

Professional Executive Group Meeting

**Tuesday 13 January 2009 at 09:30
Johnstone Hospital Rec Hall**

ACTION NOTE

Present:

Alan Mitchell (AM)	Clinical Director (chair)
David Leese (DL)	Director
Chris Johnstone (CJ)	Associate Clinical Director
Gerry O’Kane (GO’K)	Associate Clinical Director
John Ip (JI)	GP
Colin Reid (CR)	GP
Judy Graham (JG)	GP
Fiona MacKay (FMack)	Head of Planning & Health Improvement
Fiona McNeill (FMcN)	General Manager, Clyde Mental Health
Sylvia Morrison (SM)	Head of Health & Community Care
Jean Still (JS)	Head of Administration
Michelle Wardrope (MW)	AHP
Susan Cloherty (<i>for Anne Burns</i>) (SC)	Public Health Practitioner

In Attendance:

Dorothy Duffy (DD)	Lead Nurse – Older Adults
Alice Harrison (AH)	Lead Nurse – Children’s Services

Secretariat:

Elaine McNally (EMcN)

Agenda Item		Action By
1.	<p><u>Welcome & Apologies</u></p> <p>Apologies from: Lee Urquhart, Susan McLaren, Emma Finlay, Mary McCulloch, Anne Burns, Graham Stewart, Kate Sloan, Rob Gray and Michael Smith.</p>	

<p>c)</p>	<p>HPV Immunisation</p> <p>AH reported that the school immunisation programme was proceeding well with girls in S2, S5 and S6 having received 2 doses of the vaccine to date. Around 87% of eligible schoolgirls had received the first dose and around 83% of the second dose. For those girls who had missed a dose, a school mop exercise was being undertaken along side the diphtheria and tetanus immunisation programme.</p> <p>There are around 1100 school leavers within Renfrewshire eligible to receive this vaccine. Around 1/3 of GP practices in Renfrewshire have agreed to provide this through a local enhanced service. Letters would soon be sent out to all eligible school leavers inviting them to either contact their GP surgery or to attend one of a number of CHP organised venues as appropriate, over the coming weeks to get immunised.</p>	
<p>d)</p>	<p>Employability and Health</p> <p>FMaCK spoke to the range of initiatives currently available in Renfrewshire in respect of employability and health. These include the Condition Management Programme, Pathways to Work, Doing Well by Depression and a recent financial advice project sponsored by Renfrewshire Council. There was a challenge in sharing information effectively with the widest primary care audience in order that they might direct patients to such services. It was agreed that a small planning group would be convened to consider how to take this forward. CR, CJ, FMaCK and FMcN agreed to join such a group. It was also hoped that representatives from Renfrewshire Council, the Condition Management Programme and Pathways to Work in addition to Dr Michael Smith would also join the group.</p> <p><u>Action:</u> FMaCK</p>	<p>FMaCK</p>
<p>4.</p>	<p><u>Clinical Governance</u></p> <p>CJ spoke to the note of the clinical governance group meeting of 11 December 2008, that had previously been circulated. He advised that he hoped to circulate the annual general practice clinical governance report templates to practices within the next couple of weeks. The CHP is currently in the process of completing a review of complaints handling which the CG team has been very involved in. The CHP annual clinical governance report is due to be presented to the Board by 20 March 2009.</p>	

5.

Long Term Conditions Strategy

AM spoke to the papers that has been circulated with the agenda, which included the Board's framework for the development of a local community rehabilitation and enablement service and the latest draft of the strategic framework for the management of long term conditions.

He set out that the LTC framework envisaged a 5-10 year delivery model. The drivers for this included delivery of care to patients as close to home as possible and a reduction in both inpatient episodes and length of inpatient stay. Approximately 80% of GP consultations are in respect of long term conditions.

The framework set out that it would require MCN planning groups to identify gaps at all levels of current service delivery. The framework would focus on the management of diabetes, COPD, asthma, coronary heart disease and rheumatoid arthritis. An LTC steering group was to be established which would produce a financial framework to support the development of this strategy over the next few years.

The framework foresees the development of multi disciplinary teams within local areas with services being much more available to patients over a 24/7 period rather than only 9-5 Monday to Friday.

The paper also described the case manager role in relation to LTCs and compared that with how such might be managed by multi disciplinary teams. The role of the community pharmacist is also explored within the strategy document. Approximately 50% of all medicines that are prescribed for long term conditions are not taken by patients as intended. It is clear that there is a significant and emerging role for community pharmacists, through the development of the chronic medication service in particular, to play a major part in better aiding patients in managing their long term conditions.

There was a wide-ranging discussion on the paper. It was felt the MCNs in particular needed to be more operationally focused at the primary care level in setting forth what they expect of primary care services in managing patients LTCs.

DL suggested that it would be helpful to have a CHP event in late spring/ early summer by way of mapping where we are in relation to how long term conditions are managed in respect of self care, community care and specialist care services which would include input from a wide range of stakeholders including the voluntary sector and carers.

It was agreed that the definitive version of the strategy would be disseminated to PEG for further discussion once approved by PPPG.

6.	<p><u>2009/10 RCHP Development Plan</u></p> <p>In FMack's absence, DL spoke to the paper which had previously been circulated and would go to Committee on 16th January 2009.</p> <p>It was agreed that the guidance for the 2009/10 planning round which had been issued by the Board at the end of November would also be circulated to PEG members.</p> <p><u>Action:</u> FMack</p>	FMack
7.	<p><u>Standing Items</u></p> <p>a) Finance</p> <p>DL tabled for information, the financial report for the period ended 30th November 2008 to be considered by Committee on 16th January 2009.</p> <p>In terms of the year-end revenue forecast, it is anticipated that excluding prescribing and nGMS expenditure, the CHP will be in a break even position.</p> <p>DL also set out that the Board's financial settlement in respect of 2009/10 was extremely tight and this would present us with particular challenges.</p> <p>b) RCHP Committee</p> <p>This will meet on 16th January 2009. DL set out that among items to be covered at the meeting included a report from the CHP development group in addition to the finance and development plan reports previously discussed.</p>	
8.	<p><u>AOCB</u></p> <p>CR asked whether it was appropriate for PEG to consider an issue in relation to the provision of equipment within the Out of Hours service. JI agreed that he would discuss this with CR outwith the meeting given his role within the Out of Hours Quality Assurance Group.</p> <p><u>Action:</u> JI</p>	JI
9.	<p><u>Date of Next Meeting:</u></p> <p>Thursday 12 March 2009 at 09:30am in Johnstone Hospital Recreation Hall, Johnstone</p> <p>A paper has been circulated with the proposed dates of meetings up to the period ending March 2010.</p>	