



NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Clinical Forum
held on Thursday 10 October 2024 at 2pm
Via Microsoft Teams**

Present

Dr Lesley Rousselet (in the Chair)

Angela Wallace	Kathy McFall
Anita Belbin	Karen Brazier
Anne Thomson	Lucy Gamble
Fiona Smith	Morven McElroy
Helen Little	Steven Meldrum
Josh Miller	Scott Davidson

In Attendance

Kim Donald	Corporate Services Manager – Governance
Abbie Maxwell	Secretariat (Minute)
Dr Colin McKay	Deputy Medical Director (Corporate Services)
Ms Claire McArthur	Director of Planning
Mr Jonathan Waugh	Optometrist (Deputising on behalf of Ms Sarah Freel)

			Action
47.	Welcome And Apologies		
	<p>The Chair welcomed those present to the October meeting of the Area Clinical Forum:</p> <p>Apologies were noted on behalf of:</p> <ul style="list-style-type: none"> Sarah Freel (Jonathan Waugh deputising on her behalf) <p>The Chair welcomed Dr Scott Davidson and congratulated him on his appointment as Medical Director.</p> <p>NOTED</p>		

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48.	Declarations Of Interest		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>		
49.	Minutes Of Previous Meeting		
	<p>The Forum considered the minute of the Area Clinical Forum meeting of 15 August 2024 [ACF(M) 24/04].</p> <p>The Forum was content to approve the minutes as an accurate record of proceedings.</p> <p><u>APPROVED</u></p>		
50.	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Forum considered the Rolling Action List and agreed that updates would be discussed at the next meeting.</p> <p><u>NOTED</u></p>		
51.	Executive Update on Ongoing Board Business		
	<p>The Forum received a verbal update from Professor Angela Wallace, Executive Nurse Director and Dr Scott Davidson, Medical Director. The following points were highlighted:</p> <p>There were significant system pressures across all systems. The Forum noted that occupancy rates were high, however received assurance that staff continued to work hard to maintain performance within Hospitals.</p> <p>The Forum noted that the challenges in relation to Delayed Discharges remained ongoing. Work had been carried out to consider ways to improve the Delayed Discharges performance, including workshops to discuss different ways to improve the position.</p> <p>The sickness and absence rate remained high across GGC, however, there had been slight improvement in the position. Support continued to be offered and provided to staff.</p> <p>The Vaccination Programme was underway as part of the Winter Plan and staff continued to be encouraged to receive their winter vaccinations.</p>		

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	<p>Work remained ongoing to encourage patients to attend services within the community, such as Pharmacy first, before attending a GP Practice or Hospital.</p> <p>The Hospital at Home models were being reviewed and discussions were underway to consider improvements to the model throughout the winter period.</p> <p>The Forum discussed the financial position for the winter period and noted that there would be a focus on Acute surge beds and boarding teams.</p> <p>The Forum noted that the Public Inquiry remained ongoing.</p> <p>The members of the Forum were encouraged to voice any feedback or recommendations in which they think would assist help balance the workloads and make savings.</p> <p>The Forum expressed thanks to the members of the Board for their ongoing hard work.</p> <p>The Forum were content to note the update.</p> <p><u>NOTED</u></p>		
52.	Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note		
	<p>The Chair invited members to raise any salient issues regarding the following Committees:</p> <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • There had been issues around attendance at the Hospital Subcommittee which directly impacted the Area Medical Committee. The Hospital Subcommittee were in the process of reviewing the Terms of Reference and discussions regarding the position of the Subcommittee would be held with the Chair of the Committee and the Medical Director. <p><u>Area Allied and Healthcare Professional & Healthcare Scientists Committee</u></p> <ul style="list-style-type: none"> • The Committee were in the process of reviewing the Terms of Reference and discussions remained ongoing ensure meetings were quorate. 		

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	<p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> The Committee received an update from the Community Glaucoma Service. The West Dumbarton discharge paper showed that numbers were below target. Dr Davidson reported that he had been working to maximise discharge back into the community and would follow up with the team. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> The Committee had been reviewing the Committee Constitution and now had public dental service representation. There had been discussion around Occupational Health in relation to access. The Director of Dentistry had now left post and moved onto a new role. <p><u>Area Psychology Committee</u></p> <ul style="list-style-type: none"> The Chair and Vice Chair were in discussion regarding improving engagement during meetings. Psychology Services, along with other specialities across the board, remained under pressure. The Committee had discussions around the challenges in services. Work had been ongoing piloting creation of safe confidential spaces for patients to have access to digital resource e.g. for sessions, who do not have access in daily life. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> The Committee were experiencing challenges with attendance at meetings, therefore were in the process of reviewing the Terms of Reference. The Committee were discussing how Pharmacy services could assist with Delayed Discharges. All newly qualified Pharmacists would become Independent Prescribers by 2026. <p><u>Area Nursing and Midwifery Committee</u></p> <ul style="list-style-type: none"> Due to apologies received there was no update provided. <p>The Committee members were asked to ensure any changes to be made to Terms of Reference were fed through the secretariat support, who would be able to assist.</p> <p>The Committee were content to note the updates provided.</p>	<p>Dr Davidson</p>

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	<u>NOTED</u>		
53.	National ACF Chairs Group Update		
	<p>Verbal update provided by Dr Lesley Rousselet, Chair of the ACF.</p> <p>The following points were highlighted:</p> <p>There had been discussion around newly qualified Pharmacists becoming Independent Prescribers, and that there was potential for all newly qualified optometrists becoming Independent Prescribers also. There was discussion around governance of this, how this would be supported and what the benefits of this would be to the system.</p> <p>The Group discussed the ways in which they could change the way they present topics to the Board and increase the frequency of meetings.</p> <p>The Committee were content to note this update.</p> <p><u>NOTED</u></p>		
54.	Annual Review 2024 – Draft Agenda & Briefing		
	<p>Paper presented by Ms Kim Donald, Corporate Services Manager – Governance.</p> <p>It was agreed that the Committee would remove the Vaccination item on the agenda and replace with Workforce Planning. The agenda items were agreed for the Annual Review which was being held on 25th November 2024.</p> <p>Members were asked to advise if they were able to attend the review and encouraged to attend in person.</p> <p>The Committee were content to approve the Agenda.</p> <p><u>APPROVED</u></p>		
55.	Moving Forward Together Implementation Update		
	<p>Presentation by Dr Colin McKay, Deputy Medical Director (Corporate) and Ms Clare McArthur, Director of Planning. The following points were highlighted:</p> <p>There had been significant input on the blueprint and road map since the original draft was published in 2018.</p>		

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	<p>The paper presented the current planning horizon over the next 0 to 5 years and beyond and outlined what had already been accomplished and what was planned within the next 5 years.</p> <p>There were 5 key elements outlined, which included supporting patients, access to care at the right time and right place, promoting self-care and promoting the use of technology to support patients to remain independent.</p> <p>Pharmacy first had been a great success and there was potential for a much greater use of Pharmacy. It was noted that as of 2026, all newly qualified pharmacists would become Independent Prescribers.</p> <p>The GPIT provisioning which would be rolled out within the next couple of years would allow for different ways in which Primary Care could be accessed.</p> <p>There was discussion around digital transformation and how this could assist with some of the heavy workloads and financial difficulties in the future. This included digital appointments for patients and creating a system to send information to patients in a digital format. It was noted that digital appointments would be rolled out to all specialities within the next 20 months.</p> <p>Work had been carried out with the Public Health Team, looking for ways in which they could link work in prevention, health improvement and health literacy.</p> <p>In terms of unscheduled care, a multi-agency and multi-speciality approach was being considered to urgent care. The aim was to ensure that across GGC that the pathways were uniform and that all patients had access to the same level of care.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
56.	Closing Remarks and Key Messages for the Board	
	The Chair thanked members for their attendance and for the presentations and updates provided.	
57.	Date and Time of Next Scheduled Meeting	
	The next meeting would be held on 12 December 2024, via MS Teams.	