

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 August 2012 at 3.00 pm**

PRESENT

Pat Spencer - in the Chair (Chair, ANMC)

Heather Cameron	Chair, AAHP&HCSC
Jacqueline Frederick	Chair, ADC
Carl Fenelon	Joint Vice Chair, APC
Kenneth Irvine	Joint Vice Chair, APC
Nicola McElvanney	Chair, AOC
Val Reilly	Chair, APC

IN ATTENDANCE

Fiona Alexander	Chair, Psychology Advisory Committee
Jennifer Armstrong	Medical Director
Rosslyn Crocket	Nurse Director
Shirley Gordon	Secretariat Manager
Anne Hawkins	Director, Glasgow City CHP
Lyndsay Lauder	Head of Workforce Planning (for Minute No. 36)
Jonathan Pender	Workforce Redesign and Planning Manager (for Minute No. 36)
Andrew Robertson	Chairman, NHS Greater Glasgow and Clyde

ACTION BY

32. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Alan McDevitt, Diane Fotheringham, Maggie Darroch and John Hamilton.

Mrs Spencer welcomed the newly appointed Chair of the Psychology Advisory Committee, Fiona Alexander, to her first meeting. Fiona had replaced Adele Pashley who had recently demitted office. Members looked forward to working with Fiona in the future.

NOTED

33. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

Mrs Spencer reported that all Standing Committees of the NHS Board had been asked to implement the recording of Declaration(s) of Interest(s) as part of Audit Scotland's follow-up report on the role of the Board. As such, this would appear on all future ACF agendas to ensure there was no risk that members participated in discussions that they may have an interest in.

NOTED

34. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 7 June 2012 [ACF(M)12/03] were approved as an accurate record.

NOTED

35. MATTERS ARISING

- (i) In respect of Minute No. 24 (ii), Mrs Spencer confirmed that the NHS Board's formal response to the Regulation of Healthcare Professionals consultation document had been duly circulated to all ACF members by Lorna Kelly (Head of Policy).
- (ii) In respect of Minute No. 25, Mrs Spencer would liaise further with Claire Curtis (Health Improvement Lead) in respect of taking forward HPHS CEL 1(2012) and, in particular, the role of the ACF in progressing this agenda.
- (iii) In respect of Minute No. 29, Mrs Spencer reported that the Secretary had since circulated the NHS Lothian Report. Mrs Hawkins described the process being undertaken locally by NHS Greater Glasgow and Clyde in respect of the recommendations made in this report. Work was being led by Juli McQueen (Head of Organisational Development) and Ian Reid (Director of HR) who had undertaken, so far, an initial scoping exercise which had been considered by the Organisational Development Group and the Quality and Performance Committee. Comments had been made on this early first draft and Juli and Ian were continuing their work for further consideration by the next Organisational Development Group meeting scheduled for the end of September 2012. Mrs Hawkins agreed that it was important to learn from this report and recognise the challenges contained therein. She considered there may be an opportunity to engage with the ACF at a future date once the scoping exercise (and any associated recommendations) had been completed.

Pat Spencer

NOTED

36. WORKFORCE PLAN

Mrs Spencer introduced both Lyndsay Lauder and Jonathan Pender, in attendance to deliver a presentation and update on the Workforce Plan 2012/13.

Mrs Lauder explained that the first consultation draft of the NHS Board's Workforce Plan 2012/13 was issued to the Corporate Management Team (CMT), Workforce Plan Reference Group (WPRG) and Workforce Plan Core Group (WPCG) on Friday 26 June 2012. All Groups were asked to distribute the Plan as appropriate to Staffside and management colleagues with comments and suggested amendments returned by 20 July 2012.

The main Staffside consultation group for the development of the Workforce Plan 2012/13 was the WPRG and the Area Clinical Forum was represented on that Group by Heather Cameron. It met three times a year at the appropriate times to review the single system Workforce Plan prior to its submission to the CMT and the NHS Board's Area Partnership Forum. In addition to this Forum, a Sub-Group of the WPRG, the WPCG, was formed this year to support the development of the plan on a monthly basis. This Group had met every month since January 2012.

A second consultation draft of the Plan would be issued to the WPRG and WPCG on 3 August 2012. As comments and amendments were still being received, there would be further changes to the Plan. The third and final draft would be issued to the CMT on 16 August 2012 and to the Area Partnership Forum on 29 August 2012. The Scottish Government had requested that Scottish Boards publish their final Workforce Plan for 2012/13 on websites by Friday 31 August 2012.

Mrs Lauder confirmed that this year's plan had been written and developed in line with new guidance issued by the Scottish Government Health Directorates in September 2011 (CEL 32 2011).

Mrs Spencer reported that Heather Cameron (as the ACF representative on the WPRG) had fed back the ACF's comments and these had been taken on board. She was happy to note that following criticisms from last year's plan that it was overly driven by the Board's Financial Plan, more qualitative elements had been captured. She wondered if it would be useful to have an attachment illustrating core staff numbers and their changes annually since the introduction of Workforce Plans. Mrs Lauder reported that this information was certainly available but that to include it in isolation in the Workforce Plan would be meaningless without textual context particularly as the Workforce Plan was reporting on that year (and into the future) rather than a retrospective document. Mrs Crocket added that the Workforce Plan itself was written in accordance with a template developed by the Scottish Government which all NHS Board's across Scotland adhered to.

The ACF welcomed the continued membership of Heather Cameron on the WPRG who would report back to future meetings as the process evolved.

NOTED

37. AREA CLINICAL FORUM – 2012/13 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF meeting plan for 2012/13 and were encouraged to make suggestions for forward planning of ACF activities. The Secretary duly recorded some additions.

NOTED

38. LOOKING AND PLANNING AHEAD

- (a) Members were asked to consider again guidance as issued by the SGHD regarding the Annual Review 2012 and the ACF's slot (especially the clear steer in topics for discussion). Mrs Spencer welcomed members views on the requirement to provide a short overview briefing to summarise the work and impact of the ACF in the previous 12 months and how the ACF guidance, issued to the NHS Board in 2010, had been implemented.

Did the ACF's role work locally? Did it scrutinise the NHS Board's activities? Did the ACF challenge the NHS Board in respect of the professional groups it represented? Were the statutory advisory committees' expectations met in terms of the role of the ACF? She asked that the advisory groups consider these points and report back for further discussion at the October ACF meeting.

**All Members/
October
Agenda**

- (b) Mrs Spencer referred to the joint event that had been held with Area Partnership Forum members on 12 June 2012. Members who had attended agreed that this had been a useful event particularly in identifying common themes and mutual areas of work. Although ACF and APF members often came at topics from different perspectives, this had provided the added interest and learning of the impact of changes locally as well as the commonalities and differences. Mrs Spencer thanked all those who had attended and confirmed that it was her intention to meet with the Chair (Donald Sime) of the APF more regularly in the future. In response to a question, Mrs Spencer reported that APF members had also thought the event to be positive.
- (c) Mrs Spencer referred to a local leadership event (alumni) being sponsored by Board staff who had undertaken the national leadership programme. It was being supported by the Medical Director and Chief Executive as well as indirectly supported by the Scottish Clinical Leadership Network. Full details were not yet available but the view nationally and locally was to have close involvement and inclusion of ACFs. As further information came to the fore, she would advise the ACF accordingly.

NOTED

39. CLINICAL SERVICES REVIEW - UPDATE

Heather Cameron reported that she was the ACF's representative on the Clinical Services Review Steering Group. She had attended their last meeting and summarised some of the work being undertaken so far. She explained that Clinical Working Groups had been set up, each led by a medical expert, to examine how the Board's Clinical Services should be delivered in the future. The Groups were:-

- Child and Maternal Health
- Unplanned Care
- Planned Care
- Cancer Services
- Chronic Disease management
- Older People's Services
- Health of the Population
- Mental Health Services

The Groups had been asked to make recommendations on how services should be organised beyond 2015 to deliver safe, sustainable and patient focussed care that would achieve the best health outcomes for patients. They would consider best practice from around the world and examine the implications of developing technologies and advances in healthcare to create clinical services that were fit for the future. A website (accessed via the Staffnet) had been set up and was very comprehensive.

Ms Cameron reflected on the membership of the Groups and wondered if the clinical representatives were too heavily medically slanted. She recognised the huge amount of work to be undertaken but cautioned that all professions needed to be involved at an earlier stage to be fully engaged in terms of taking forward any innovative modelling work.

To challenge existing models of healthcare provision needed the right people involved in the discussion at the outset. Dr Armstrong responded by setting out the process and the representation on the Groups. At this initial stage it was intended to keep the Groups small and tight to take forward their early agenda work but she reassured ACF members that it was most certainly the intention that all clinical professions be involved/informed at a later date. At the moment, the Groups were indentifying service models and looking at triggers for change and major pressures likely to arise in the next 10/20 years. In doing so they would identify service standards where there were gaps. Thereafter, it may be the case that Sub-Groups would be formed to look at modelling work and, at that point, the membership and best players would be identified to help develop that. Nonetheless, in taking forward this major strategic piece of work, it was her intention to visit professional groups (such as the Advisory Committee's) throughout the review process to obtain broader clinical views. She recognised that different levels of engagement would be needed at different times with different professional groups. As such, she encouraged members to provide her with any groups they considered she should be visiting to seek out a contribution to the consultation.

All Members

The ACF was more reassured that there would be various routes to input particularly as the review work became more visible. In terms of this layered consultation process, there was recognition that the NHS Board could not sustain current service provision as was. It had to be innovative in how services could be delivered in the future and it would be paramount to keep members of the public informed of any such radical changes. Mr Robertson agreed with this point and re-emphasised that the integrity of clinical judgement was crucial but this needed to be in a realistic framework and suggested input from non executive NHS Board members to ensure it was deliverable.

It was suggested to Dr Armstrong that, at the formal consultation stage, questions be posed to help focus thinking and streamline responses. Dr Armstrong agreed this approach would be helpful. She also alluded to a half day event being held on 30 August 2012 (Clinical Services Fit for the Future) at the Crown Plaza Hotel. She extended an invitation to Area Advisory Committee Chairs and Vice Chairs to attend this event and hear more about the huge amount of work ongoing.

**All Members/
Heather
Cameron**

The ACF was more assured to hear that there would be plenty opportunity to be involved as the work progressed in order to make the review proposals robust and looked forward to being involved both at an ACF and individual Advisory Committee level in the future.

NOTED

40. UPDATE FROM THE AREA CLINICAL FORUM CHAIR ON ONGOING BOARD / NATIONAL AREA CLINICAL FORUM BUSINESS

Pat Spencer summarised the agenda items considered by the NHS Board at its meeting held on 26 June 2012. The next NHS Board meeting was arranged for 21 August 2012.

She also confirmed that the next National ACF Chairs Group meeting was arranged for 30 August 2012. She would report progress at the ACF's October 2012 meeting.

NOTED

41. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS

The advisory committees provided a brief update of their most recent topics of discussion and activities as follows:-

(i) Area Optometric Committee – Nicola McElvanney reported that the last AOC meeting was held on 11 June 2012 with the next one being held on 6 August 2012. Key topics of discussion currently included:-

- Dry Eye protocol for use in Primary Care
- Optometry referrals for eye problems
- Pre-school vision screening
- Teach and treat clinic at Stobhill Hospital
- The Scottish Government Consultation Document “Integration of Adult Health and Social Care in Scotland”
- Optometric IT integration project in NHS Greater Glasgow and Clyde
- Membership review including AOC workplan.

In response to a question, Ms McElvanney agreed to circulate to ACF members the AOC's Workplan.

**Nicola
McElvanney**

(ii) Area Pharmaceutical Committee – Val Reilly reported that the last APC meeting was held on 20 June 2012 with the next one scheduled for 15 August 2012. Key topics of discussion included the following:-

- Response to Facing the Future Together – Val tabled the APC's response to Catriona Renfrew and this was noted with interest.
- The joint ACF/APF meeting held on 13 June 2012.
- The Scottish Governments consultation document on the integration of health and social care.

(iii) Area Allied Health Professionals & Health Care Scientists Committee – Heather Cameron reported that the last AAHP&HCSC meeting was held on 31 May 2012 with the next one due on 30 August 2012. There was, however, a professional leadership meeting scheduled for Monday 6 August 2012. Much of the focus of discussion recently at the Area Allied Health Professionals & Health Care Scientists Committee meetings were around the Scottish Government's publication of the Allied Health Professionals National Delivery Plan.

(iv) Area Dental Committee – Jacqui Frederick reported that the last ADC meeting was held on 12 July 2012 with the next one scheduled for 13 September 2012. Their priority topics for discussion included the following:-

- Prior approval delays
- Annual Review 2012
- Childsmile Programme
- Scottish Government Consultation Paper on the integration of adult health and social care in Scotland.

- The NHS Board's Corporate Plan 2013-2016 and its proposed capital plan 2012/13.
- (v) Psychology Advisory Committee – Fiona Alexander reported that recent topics of discussion at the Area Psychology Committee included the appointment of a new Chair and Vice Chair as well as seeking full membership to the ACF (as opposed to observer status). A paper had formally been submitted to Pat Spencer who had agreed to discuss this further with the Board's Head of Administration.
- (vi) Area Nursing and Midwifery Committee - Pat Spencer reported that the last ANMC meeting had been held on 18 June 2012 with the next one scheduled for 29 August 2012. Key topics of discussion included:-
- The Nursing Web Portal and ongoing liaison with the Communications Directorate to raise the profile of the work of the Committee.
 - Response to the Law Commission Review
 - Research and Development Event
 - Tissue Viability Policy
 - Professional Network
 - ACF feedback and arrangements for the Board's Annual Review 2012
 - Global Nurse executive network

NOTED

42. ANY OTHER BUSINESS

(i) Family Nurse Partnership (FNP) Glasgow City, East and West Dunbartonshire

Anne Hawkins and Rosslyn Crocket outlined the background to this newly formed partnership which the Scottish Government had committed to rolling out across all areas in Scotland. As part of NHS Greater Glasgow and Clyde's first phase, the FNP would be implemented in Glasgow City, East and West Dunbartonshire. Ms Hawkins described what this partnership was in that it was a preventative programme the aim of which was to recruit young mothers and provide intensive home visiting. She reported that research showed that this was a cost effective way to prevent neglect and to promote family wellbeing as well as improving maternal and child health and the life chances of teenage mothers and their children. It was an intensive programme and its goals included better pregnancy outcomes, improved child health, development, school readiness and achievement and improved economic self sufficiency of parents. Mrs Crocket outlined some of the key messages from the FNP research as well as alluding to some of the sources of cost savings. In looking at teenage pregnancy rates, she reported that the number of live births recorded for mothers under 19 years in 2011/12 were:-

- Glasgow City – 453
- East Dunbartonshire – 28
- West Dunbartonshire – 82

A team had been appointed to take forward the work of the partnership and would be based in Easterhouse Health Centre. Client recruitment would come from referrals from maternity ante-natal visits, health visitors, GPs, education, social work and addictions and mental health.

The ACF looked forward to seeing the results and impact from this partnership given its new and intensive approach. Ms Crocket also explained that the next phase of roll out was likely to be in Renfrewshire, Inverclyde and East Renfrewshire.

Mrs Spencer thanked Mrs Hawkins and Ms Crocket for the informative presentation on the new partnership.

NOTED

43. DATE OF NEXT MEETING:

Date: Thursday 4 October 2012

Venue: Meeting Room A, J B Russell House

Time: 2 - 3 pm - informal Area Clinical Forum members only meeting
3 - 5 pm – formal Area Clinical Forum business meeting