

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Area Clinical Forum
held in Board Room 2, Dalian House
350 St Vincent Street, Glasgow
on Monday 11 November 2002 at 2.00 pm**

P R E S E N T

Dr R Hughes (in the Chair)

Mrs C Anderson
Mr F Angell
Mr J Cassidy
Ms A Duncan

Mrs G Leslie
Dr J Nugent
Mr H Smith
Dr B West

Mrs M Willmot

I N A T T E N D A N C E

Professor Sir J Arbuthnott, Chairman, Greater Glasgow NHS Board
Dr H Burns, Director of Public Health
Ms S Gordon, Secretariat Manager
Mr D McCall, Consultant in Dental Public Health
Ms C Renfrew, Director of Planning and Community Care

ACTION BY

25. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Ms R Crocket, Mr E McVey, Mr S Bryson, Mr J Hamilton and Mrs F Needleman.

Roger Hughes welcomed the new NHS Board Chairman, Professor Sir John Arbuthnott, Maggie Willmot, new Vice Chair of the PAMS Committee and Gale Leslie, Vice Chair of the Area Optometric Committee to their first meeting.

It was noted that Shona Chiab, Vice Chair of the Area Nursing and Midwifery Committee had written to the Chairman advising of her resignation to the Committee. He had replied thanking her for her contributions and hoping that communications with HCI would be maintained. James Cassidy advised that at the Area Nursing and Midwifery's next meeting – scheduled for Monday 18 November, a new Vice Chair would be elected.

26. MINUTES

The Minutes of the meeting held on Monday 12 August 2002 at 2.00 pm were approved as an accurate record.

27. MATTERS ARISING

The following information was intended to provide Members with an update of those items discussed at the last meeting of the Forum which was held on Monday 12 August 2002.

(a) Item 17(a) – Acute Services Review

The Forum was advised that the Health Minister had approved the Board's proposals in connection with the acute services review – this had been reinforced by a Scottish Parliament vote. Catriona Renfrew confirmed that a paper would be presented at the next NHS Board meeting (scheduled for Tuesday 19 November 2002) outlining the implementation arrangements for the Acute Services Review.

NOTED

(b) Item 21 – Three Unfunded Projects

Harry Burns advised that the three unfunded projects in relation to promoting clinical effectiveness had, since the Forum's last meeting, obtained funding.

NOTED

28. PAYMENT FOR ATTENDANCE AT MEETINGS

Members were asked to note a letter from the Board's Director of Finance, Wendy Hull, in connection with the level of payment for attending meetings related to Board business.

The conclusion reached was that a flat payment of £150 per meeting would be paid irrespective of whether a locum was required or not. Payments would be reimbursed through the Primary Care Trust and the first claim should include all meetings attended since 1 April 2002.

Frank Angell was disappointed to note that the payment had been negotiated on a standard rate basis particularly as different professions incurred different rates – this could have been avoided if the advisory committees had been consulted on the Board's proposals. As such, from a dental point of view the Board's payment of £150 was £70 less than a dental locum fee would be. Mr Angell had written to Trevor Jones (Chief Executive, NHS Scotland) at the Scottish Executive around fifteen months ago and despite four reminder letters had yet to receive a response regarding his concern about the rates of pay. It was Mr Angell's intention to pursue this issue at an NHS Scottish Executive level.

Members were concerned to note that Greater Glasgow Primary Care NHS Trust paid a greater rate and were disappointed that a common rate had not been established throughout NHS Greater Glasgow. Catriona Renfrew agreed to look into this matter.

C Renfrew

NOTED

29. THE ROLES OF THE NURSE DIRECTOR AND NURSE ADVISER TO THE NHS BOARD

Members were asked to note an email communication from Sue Plummer to Roger Hughes clarifying the roles of the Nurse Director and Nurse Adviser to the NHS Board. It was intended that both these roles complement each other in order to provide a strong input for nursing.

There was still confusion, however, regarding the three roles of nursing advice at NHS Board meetings namely:

- The Chairman of the Area Nursing and Midwifery Committee was invited.
- The Nurse Director was an NHS Board Member.
- The Nurse Adviser was in attendance.

James Cassidy was hopeful that Ros Crocket would attend the next Area Nursing and Midwifery Committee meeting scheduled for Monday 18 November 2002 where the roles may be further clarified. If this was the case, Mr Cassidy would update the Forum at its next meeting. Catriona Renfrew referred to the quite separate job descriptions of the Nurse Adviser and Nurse Director and agreed, if possible, to share these with Forum Members if it would help distinguish the differences.

C Renfrew

NOTED

30. WINTER PLAN 2002/03

Members were asked to note an NHS Board paper presented to the Board meeting on 22 October 2002 entitled "Winter Plan 2002/03". This summarized the current state of the Board's Winter Plan and included information on the additional resources the Board had deployed and set out the key risks. Catriona Renfrew referred to various levels of pressures particularly in relation to the Norwalk Virus which compromised elective surgery work putting at risk waiting times and lists across NHS Greater Glasgow.

Harry Burns confirmed that, as yet, it was too early to know if influenza virus would be epidemic this winter.

Catriona Renfrew invited input from the Forum on the acute admissions review which was a multi-disciplinary discussion moving forward and looking at the implications of acute admissions patterns. Roger Hughes welcomed this invitation and it was agreed that the Forum would seek a nomination to attend the Steering Group meetings at its February meeting.

**February
Agenda Item**

Catriona Renfrew advised that many issues had arisen out of the review so far and it was paramount to look systematically at Trust resources when reviewing emergency admissions to organise alternative methods of care which may avoid the use of inpatient beds. In parallel with this had to be a change in the balance of the workforce to create a complementary balance of inpatient/outpatient capacity. To this end, work was ongoing to identify cases where an SHO could undertake to arrange an early outpatient appointment if a patient's GP felt this was an adequate alternative to admission.

It was recognised that any such changes must have re-inforced support departments such as imaging, laboratory and pharmacy – who currently tended to run 9.00 am to 5.00 pm systems at the moment.

Harry Burns referred to the success of a reduction in medical receiving in Edinburgh which seemed to be as a direct result of a change in medical processing of admissions.

Sir John Arbuthnott suggested looking at the decision making processes to identify, at GP level, a range of options for patient referral patterns.

Catriona Renfrew welcomed the Forum's feedback and re-iterated the valued contribution that could be made by a representative of the Forum at future Steering Group meetings.

NOTED

31. MANPOWER ISSUES – NURSING, MEDICAL AND OTHER

Roger Hughes asked that this topic be discussed particularly in relation to the recruitment and retention of many staff areas within the NHS. This was not only in respect of nurses but many PAMS disciplines including radiographers and laboratory staff.

This was recognised as not only an NHS Greater Glasgow problem but a Scotland wide problem and it was, therefore, paramount to ensure watertight planning processes in relation to the consequences of service changes particularly in staffing levels. Many areas could be explored including staff rotations within different departments/Trusts, varying working hours and patterns. An investment had been made into workforce planning and it would be vital to look at outcomes issued from the Scottish Executive in relation to workforce planning indicators. Sir John Arbuthnott suggested inviting a Scottish Executive representative to a future Forum meeting to discuss manpower planning across the NHS in Scotland and this suggestion was welcomed.

Members were conscious of the need to identify clear career pathways for NHS staff and highlighted the following areas for clarification:

- Where were the key pressures?
- Where was there high staff turnover?
- What were the workforce implications of the Local Health Plan?
- Where were there high vacancy rates?
- What staff levels were available in the UK national market?

Members were aware of ongoing work and time being spent on developing a comprehensive ICT system which would go some way to address issues relating to the transfer of patient information and direct referral ability across the professions.

The Forum discussed issues relating to the funding of University places for NHS related professions and recognised that particularly in relation to nurses – many were trained but then did not enter into the profession. Frank Angell sought clarity on whether, at University level, other criteria should be used when accepting individuals on to such courses. This was seen in light of a general overview of admission rates and graduate entry to shortened courses for certain professional areas.

It was noted that a Workforce Development Convention was to be held in Glasgow on 10 December and the Scottish Executive Health Department was to fund Development Officers, one of which was to be based in Glasgow.

NOTED

32. EDINBURGH WORKSHOP : 21 NOVEMBER 2002 11.00 AM TO 4.00 PM

Roger Hughes circulated an invitation he had received from the Scottish Executive to attend a workshop designed to enable Area Clinical Forum Members to:

- Meet together at a Group
- Share and learn from one another's early experiences
- Explore current and emerging issues with the Chief Medical Officer and Head of the Scottish Executive Health Department
- Consider the role of and key themes for the Area Clinical Forums in the coming year

The Workshop was to be held in the University of Edinburgh on Thursday 21 November 2002 between 10.00 am and 4.00 pm. A schedule of key speakers had been arranged with the opportunity to feedback into discussion groups.

DECIDED:

That Roger Hughes and Frank Angell attend the event and raise for discussion the following issues:

**Dr R Hughes/
Mr F Angell**

1. Manpower – particularly in relation to the issues discussed earlier in the Minute.
2. The positive message conveyed with the success so far of the Glasgow Patient Access Team.
3. The development of ACADs and the possibilities for multi-disciplinary working.

33. ADVISORY COMMITTEE MEETINGS SUMMARIES

Members were asked to note the following one page summaries from recent advisory committee meetings:

- LHCC Meeting – John Nugent referred to both strategic and operational areas being discussed recently at LHCC level. An event was to be held on 21 November at which Catriona Renfrew was a key presenter.

- Area Professions Allied to Medicine Committee – Henry Smith summarized the meeting held on 14 October 2002 particularly in relation to the Committee's Constitution and the Orthoptics' training course at Glasgow Caledonian University which had now ceased. There was now no training in Glasgow for Orthoptics and Catriona Renfrew agreed to investigate why this had been stopped – was it in relation to a lack of funding or a lack of students?

Ms C Renfrew

Carol Anderson asked about the referral of patients to Art and Music Therapy and Catriona Renfrew confirmed that such services were generally accessed by Community and Mental Health areas, Learning Disabilities and Palliative Care. She sought to look into what non clinical support was available within NHS Greater Glasgow for areas of addiction.

Ms C Renfrew

Roger Hughes briefed Members on recent topics at the Area Medical Committee which included:

- NHS 24
- Acute Services
- Winter Plan
- Acute Admissions

James Cassidy updated Members on issues raised at the last Area Nursing and Midwifery Committee which included the following:

- The election of a Vice Chair at its next meeting
- Nursing links to services for learning disabilities
- Health needs and unmet need in relation to the closure of long stay hospitals

Carol Anderson outlined the recent APC topics to be:

- The Pharmacy Strategy – both primary and secondary care were looking at the patient's journey
- The methadone review

Frank Angell summarized issues on the Dental Committee agenda including:

- Dental hospital waiting lists
- Manpower re health service dentistry
- Increased female graduates into the profession and their career span given breaks for pregnancy and child care arrangements

Gale Leslie updated on recent topics at the Area Optometric Committee including:

- Diabetic report
- South Glasgow Eye Service – which appeared to be progressing well
- Pre-school vision screening – still awaiting funding
- Revised CSA arrangements where Opticians were being asked to provide paperwork in relation to the dispensing of spectacles
- Optometric Adviser post being advertised through the PCT

NOTED

34. ANY OTHER BUSINESS

(i) Advisory Committee Constitutions

Frank Angell raised the issue of the Advisory Committee Constitutions and how their respective Terms of Office were in parallel with that of the membership of the Area Clinical Forum. The Secretary confirmed that this matter had been reviewed. Members recognised the difficulty in getting all seven advisory committee memberships “in sync” and that Members retired at different periods of time. The Secretary agreed to put together a table identifying who was due to retire from their respective Committees as Chair/Vice Chair for the next meeting.

**February
Agenda Item**

35. DATE OF NEXT MEETING

Date: Monday 10 February 2003

Place: Dalian House

Time: 2.00 pm