

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Area Clinical Forum  
held in Conference Room 3 West, Dalian House  
350 St Vincent Street, Glasgow  
on Monday 18 August 2003 at 2.00 pm**

**P R E S E N T**

Dr F Angell (in the Chair)

Ms L Love	Mr J Cassidy
Mrs F Needleman	Mr H Smith
Mrs G Leslie	Ms M Wilmot
Dr J Nugent	Mr I Millar
Ms A Duncan	Dr B West

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

Ms S Gordon, Secretariat Manager  
Mr D McCall, Consultant in Dental Public Health  
Mr S Bryson, Pharmaceutical Advisor  
Mr D Leese, Assistant Director for Planning and Community Care  
Mr T Curran, Head of Estates, Greater Glasgow Primary Care NHS Trust

**ACTION BY**

**21. APOLOGIES**

Apologies for absence were intimated on behalf of Professor Sir J Arbuthnott, Dr T Parke, Mr H Rollason, Mr J C Hamilton, Dr H Burns, Ms C Renfrew and Dr B Cowan.

**22. WELCOME AND INTRODUCTIONS**

Dr Angell welcomed the new faces to the Area Clinical Forum and introduced all Members, including Tony Curran, Head of Estates, Greater Glasgow Primary Care NHS Trust.

**23. MINUTES**

The Minutes of the meeting held on Monday 12 May 2003 at 2.00 pm were approved as an accurate record pending the following amendment:

Item 14(d) Ophthalmology Waiting Times in South Glasgow

Delete: Gale Leslie referred to the success of the pilot project in South Glasgow and the Committee joined her in expressing the disappointment that this could not be rolled out in North Glasgow particularly as it had had such an impact on waiting times.

Insert: Gale Leslie referred to the success of the pilot project in South Glasgow and the Committee joined her in expressing the disappointment that this could not automatically be rolled out in North Glasgow as a lot of work still had to be done.

## 24. **DISABILITY ACT**

Dr Angell welcomed Tony Curran, Head of Estates, Greater Glasgow Primary Care NHS Trust who was in attendance to present to the Forum efforts made at the Primary Care Trust to implement the Disability Discrimination Act (DDA).

Mr Curran began by advising that the DDA came out in 1995 and that the Primary Care Trust had, so far, looked at how the implications of the Act would impinge upon primary care service providers and contractors. The Trust had begun by identifying how this would impact upon services owned by the Trust (as opposed to leased) and had surveyed these properties accordingly. Following access audits and an analysis of the associated costs, it was envisaged that up to £20 million could be spent by the PCT on making sure these premises were compliant with the Act. In accordance with the Act, all buildings should be compliant by October 2004.

In connection with the premises owned or leased by independent contractors, the Primary Care Trust had facilitated a process regarding GP premises and had sent out self-assessment questionnaires to all dental practices, pharmacists and opticians – these were due to be returned last week and an analysis would soon begin.

Mr Curran highlighted that compliance with the DDA did not solely refer to “walking access” it also related to people with visual/hearing impairments.

In response to a question from Dr Nugent, Mr Curran thought that, in the near future, there would be a few test cases in the public arena where organisations were in breach of the DDA but until that time when these were heard, it was not clear what action would be taken if organisations did breach the requirements.

Within the Primary Care Trust, many compliance issues were being explored including issues of locality, in that select FHS practitioners may be asked to comply with the Act and, therefore, attract patients from certain groups. The Forum suggested to Mr Curran to tread with caution, as this would, in turn, not afford patient choice.

Members discussed the term “all reasonable steps” particularly in relation to listed buildings and all changes required to be made up front to comply with the DDA. It was possible that small ongoing changes could be made and Mr Millar referred to the pharmacy context where Braille labels could currently be made available to patients. Other than that, there was a general recognition that signage across NHS Greater Glasgow needed to be improved. Forum Members recognised the associated costs in implementing the requirements of the Act and touched upon the challenges in NHS Greater Glasgow’s other three Trusts. To this end, Mr Leese advised that as part of the Acute Services Review, it was anticipated that the Programme Director, Robert Calderwood, would be ensuring that new premises met the requirements of the DDA.

In connection with the self-assessment questionnaires, the Forum asked Mr Curran to feed back to his colleagues that these be distributed to all FHS practitioners again with an explanatory note outlining their purposes was for an analysis of needs and associated costs. Mr Curran agreed to take this on board and explained the delegation of involvement of the DDA at the Primary Care Trust which meant that the Estates Division was looking at Trust owned properties and the Primary Care Division was taking forward the involvement with independent contractors. Accordingly, he would ask his Primary Care colleagues to re-issue a statement to establish the full extent of the situation in so far as it existed within Primary Care. This would hopefully result in a greater percentage being returned if FHS practitioners understood the process and purpose

As part of ongoing planning processes, the Forum was mindful that ongoing work in connection with the Act should tie in with Local Authorities in terms of cross-cutting issues such as transport. Already, this connection existed in some health centres and in transport policies but it was important to build on this momentum.

The Forum discussed the advantages in having specialist DDA officers who could form an advice function to FHS practitioners and this may be an avenue for the NHS Board to explore as a way forward.

**DECIDED:**

- That individual Chairs and Vice Chairs highlight the issues arising at their respective advisory committees reflecting the importance of the Act.
- That Tony Curran (and a representative from the Primary Care Division) be invited to attend the November Forum meeting to feedback on the analysis of the questionnaires and ongoing work.
- That Chairs of the advisory committees obtain a copy of the DDA and its associated supporting documentation from the NHS Scotland website – a check list was included as part of this package.

**All Chairs/  
Vice Chairs**

**November  
Agenda**

**All Chairs**

Dr Angell thanked Mr Curran for his very helpful and informative presentation.

**25. MATTERS ARISING**

Members were asked to note the following Matters Arising from the Minute of the meeting held on Monday 12 May 2003:

(i) Election of Vice Chair

Members recalled that the election for Vice Chair was deferred from the May meeting to the August meeting to allow for all respective advisory committees to hold their elections. It was, however, agreed that should James Cassidy be elected as Chair of the Area Nursing and Midwifery Committee then he be nominated to be Vice Chair of the Area Clinical Forum.

The Secretary of the Area Nursing and Midwifery Committee had since confirmed that James Cassidy was, in fact, elected Chair of the Committee and as such the decision to have him as Vice Chair of the Area Clinical Forum required to be ratified.

**DECIDED:**

That James Cassidy be elected Vice Chair of the Area Clinical Forum.

**J Cassidy**

(ii) Area Clinical Forum Membership

The membership of the Area Clinical Forum was discussed and the following agreed:

- That once a year a representative from the Board's Finance Department be invited to attend.
- That a representative from Greater Glasgow Health Council be invited to attend meetings. Dr Angell would discuss this nomination with Danny Crawford, Chief Officer, Greater Glasgow Health Council.
- That Dr Brian Cowan as Greater Glasgow NHS Board's new Medical Director be invited to attend future meetings.
- That the Secretary circulate a revised membership list to all Members.

**Chairman**

**Secretary**

(iii) 2003 Accountability Review Meeting

Members were asked to note notes prepared by Maggie Wilmot after attending the Accountability Review meeting on 25 June 2003.

Those Members who attended representing the Area Clinical Forum highlighted the key points arising from the discussion with Trevor Jones and were thoughtful that next year they could be more prepared at a corporate level in identifying the direction of travel of the Board's Area Clinical Forum. Members were keen to ensure they adopted a pro-active approach and suggested highlighting to the Board tasks which Members saw particular benefit in progressing and giving advice.

Dr Nugent referred to the letter from Trevor Jones dated 17 July 2003 which was included as part of the August Board papers. Trevor Jones had been very positive in his view following the discussion with representatives of the Area Clinical Forum and acknowledged that progress could only be made where there was visible devolution of responsibilities.

NOTED

(iv) White Paper – Partnership for Care

David Leese advised that the Board's White Paper : Partnership for Care – consultation proposals were due to be considered at the NHS Board meeting scheduled for 19 August 2003. Once approved, the consultation paper sought comment by 28 November 2003 on the dissolution of NHS Trusts within NHS Greater Glasgow.

NOTED

**26. WEST OF SCOTLAND CANCER AWARENESS PROJECT**

Members were asked to note a letter that was sent to the previous Chair, Roger Hughes, in connection with the above.

This project had received a grant of £1.3 million from the New Opportunities Fund to develop a public awareness campaign on the early detection of oral and bowel cancer. Evidence supported that the fact that survival outcome and quality of life for many patients could be improved through earlier diagnosis.

Members discussed some concerns they had as follows:

- (i) Oral cancer – raising awareness of oral cancer was welcomed but the Forum was unclear as to whether or not associated funding would be made available for the screening and treatment of oral cancer particularly to those patients not qualifying for exemption. Dr Angell advised that referrals for oral cancer from GPs were currently made throughout NHS Greater Glasgow and in particular to the Dental Hospital.
- (ii) Bowel cancer – Members were concerned at the existing long waiting lists for treatment of bowel cancer and did not want a situation to arise where increased demand would be placed on already stretched clinical services.

Members further sought clarify around any other bids that may have been successful in complimenting the work of this project. Furthermore, Members required clarification on what the individual FHS professions would be expected to respond to patients presenting with symptoms arising from the success of the public awareness campaign.

Over and above this, the Forum welcomed the increased awareness but the documentation did not make clear what clinics or treatment would be available to support this. The Forum also wondered whether NHS24 had been involved in consultation of this project and if they were able to give advice to patients who had become aware of the cancers via the public awareness campaign.

**DECIDED:**

That the Chairman respond to Lisa Cohen, Project Manager, West of Scotland Cancer Awareness Project, with the Area Clinical Forum’s comments.

**Chairman**

**27. GREATER GLASGOW NHS BOARD’S GREEN TRANSPORT POLICY**

Dr Angell referred to the Board’s press release on the Green Transport Policy and suggested this be a further topic for discussion at a future Area Clinical Forum meeting particularly in relation to what constituted an “essential car user” and acting in a “reasonable way” – particularly when this may impinge upon clinical time.

**DECIDED:**

That this be further discussed when the consultation document has been released.

**Future agenda item**

**28. ADVISORY COMMITTEE MEETING SUMMARIES**

Members were asked to note the following topics of discussion from recent Advisory Committee meetings:

- (i) Area Medical Committee – recent topics of discussion included:
  - Argyll and Clyde Vale of Leven Hospital – and how changes impinged upon NHS Greater Glasgow especially maternity, clinical and Accident & Emergency Services.
  - High Dependency Units – discussion around the lack of intensive care and high dependency beds in NHS Greater Glasgow and analysis recently undertaken on how best this could be addressed.

- ACAD development – a discussion around the complex procurement exercise in progressing the ACAD development at Stobhill and Victoria Infirmary.

NOTED

- (ii) Area Optometric Committee – an area of focus for the Area Optometric Committee, at the moment, was the screening of pre-school age children. Ms Leslie raised concerns about the lack of promotion of optometry at pre-school level and referred to the educational issue for health visitors and GPs in ensuring pre-school children attended for eye screening. There was also a recognition that parents may not necessarily consider pre-school age children having their eyes tested and this was a further educational component.

Ms Leslie advised that this was matter the AOC would be taking up with one of the Board's Consultants in Public Health Medicine, Linda de Caestecker.

NOTED

- (iii) Area Allied Health Professionals Committee – the next meeting was scheduled for 21 August 2003 and was a joint meeting with the Area Nursing and Midwifery Committee. Mr Smith touched upon recent topics of discussion which included:

- Partnership for Care
- National AHP Groups
- Movement Disorder Service
- Recruitment of Orthoptic Students
- Recruitment Issues
- AHP Strategy Implementation Group
- Workforce Planning Group

NOTED

- (iv) Area Pharmaceutical Committee – Mrs Needleman touched upon current topics of interest including:

- Supplementary Prescribing
- MLX 293 Consultation Document
- Medicines Management Project
- Patients' Rights and Responsibilities – consultation document from Scottish Executive Health Department.

NOTED

- (v) Area Dental Committee – last meeting held on 10 July 2003 with discussions surrounding the following:

- General Anaesthesia for Dental Extractions in Children aged 0-16 years.
- NHS Greater Glasgow consultation document: Provision of Primary Care Dental Treatment Centres.
- The Future of Glasgow Dental Hospital and School

- Dental Services Information Booklet
- NHS Greater Glasgow Consultation Paper : Draft Spiritual Care Policy

**NOTED**

(vi) LHCC Committee – Ms Duncan referred to recent topics of discussion at the last LHCC Committee meeting including:

- Extension to Nurse Prescribing
- Review of the Ambulance Service in NHS Scotland
- Implementation of the new GP contract in April 2004
- Formation of Community Health Partnerships

**NOTED**

**29. ANY OTHER BUSINESS**

(i) Service Redesign Committee

Dr Angell referred to two workshops which had been held by NHS Greater Glasgow looking at taking forward the new Service Redesign Committee. It was hoped the Area Clinical Forum could play an active role in this Committee albeit that as yet it was not clear what its role or remit would be.

**DECIDED:**

That this be further discussed when the role and remit of the Committee had been clarified.

**Future agenda  
item**

**30. DATE OF NEXT MEETING**

Date: Monday 17 November 2003

Place: Conference Room 3W, Dalian House

Time: 2.00 pm – 4.00 pm

Social Evening – that following the next Area Clinical Forum meeting Members gather for a social event. Dr Angell would explore with the Board's Head of Board Administration if this event could be facilitated in order to make it a development workshop.

**Chairman**