



West Dunbartonshire Community Health & Care Partnership **Professional Advisory Group** 18th January 2011, 2.00pm Hartfield Boardroom

DRAFT MINUTE

Present:

Alison Wilding	Clinical Director, CHCP (PAG Chair)
Soumen Sengupta	Head of Strategy, Planning & Health Improvement (CHCP)
Neil Mackay	GP
William Wilkie	Optometrist
Neil Chalmers	GP
Fraser Downie	Mental Health Crisis Team Lead, CHCP
Stephen Dunn	GP
Pamela Macintyre	Prescribing Lead, CHCP (deputy for M Mackintosh)

In attendance

Ayodeji Soyinka Gerry Montgomery **Consultant Psychiatrist** Older People Mental Health Team Lead

1. Welcome and Apologies

A Wilding welcomed Ayodeji Soyinka and Gerry Montgomery to the meeting and introductions were made. Apologies were submitted on behalf of David Brunton, Bill Skelly and Fiona White.

2. Minutes of previous meeting

Minutes of meeting held on 16th November 2010 were accepted as an accurate record.

3. Matters Arising: **PAG Membership/Role**

S Sengupta agreed to discuss with Anne Ritchie (in her capacity as Chief Social Work Officer) relationship between the PAG and the professional social work/care workforce.

SS

A Wilding confirmed that she will be stepping down as Clinical Director (and also PAG Chair) at the end of March 2011, as she will be returning to full-time general practice. The group acknowledged that she will be sorely missed and looked forward to confirmation of how her post will be filled.

AHP Redesign

A Wilding advised she had forwarded the group's comments on the AHP Redesign and was awaiting feedback.

Optometry

AW/WW

W Wilkie was pleased to advise that NHSGGC had agreed Direct Referral to Optometry. Meetings will be arranged to address implementation issues across relevant professional groups. The group expressed its congratulations on this positive outcome.

4. Memory Clinics

A Soyinka and G Montgomery attended the meeting to present a paper on draft Guidelines for the Detection, Management and Referral of Dementia in Primary Care. The purpose of these guidelines is to prompt primary care staff in the early referral of possible dementia. The group discussed the guidelines and highlighted their support for it in principle. The following comments were made:

- Need to present guideline within a formal paper, explaining rationale, how intended to operate (including relationship to other relevant protocols) and by whom.
- One page summary flow-chart helpful for practitioners and staff – however, need to tailor versions for different audiences (e.g. information within first box would be appropriate for practice reception staff).
- Material from the summary could also be adapted as a flyer for relatives/carers.
- Social Work contact details on right side should include contacts for Clydebank area.
- Referral box add "Project" after "Alzheimer's".
- Cover paper required to clarify local protocols.
- Replace CHP logo with correct CHCP logo.

G Montgomery agreed to make changes to the draft, alongside comments from other groups. The draft guideline will then be put forward for agreement, after which it will be made available for appropriate dissemination.

5. Collaborative Learning

It was confirmed that C McNeill was supportive of the proposal as it now stood. The PAG endorsed the proposal; and A Wilding agreed to circulate the paper with a view to seeking an interested GP to participate. It was noted that there was a new start date of 3rd March 2011. Thanks were expressed to Jane McKinlay and Mary-Angela McKenna for all of their work in developing this innovative project.

6. Colposcopy Appointments

The local Did Not Attend (DNA) rate for colposcopy was discussed, including the proportion from high SIMD areas. It was agreed that it would be of value to trial some additional activity around patients referred to colposcopy clinics. It was suggested that, once patients had received a letter confirming their colposcopy appointment, practice nurses should follow this up - in Clydebank by telephone and in Alexandria and Dumbarton by text messaging.

A Wilding agreed to discuss this proposal at the Locality Groups.

7. Vitamin D Consensus Statement

P Macintyre presented a recent consensus statement on behalf of Michele Mackintosh. The group affirmed its support for the Consensus Statement. P Macintyre proposed that a local audit be carried out, including related matters i.e. Alendronic Acid and Bisphosphonates. The PAG agreed this was worth developing and P Macintyre agreed to take the proposal to the Prescribing Group and develop a formal audit for discussion.

8. Reports

A report from Mental Health Joint Strategy Group was noted. There were no updated reports available from Older People's Strategy, Diabetes, Palliative Care and Long Term Conditions Groups.

AW

AW

PMcI

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9. AOCB None

10. DONM Tuesday 15th March 2011, 2.00pm, Hartfield Boardroom