

Fareham and Gosport

Primary Care Trust

Minutes of the meeting of the Clinical Governance Committee held on 16th January 2003 in the Conference Room at Fareham Reach

PRESENT:

Andrew Paterson
Nicky Heyworth
Chris Kelly
Hazel Bagshaw
Fiona Cameron
Jayne Colebourne
Anne Stewart

APOLOGIES:

Ian Reid
Alan Pickering
Justina Jeffs
Joyce Knight
Cathy Thomas

1. Apologies for Absence

Apologies for Absence were received from Ian Reid, Alan Pickering, Justina Jeffs, Joyce Knight and Cathy Thomas

2. Minutes of the last Meeting

These were agreed as being a true reflection of the meeting.

3. Matters Arising

I. Referral letters and pathology results standardisation

NH and Andrew Neal have visited 5 practices across F&G and assessed software from each of the following systems; Torex Sytem 5, EMIS LV, EMIS GV, Microtest and IPS Vision 3. Some systems have semi-templates created for writing referral letters, but guidance from PHT is needed outlining what is required from referral letters and pathology results.

Action: NH to set up meeting with Phillip Scott, Andrew Neal, NH and the Modernisation Department at PHT.

II. Patient Group Directions Update

The PGDs have been updated and circulated, apart from the Levenelle PGD, which will be up and running shortly.

However, national bodies such as the RCN and BMA appear to be questioning the need for PGDs in primary care and their comments may influence local medical and nursing opinion.

As a PCT we are promoting their use within General Practice and recognise that their use and effectiveness need to be audited.

**Action: CK to report back from the Practice Nurse Meeting
NH, JJ & HB to establish audit tools and send them to practices**

III. Clinical Governance Leads Meeting

AP and NH explained that they had had an away morning for the Clinical Governance Lead GPs. This was to discuss GP Appraisals and was very well attended with most practices across F&G represented.

It was suggested that, when possible, these meetings should include the provider service managers.

Action: NH and JJ to co-ordinate

IV. Trust Board Performance Indicators

A quarterly complaints return currently goes to the Board.

Action: AT to co-ordinate

V. Amended Terms of Reference

Please see attached TOR (draft 4)

4. Violence In Primary Care Update

In line with the "Zero Tolerance" Campaign, primary care facilities are now receiving a service from Oak Park Security. This service enables staff in primary care to ring for security as an emergency or to book a security officer if trouble is anticipated. A summary of the service is attached to the minutes for information.

Jayne Colebourne asked if this service extended to out of hours visits and NH agreed to check. It was also suggested that the local constabulary should be informed of these security measures.

Action: NH to check re. Out of hours service.

NH to write to local constabulary re. Security service

5. GP Appraisals

The pilot phase of the GP Appraisal process is now complete, so all the appraisers have appraised or been appraised within the appraiser group. AP, NH, East Hants PCT and Portsmouth City PCT are meeting with the Local Medical Committee on the 20th January 2003 to approve the terms and conditions of the appraisal process. After this, the process should be able to start in earnest as the Professional Executive Committee (PEC) has approved this process

Action: AP / NH to meet LMC and report back

6. Gosport War Memorial Hospital Update

The various investigations continue. In spite of this, morale at GWMH remains high.

7. CHI Action Plan

The CHI action plan is attached for information.

A CHI Implementation Group are looking at the recommendations and ensuring they are met.

FC then went on to explain the current 'out of hours' situation at GWMH. To summarise, all patients transferred to "Sultan Ward" will be approved by the Elderly Medicine Department at Portsmouth Hospitals Trust before admission. This in no way affects GPs admitting their own patients from home.

Out of hours cover is currently provided to all three wards by Drs Knapman, Beasley and Brigg for 25 hours a week and the balance of cover by Primecare. The current arrangements are due to end on the 16th February 2003, and work is underway to manage this.

8. Clinical Governance Development Plan

Please see attached. This has been sent to the Strategic Health Authority but will be distributed throughout the PCT for consultation. It will also be reformatted to reflect the CHI action planning process and be presented at the Board Meeting in March.

Action: FC / NH to reformat. FC to present to the Board

9. NICE Implementation – Way Forward

A subgroup is currently being formed to look at NICE recommendations and their application and monitoring in practice.

This was also felt to be a good subject to raise with the GP Clinical Governance Leads Group for one of their meetings.

Action: NH to arrange meeting of the sub-group which will include representation from clinical governance, service planning, finance, pharmaceutical advisors and public health.

10. Pharmacy Update

Work has been progressing with the Clinical Governance and Community Pharmacy work and papers are attached that outline the work being done. These papers are going to be presented to the next PEC meeting by Dr. Andrew Paterson.

Action: AP to report back from PEC

11. Training and Development Update

FC reported that the first meeting of the Training and Development Forum had happened within the last week. It was felt that a group needed to concentrate on developing systems and processes to support both the business planning and the WDC bidding cycle.

Margaret Smith is looking at primary care training needs and CK is meeting with Bob Smith and Margaret Smith.

The Portsmouth City PCT Target days were mentioned as good practice and the Committee felt it would be advantageous for someone to come and speak about Target at a CG Committee meeting.

12. Any Other Business

CK asked about the disposal of Practice computers and what should be done with them. It was agreed that they could be taken by the Council as long as the hard drive was wiped first.

Date and time of next meeting

Thursday 13th March, 12.30-2.30, Conference Room (downstairs), Fareham Reach

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Clinical Governance Committee

Draft Terms of Reference (3rd)

Purpose

- ◆ Develop the PCT's Clinical Governance Framework

Terms of Reference

- ◆ To support Clinical Governance activities throughout the Trust, cultivating a positive environment and allowing good practice to flourish
- ◆ To address actions agreed upon by the District Clinical Governance Committee (DCGC)
- ◆ To flag up local issues to the DCGC
- ◆ To lead the Clinical Governance process across the PCT
- ◆ Ensure effective communication of the Clinical Governance Strategy
- ◆ Develop, implement and monitor a Quality Development Plan
- ◆ Ensure patient and public involvement in the Governance agenda
- ◆ Provide regular updates to the Professional Executive Committee (PEC) and the PCT Board. Provide specific reports when required
- ◆ Produce an annual quality and clinical governance report for the PCT
- ◆ Develop Clinical Governance education programmes for all staff
- ◆ Work closely with the following groups to ensure Clinical Governance issues are integral to their working;

Commissioning Group
Education Consortium
Research and Development Committee
Governance and Risk Leads Group
GP Lead Group
Patient and Public Users Group
Workforce Development Confederation
Nursing Clinical Governance Group

- ◆ The Clinical Audit Group will be a subgroup of the Clinical Governance Leads Group
- ◆ Inform the PCT's education and training strategy
- ◆ Ensure systems are in place to close the 'Clinical Governance loop'

Reporting Mechanisms

- ◆ The Clinical Governance Committee will be chaired by the PCT Lead GP
- ◆ The agenda papers for the meeting and minute taking will be co-ordinated by the PCT Clinical Governance Manager
- ◆ Minutes of the meeting will be submitted to the PEC and the PCT Board
- ◆ The Committee will meet bi-monthly

Membership

GP Lead for Clinical Governance	Dr. Andrew Patterson
Chief Executive	Ian Piper
Medical Director	Ian Reid
Operational Director	Fiona Cameron
PCT NED	Ann Stewart
Practice Managers	Jean Smith/Jayne Colebourne/Cathy Thomas
Board Nurse Member	Chris Kelly
Community Health Council	Joyce Knight
Service Development Manager	Rachael Boyns
PCT Clinical Governance Manager	Nicky Heyworth
PCT Clinical Effectiveness Manager	Justina Jeffs
PCT Pharmaceutical Advisor	Hazel Bagshaw

*Nicky Heyworth
Clinical Governance Manager
December 2002*