

**West Dunbartonshire CHCP  
Professional Advisory Group  
12 June 2013, 2.00pm  
Boardroom, Hartfield**

**DRAFT MINUTE**

**Present:** Kevin Fellows (Chair), Clinical Director, CHCP  
Mark Dickinson, Lead Community Pharmacist  
Neil MacKay, GP, Alexandria  
Nazerin Wardrop, Joint Staff Forum Representative  
Fiona White, District Nurse  
William Wilkie, Lead Optometrist  
Chris McNeill, Head of Community Health and Care Services  
Janice Miller, Head of MSK Physiotherapy Services

**1. Apologies**

Apologies were intimated on behalf of Jackie Irvine, Soumen Sengupta and John Russell.

**2. Minutes of Meeting – 17 April 2013**

The Minute was accepted as an accurate record.

**3. Matters Arising**

In order to improve local ownership and to demonstrate to staff that we take cognisance of Datix reports, the most useful learning points from the small number of events will be shared.

The events can also be shared with the clinical effectiveness group at the board.

Questionnaires have gone out to pharmacies and GPS and optometrists. William will follow up when Vivienne is back in the office. There may be issues around who supplies the drugs if the initiative goes board-wide.

**4. Role and Remit of PAG**

The Chair asked the group to comment on the good and bad points about this group.

After discussion, it was agreed that the membership of the group would be enhanced by the inclusion of representation from secondary care. It is helpful to have a range of professions represented at this table. It was felt that the meeting was beneficial and information gained here has been fed

back to the various professions. It was also felt that it was useful to have reports coming together under one roof.

There was a discussion about how much leadership flows from the group and it was asked are we actually helping to advise and influence strategies and is there proper consultation with stakeholders.

We need to find a way of getting some kind of bottom up generation of ideas and influence other parts of the organisation. Whatever we do should provide an open, easy and accessible way of doing this. One challenge here is how to release time, energy and enthusiasm to do this.

Nazerin spoke about Black and Minority Ethnic health issues. She asked if there was some initiative that this group could take within the CHCP to raise awareness.

Willie said that folk out there should have a strong reason to bring issues to this forum. If you are looking to get your area prioritised you bring it to the PAG. If the PAG puts in weight behind an issue, that should lend weight to it.

Other points made and actions include:

- Ideally the PAG ought to have a budget. It would be helpful to know how much money could be found. We all have pet projects but no resources.
- A lot of front line staff do not know what the PAG does.
- There should be improved engagement with front line staff.
- A full range of disciplines should be in attendance.
- Links with locality groups are strong.
- A review of the membership shows that we could have OTs and other Allied Health Professions. It was agreed that a front line social worker should be included. We should also have a Clydebank GP in attendance – ideally there should be two GPs from each locality in attendance.
- Any final discussions on construct will need to await the outcome of the joint working bill.
- Clinical governance is about scrutiny.
- TIA clinics' service is poorer as a result of the hangover from the two health boards.
- The CHCP has to have equitable delivery for all services it runs.
- Communication. We need the ability to communicate and that can be difficult is you are, for example, a full time district nurse.

- It was agreed that the PAG should have a page on the CHCP website.
- The PAG should also consider issuing a regular newsletter – maximum two pages.
- A range of AHPs and OTs should be invited and encouraged to link with colleagues.
- Have some themes for future agendas.
- A joint meeting is planned for after the summer – PAG, Locality etc.

#### **5. Francis Report – verbal update**

The Health Board has drafted a response to the Francis Report which is awaiting ratification.

#### **6. Protected Learning Event**

NHS24 are unable to confirm when they will be able to cover our PLTs but the planned large event in November should be covered.

Looking at translating the ideas from Francis which means something for front line staff. The event will be thought provoking and allow people to think about how they deliver services differently.

#### **7. Minutes (for information)**

- **OPSG**

No update available. Discussions with geriatricians around the Care Homes Medical Practice. This is a Glasgow construct which stops somewhere past Clydebank and it is proposed that this is disbanded. This is about residential and nursing care services which are provided by the NHS and bought by the Council. The proposal is to offer it as a local enhanced service.

- **Mental Health**

No update available.

- **Diabetes**

Noted. Disappointed that the consultant proposal didn't work in Lomond. Clinic has been cancelled and the reason was given that Mondays were too difficult for GPs to go and spend time with the consultant.

- **Palliative Care**

Noted.

- **Long Term Conditions**

Noted. The asthma project has started and is progressing very well.

- **Change Fund Implementation Group**

Noted. Trying to do OT assessments within five weeks.

## **8. AOCB**

### **Optometry Update**

Medications supply questionnaires are out and expected to be collated by the end of June. A decision on rolling out will be taken then.

Clinical Governance referral validation audit is also underway. Six out of ten practices have submitted their data; there are another four on board.

Across the Health Board, optometrists have difficulty getting CHI numbers.

It was confirmed that where there is a GP referral to Ophthalmology, the patient summary is passing on reliably.

### **Pharmacy Update**

Two LES are underway. Alternatives to MDS. Patients are often offered these trays in the belief that it improves compliance. Are MDS the best or are there alternatives.

West Dun CHCP programme has been adopted by Greater Glasgow & Clyde Health Board.

CMS is finally moving along. IT issues have been addressed.

Staff Concerns and means of cascading information were discussed and Nazerin asked how she can inform staff that she is the staffside representative on this group and it was agreed to include Nazerin's details as rep on this group in the detail of the planned newsletter.

## **9. Date of Next Meeting: Wed 14 August 2013, 2.00pm, Hartfield**