



West Dunbartonshire Community Health & Care Partnership

West Dunbartonshire Community Health & Care Partnership **Professional Advisory Group** 13th June 2012, 2.00pm Boardroom, Hartfield

DRAFT MINUTE

Present:

Kevin Fellows Clinical Director, CHCP (PAG Chair)

Chris McNeill Head of Community Health and Care, CHCP

Stephen Dunn GP, Dumbarton Neil Mackay GP, Alexandria Fiona White **District Nurse** William Wilkie Lead Optometrist

Janice Miller MSK Physiotherapy Services Manager, CHCP

Head of Strategy, Planning and Health Improvement, CHCP Soumen Sengupta

1. Welcome and Apologies

K Fellows welcomed everyone to the meeting and introduced Janice Miller, MSK Physiotherapy Services Manager. Apologies were submitted on behalf of John Russell, Jackie Irvine, Mark Dickinson and Neil Chalmers.

Minutes of previous meeting

Minutes of meeting held on 18 April 2012 were accepted as an accurate record, proposed by S Dunn and seconded by N Mackay.

3. Matters Arising:

Primary Care Framework

• S Sengupta advised that final adjustments were being made to Primary Care Framework and Primary Care Action Plan. Once finalised, these will be circulated for views/comments CMcN and agreed at the next PAG meeting.

Protected Learning Events

 It has been decided that Dumbarton Football Club is not a suitable venue for the main PLE event in November. This event will be held again at the Beardmore Hotel.

4. Anticipatory Care Planning Proposal

All West Dunbartonshire GP practices have been invited to participate in an Anticipatory Care Plan. The aim is to reduce unnecessary admissions to hospital and improve quality of care for patients. Practices will be supported by Dr Kirsteen Cameron, Anticipatory Care Co-ordinator. SPARRA training for practice managers is available and dates will be sent out. The PAG will be updated on numbers of practices agreeing to participate and results will be monitored.

5. Vale Centre for Health and Care

S Sengupta advised that construction is on target and progressing well. A mock up room is to be set up, with guided tours for viewing. The centre will open summer 2013.

6. Older People Change Fund

C McNeill gave a brief update on the local Change Fund plan. Recruiting to all posts has been completed. Additional money has been allocated to Out of Hours and District Nursing services. There has been increased activity levels in placements and care at home, and quicker discharge from hospital. Anticipatory Care Planning is being funded from the Change Fund. Long Term Conditions projects are being developed, with support being offered to Diabetes Groups, increasing the number of people using continuous insulin pumps.

7. GP Day of Action – 21st June

All practices will deal with urgent cases. Those practices participating in the day of action will not see routine patients. It was noted that the day of action should have no more impact on patients than a public holiday.

8. Clinical Governance Report

K Fellows advised he had circulated the Clinical Governance Annual Report to Locality Groups for interest. Following this, It was decided that a Clinical Effectiveness paper for GPs should be drawn up.

KF

9. Reports (for information)

Minutes from Older Peoples Strategy Group, Mental Health Strategy Group, Diabetes Steering Group and Palliative Care Group were noted.

10. AOCB

MSK

J Miller updated the group on MSK Physiotherapy services. There has been change of management, and budgets from acute services are still being negotiated. Vacancies in rotational staff should be filled by end July which will impact on waiting times. Waiting times vary from 3-29 weeks and a pathway is being developed to standardise waiting times across NHSGG&C.

Optometry

Optometry Prescribing Pilot started 1st June, to create an integrated service with optometrists, pharmacists and GPs. Pilot will continue to end March, with a review in 3 months. This service is for acute presentations only. Long term conditions will be referred to GPs.

Out of Hours

F White highlighted an incident involving oxygen being transported to Helensburgh by a GP and advised that in this situation GPs should refer to NHS24. C McNeill is to ask V McIver to do a report CMcN to NHS Highland.

11. DONM

Wednesday 15th August 2012, 2.00pm, Boardroom, Hartfield