in response to specific queries raised on the Gateway system by dentistry and optometric colleagues. He acknowledged that the system was designed for use mainly by general Practitioners (GPs) and functioned well in that regard. Mr Darroch outlined some of the difficulties experienced by other contractor groups.

Mr Aljubouri highlighted some particular issues that had been experienced by dentistry colleagues, particularly in the context of not being able to submit paper referrals as an alternative. It was acknowledged that there had been close engagement through the GDP Sub-committee throughout 2016, with actions taken thereafter with regard to obtaining the patient's CHI number. It was agreed that it was essential to retain focus on the needs of the patient throughout the process.

Mr Darroch explained that as Gateway was a national service, it was necessary to follow the national position. There had been particular difficulties between Gateway and Trakcare, and a fix for this was expected in summer 2018. In the meantime, he would feedback some of the key issues to the Oral Health Directorate.

Ms Thompson thanked Mr Darroch for his paper and attendance at the AFC which had been very helpful.

NOTED

**71. PROMOTING PROFESSIONALISM, REFORMING REGULATION – CONSULTATION**

The Department of Health paper – promoting Professionalism, reforming regulation - was discussed by Members present in terms of the key issues and challenges faced in the regulation of different healthcare professional cohorts.

Dr Hamilton noted the proposed changes as being generally positive, and could potentially bring cost savings although that was not certain. She noted that it may be helpful for the public for whom the different types of healthcare professional outwith medics and nursing could at times be confusing. For HSCP Register, there was a specific point regarding whether social work in England would be included within the framework.

Mr Aljubouri noted that in the contest of dentistry, there were a number of different healthcare professionals and that the proposed changes could assist both the public as well as simplifying fitness to practice regulation and process. Ms Cooney was in agreement that this would be positive for patient care. Members agreed that there would need to be careful consideration around the use of prohibition orders.

There was further discussion around the need to encompass regulation of premises as well as professionals.

The AFC would submit a response. To enable this Ms Thompson would share members thoughts to date by email and request further input. It was highlighted that the response to the consultation was required by 23 January 2018.

**Chair/ All**

NOTED

**72. PEER APPROVED CLINICAL SYSTEM**

The Committee received guidance from Scottish Government on the Implementation of the Peer Approved Clinical System (PACS) Tier Two, which had been shared with all Chairs of Area Clinical Forums nationally. Ms Thompson explained that this was in reference to access to unusual specialist medicines. It was not yet in place and NHSGGC had plans in place to accommodate implementation as appropriate.

This guidance was presented to the ACF as information.

NOTED

**73. UPDATE FROM THE ACF CHAIR ON ACUTE SERVICES COMMITTEE & CLINICAL & CARE GOVERNANCE COMMITTEE**

The ACF received copies of the latest minutes available from the Acute Services

committee and the Clinical and care Governance Committee.

Ms Thompson would keep the ACF updated with the work of each Committee and would value input from the ACF on any particular issues arising within their own remits.

NOTED

**74. HIS BEATSON REPORT – ACTION PLAN**

The ACF reviewed the NHSGGC Action Plan following the Health Improvement Scotland Enquiry Visit to the Beatson West of Scotland Cancer Centre, in relation to the points of action for the ACF.

Points of further action were noted and the Secretariat would update for circulation.

**Chair/  
Secretariat**

NOTED

**75. 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.

NOTED

**76. AREA CLINICAL FORUM – 2017/18 FORWARD PLANNER**

The updated Meeting Planner was noted, and would be taken forward. Ms Thompson would arrange for a representative from the Regional Board to attend a future ACF.

**Secretariat /  
Chair**

NOTED

**77. DATE OF NEXT MEETING**

Date: Thursday  
Venue: Meeting Room B, J B Russell House  
Time: 2 - 4:30pm

The meeting ended at 4.30pm