ACF (M)12/05
Minutes: 44 - 54

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 4 October 2012 at 3.00 pm

PRESENT

Pat Spencer - in the Chair (Chair, ANMC) – to Minute No. 50
Nicola McElvanney – in the Chair (Chair, AOC) – from Minute No. 50

Heather Cameron	Chair, AAHP&HCSC
Jacqueline Frederick	Chair, ADC
Val Reilly	Chair, APC
Diane Fotheringham	Vice Chair, ANMC

IN ATTENDANCE

Fiona Alexander	Chair, Psychology Advisory Committee
Jennifer Armstrong	Medical Director
Rosslyn Crocket	Nurse Director
Shirley Gordon	Secretariat Manager
Patricia Mullen	Head of Planning & Performance (for Minute No 49)
Andy Crawford	Head of Clinical Governance (for Minute No 48)
Lorna Kelly	Head of Policy (for Minute No 50)

ACTION BY

44. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Maggie Darroch, John Ip, Andrew Robertson, Carl Fenelon, Kenny Irvine and John Hamilton.

Mrs Spencer welcomed Diane Fotheringham, Vice Chair of the ANMC, to her first Area Clinical Forum meeting.

NOTED

45. 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

46. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 2 August 2012 [ACF(M)12/04] were approved as an accurate record pending the following correction:-

- Page 4, Item No 39, second bullet point, delete "Unplanned Care", insert "Emergency Care".

NOTED

47. MATTERS ARISING

(i) In respect of Minute No. 35 (iii), Mrs Spencer agreed to discuss further with Mrs Hawkins any input the ACF could have in learning lessons from the NHS Lothian Report. She would keep the ACF up to date with any developments in this regard. **Pat Spencer**

(ii) In respect of Minute No. 42 (i), Mrs Spencer anticipated an update on the Family Nurse Partnership (FNP) from Mrs Hawkins and Mrs Crocket in Spring 2013. As such, this would be added to the ACF's forward plan. **Secretary**

NOTED

48. GETTING KNOWLEDGE INTO ACTION TO IMPROVE HEATHCARE QUALITY - IMPLEMENTING RECOMMENDATIONS OF THE STRATEGIC REVIEW

Members recalled a letter dated 21 August 2012 to all Boards from NHS Education for Scotland (NES) referencing this national work and escalating local support to develop implementation plans. Given that the ACF, as an advisory committee, had previously had some questions around the "effectiveness" aim of the Quality Strategy and as "Quality Champions" members were required to interact and influence the local approach, Mrs Spencer welcomed Andy Crawford, Head of Clinical Governance, in attendance to facilitate the discussion.

Mr Crawford referred to the final report and recommendations of the national Knowledge into Action Review as issued in August 2012. He summarised the key messages from the Review which provided a vision of a network of knowledge brokers, integrated with improvement and clinical teams, delivering support for : -

- A new model for translating knowledge into frontline practice, by combining knowledge from research, practice, staff and patient experience.
- An evidence based change package comprising six key activities that would help NHS Boards to apply knowledge to improve healthcare quality.
- A framework for evaluation to assess the impact of knowledge into action activities.

Nationally, it was now the intention to establish the governance structure and processes to oversee a three year implementation plan. This would need to align with local NHS Board strategic priorities and provide sufficient flexibility with respect to approach and pace, taking into account local resources and capability. To achieve this service-wide impact and alignment required the continued engagement and support of the Knowledge into Action executive leads, clinical champions and knowledge managers in NHS Boards who had shaped the Review's outcomes and

had begun to form the basis of new professional networks at national and local levels. Given this, the knowledge management leads in NES and HIS would be in contact shortly with the relevant teams and individuals to discuss the Review's recommendations and to consult on implementation approach. To prepare for local implementation, they suggested that knowledge management executive leads, quality improvement executive leads, clinical champions and knowledge managers begin to discuss collectively how knowledge support could underpin local clinical priorities and improvement plans. An improvement manager was being appointed within NES to facilitate local implementation plans.

During discussion, it was agreed by ACF members that current NHS Board systems were reactive rather than proactive and to take much of this work forward required an organisational cultural shift to progress the "effectiveness" agenda. The general direction of travel was very positive (although it was early days and there was lots of activity) but there was recognition that a much more practical IT infrastructure was needed to mobilise professions to make sure they were better equipped with the "knowledge" needed on the frontline. Mr Crawford agreed and confirmed it would be paramount to frame the set of challenges posed to move forward so that clinical staff had instant access to knowledge to meet patient needs. As such, "effectiveness" could not be looked at in isolation but had to be looked at alongside patient safety and work had begun to look at the knowledge practice "gap" in a more meaningful way to see how this could be plugged. He recognised much hinged on the reliability of IT systems and their access but referenced other areas such as educational programmes and organisational approaches to knowledge management where the recommendations from this strategic review could be better embedded in healthcare improvement.

In response to a question, he confirmed that the executive lead for NHSGGC was the Board's Director of Public Health, Dr Linda De Caestecker.

In terms of how the ACF could support emerging discussions with the recommendations of the Review, Mr Crawford alluded to the Board's strategic alliance between advisory committees and clinical governance structures which had perhaps been in abeyance for some time now. He was keen to recapture this dialogue and could see how the ACF could contribute to design and communication channels in taking this agenda forward. He confirmed he would be happy to work with the ACF as progress was made and would be back in touch, particularly as the Clinical Services Review moved forward, as this was also an opportunity to highlight the "effectiveness" agenda and lock in quality to the design. Mrs Spencer welcomed this approach and it was suggested that this be factored into the ACF's 2013 forward plan. **Secretary**

Mrs Spencer thanked Mr Crawford for the interesting update and discussion that had ensued and looked forward to a further progress update mid-2013.

NOTED

49. ANNUAL REVIEW 2012 (26 NOVEMBER) PREPARATION

Members had been asked to provide preliminary views of their preferred advisory committee item(s) for discussion at the Annual Review (in accordance with the prescribed Scottish Government list of topics already circulated) and also consider how best they would like to see the ACF slot structured/formatted at the meeting itself with the Minister. As a reminder, in relation to the item(s) chosen to be discussed, members would be asked to provide a short briefing statement in advance for submission to the Scottish Government.

Mrs Spencer welcomed Mrs Mullen (Head of Planning and Performance) in attendance to lead the ACF through the arrangements for the day and, in particular, the ACF's slot.

Mrs Mullen circulated an outline agenda provided by the Scottish Government which highlighted topics the Minister would wish to explore in terms of local ACFs contribution to:-

- The Quality Strategy
- Clinical Governance
- Patient Safety
- Securing efficiencies and improving quality
- Workforce Planning
- Service Redesign

The ACF had a 45 minute slot with the Minister and this would commence at 9am in the Board Room. There would be the opportunity for ACF members to have a pre-meeting that morning, if they wished, commencing at 8.15am in the Board Room.

Members had earlier (in their informal session) discussed their preferred topics which cut across all professions and, although were of national interest, had local impacts. As such, it was agreed that Mrs Spencer prepare an early draft document for circulation for all ACF members' input in terms of what they felt the ACF could contribute and influence to these topics as well as looking at challenges that lay ahead. This would be circulated the week commencing Monday 8 October with comments required back to Mrs Spencer by Friday 12 October. **Pat Spencer**

Mrs Mullen explained that the last date for submission of all Board documents to the Scottish Government was 26 October. She agreed to circulate a draft programme of the events of the day. [*Post meeting Note - This was duly circulated to all members on 4 October 2012*].

Members were also asked to confirm to Mrs Spencer whether they intended to attend the Annual Review's ACF slot. The Secretary would collate these names and confirm with Mrs Mullen as soon as possible. In relation to the attendance, Mrs Spencer asked whether an observer could attend the ACF slot as part of the Forum's succession planning programme. Mrs Mullen agreed to clarify this with the Scottish Government. [*Post meeting note - Mrs Mullen has responded to the ACF confirming that this arrangement would be fine with the Scottish Government*]. **Secretary**

NOTED

50. CLINICAL SERVICES REVIEW - UPDATE

Ms McElvanney welcomed Lorna Kelly, in attendance to provide an update on the Board's Clinical Services Review and the discussion paper "Case for Change" which had already been circulated to all ACF members.

Mrs Kelly reported that the NHS Board had embarked on an ambitious programme looking at the shape of clinical services beyond 2015 to make sure that it could adapt to future changes, challenges and opportunities. The programme of work to consider the future shape of clinical services beyond 2015 was being taken forward by seven clinically led groups, looking at:-

- Population Health
- Emergency care and trauma
- Planned care
- Child and maternal health
- Older people's services
- Chronic disease management
- Cancer

The clinical working groups had involved patient representatives and had been supported by wider patient reference groups, involving patients, carers and voluntary groups. A parallel clinical group considering mental health was also in place. The issues arising from this work would be brought together in the final case for change document. The groups had been focused on:-

- Reviewing current services, future changes and possible models of care
- Looking at evidence from research, good practice and innovation
- Thinking about what needed to be changed and what didn't
- Reviewing feedback from the engagement sessions with the patient reference groups

This work had been supported by extensive literature reviews, activity analysis and population health analysis. She explained that the key aims of designing a new strategy for NHSGGC were to ensure:-

- Care was patient focused with clinical expertise focused on providing care on the most effective way at the earliest opportunity within the care pathways
- Services and facilities had the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements
- Sustainability and affordable clinical services could be delivered across NHSGGC
- The pressures on hospitals, primary care and community services were addressed

She set out a draft case for change which was being shared widely to engage with clinical teams to consider the issues identified and to test whether the views expressed reflected wider clinical opinion. Engagement would also take place with patient reference groups to seek their comments and views. This engagement would shape the final case for change which would be produced by November 2012.

So far, Mrs Kelly reported that the work of the clinical groups identified the main issues which underpinned the development of this draft case for change. This was based on what was currently affecting the clinical services and what was likely to impact on services in the future and on patient opinion of what they valued in the current service and what they would want of future services. The output of the clinical groups had been summarised under 9 key themes:-

1. The health needs of our population were significant and changing
2. We needed to do more to support people to manage their own health and prevent crisis
3. Our services are not always organised in the best way for patients
4. We needed to do more to make sure that care was always provided in the most appropriate setting
5. There was growing pressure on primary care and community services
6. We needed to provide the highest quality specialist care

7. Increasing specialisation needed to be balanced with the need for co-ordinated care which took an overview of the patient
8. Healthcare was changing and we needed to keep pace with best practice and standards
9. We needed to support our workforce to meet future changes

In response to a question, Mrs Kelly reported that the mental health elements of the review were still being drafted and would be widely circulated on Monday/Tuesday of next week. She explained, however, that when the review was circulated for public consultation it would be tied in with the overall case for change consultation - timings had simply prevented this happening at the moment.

The Forum discussed, in detail, the emphasis on "specialisms" and what specialist services this would entail. Mrs Kelly responded by confirming that it would be important to get many views about this during the consultation phase and how best to balance and sustain "specialist" roles against "generalist" roles – where did the balance lie and how were specialists defined? They also discussed the many and various roles of community staff acknowledging that often a patient needed a core group of staff who could see them right through their treatment. Dr Armstrong confirmed that modelling work would look at this as well as looking at how to prevent people going into hospital in the first place. There was general recognition that services in the community may currently exist but were not joined up in a seamless way with each other (or, more importantly, with acute services).

The Forum discussed shared responsibility across teams for patient care and the patient pathway. To make this work, it would be essential to have mutual respect for all team members regardless of their grade/status.

In concluding, Dr Armstrong alluded to the work needed to be carried out looking at prescribing across the piece. The Forum recognised that often a community pharmacist had the most contact with a patient and it would be crucial to look at their role and relationships with other professional groups as the modelling work was carried out.

Ms McElvanney thanked Dr Armstrong and Mrs Kelly for the update and looked forward to the ACF contributing to the Review as it progressed.

NOTED

51. 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 agreed earlier. **Secretary**

NOTED

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

Mrs Spencer earlier updated the Forum on items of discussion at the most recent national ACF Chairs Group meeting which included providing a response to the integration consultation exercise. Furthermore, the Royal College of General Practitioners had approached the national Group asking for its input into the

leadership elements of the integration consultation. This was being undertaken. The national Group was due to meet the new Minister on 13 November 2012 where it was expected much of the discussion would be around looking at a standardised approach to adopting CEL (16) across NHS Scotland as well as looking at how ACF chairs were resourced and supported by Boards.

Mrs Spencer led the Forum through items discussed at the August 2012 Board meeting – papers for which were circulated to all advisory committee chairs. She acknowledged her involvement in the short-listing for this years Chairman's Awards – a process which she had thoroughly enjoyed particularly looking at some of the excellent contributions made by staff throughout NHSGGC. The awards ceremony would form part of the afternoon session at the Board's Annual Review on 26 November 2012.

NOTED

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

At the informal session held earlier, the advisory committees each provided a brief update on their most recent topics of discussion and activities. This was useful in looking at any cross profession themes and ongoing learning of each others business.

NOTED

54. ANY OTHER BUSINESS

No other business items were raised.

NOTED

55. DATE OF NEXT MEETING:

Date: Thursday 6 December 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