Professional Executive Group
Tuesday 21 September 2010
2.00pm
Boardroom, Hartfield

DRAFT MINUTE

Present: Alison Wilding (Chair)
Bill Skelly
Pamela Macintyre
Neil MacKay
William Wilkie
Gwen Carr
Stephen Dunn
Neil Chalmers
David Brunton
Michele Mackintosh

1. **Apologies**
Apologies were received on behalf of Fraser Downie, Fiona White and Soumen Sengupta

2. **Minute of Meeting of 13 July 2010**
On page 4. it was noted that time had actually been allocated by district nurses to do COPD assessments.

3. **Matters Arising**
There were no matters arising not covered elsewhere on the agenda.

4. **Review of the PEG**
The CHP moves to a CHCP from 1 October 2010. In the Scheme of Establishment, the Professional Advisory Group is described as follows:

4.4 The Professional Advisory Group

4.4.1 Both Partners are committed to ensure that service prioritisation, planning and redesign are explicitly informed by dialogue with and the participation of a relevant range of professional expertise and perspectives. The CHCP will have a wide range of planning and working groups across the spectrum of its

activities which will fully involve professional staff, with clear arrangements in place for engaging with the four NHS external contractor groupings of general practice, community pharmacy, optometry and dentistry.

4.4.2 The Professional Advisory Group will be the primary, over -arching mechanism for providing the CHCP Committee and also the CHCP Management Team with advice and perspectives on key service prioritisation, planning and redesign issues from across professional disciplines. Its membership will reflect the breadth and a balance of the professional disciplines contributing to the work of the CHCP.

4.4.3 The Group will be chaired by the CHCP Clinical Director.

4.4.4 The WDCHCP clinical governance lead clinician (normally the Clinical Director) will be accountable to the Director of the CHCP. A clinical governance group will be responsible for ensuring that effective clinical governance systems and quality assurance arrangements are in place within the CHCP, as well as providing a driver for continuous quality improvement locally.

Alison described the set up of the new Committee and confirmed that someone from the PAG will have a seat on the Committee and after discussion, it was agreed that it was sensible for the Clinical Director to be the representative on the Committee.

The complete Scheme of Establishment is appended to this Minute. (exlcuded from version to CHCP Committee)

5. **CHP/Council Integration**
C/F

6. **PCF Actions**
The Primary Care Framework – CI.19 and C5.22.
These two points have particular relevance for CH(C)Ps.

There is going to be a change in rehab teams as the RAD directorate are going to be sending out some of their staff from acute to the community. This will impact on all teams. The feeling is that health visitors for example are leaking away from general practice and this is an opportunity to explore how we work.

We have to think now and act now and take a lead on this, describing the way we want to move in West Dunbartonshire. We have an opportunity to take a lead rather than sit and wait to be told what's happening.

The idea is that there will be a rehab team for the elderly and one for younger people with physical disability with the GP as the ultimate gatekeeper. However, teams being open to referral from different sources.

The group decided that the discussion about the rehab teams should take place in the locality groups and come back to the PEG.

Eyecare has always felt a bit peripheral and has to be included in the discussion. How do we all get together so that we can provide a good local eyecare service with good interface with secondary care?

What are we going to choose as our priorities?

The first step is to canvas the locality group to establish which areas are causing problems. Pharmacy, optometry and general practice – it is important that they work well together and it is important to establish areas where improvements can be made.

There was a discussion around direct referral into ophthalmology. William asked that if you decide to develop an eye care strategy locally, what is the mechanism to achieve that. How do we envisage making that happen. This group should be involved in the strategy of moving to the next level.

William Wilkie advised that locally we already have direct referral in West Dun. Optometrists have a good relationship with the ophthalmologists. They need to develop a local strategy with pharmacists and GPs and this can only be achieved by integrating the three groups. For example, do GPs know where and when optometry clinics are.

William will go back and have discussion with optometrists and will advise this group what optometrists can treat and when. A paper will be provided to the next meeting. WW

7. **GAS Prescribing**
Deleted

8. **Child Protection Audit**
Alison introduced the paper which described the child protection audit. It shows that while we have not achieved the gold standard, there have been big improvements by having the audit and training requirements have been met.

Kerry Milligan has advised that there is now locum funding available to allow GPs to attend child protection case conferences.

There is further work needed with social work to ensure that the GP is identified and given sufficient notice to attend case conferences. There have been instances where children have been put on the Register and GPs are not always informed. Alison will check if the increased notice given has resulted in an increase in GPs attending hearings. Social Work are very keen to have the GP attend all case conferences. Often the information they are able to contribute is about the parents rather than the child.

9. **Anticoagulant Report**
Pamela described the pilot where pharmacists record patients' INR when dispensing warfarin. The LTC group has authorised the work to continue for a further three months. It is hoped that the data can now piggy back on to the new COPD system which is being introduced. A further update will be provided and the LTC Group will decide whether the work will continue.

From a patient safety point of view this is a high priority and Alison asked that eventually this is embedded in the way pharmacists work.

10. **Vaccine Monitoring and Wastage**
Pamela described how a remote monitoring system was put into fridges in Clydebank which remotely described the temperature. The information was transmitted to a website and it would send an alert if the temperature became too cold or too hot.

On reflection, the system was beyond our requirements – there were too many alerts.

An alternative is to use a logger which sits in the fridge and can be interrogated to tell you things like how long has the power been down, how long has the door been open.

There is a training issue as fridges are still being overfilled and Pamela would like to do a bit of training with all groups of staff who are accessing fridges. The rule is that fridges should be no more than two thirds full. We saved £10,000 from the power cut in Clydebank but this was an exceptional circumstance.

PHPU are not going to pay for it and are reviewing alternative options.

There was a discussion around the fridges bought for H1N1 and Stephen Dunn thought it would be useful to have access to them for overflow.

Vaccine Integrity and Waste
Pamela's paper describes her recommendations – most of these are around training to save waste.

11. **Clinical Governance**
The Minute was Noted.

12. **Reports for Information**:
- OPSG
- Clinical Governance

The papers were noted.

13. **AOCB**
With dentistry, there seems to be a difficulty in getting an NHS dentist in Clydebank.

David Brunton asked if it would be helpful to provide a schedule of when dentists are available to see patients and this will be produced for the next meeting for circulation to GP practices. He also suggested a discussion at the locality groups, along the lines of optometry to ask GPs what services would be useful to local patients. It was suggested rapid access for dental abscess management details be shared. DB

14. DONM 16 November 2010