# Report of Secretary for Scotland to Guild Council Meeting 23/9/09

# **Group Meetings**

There has been only one meeting since my last report, and that was arranged by the staffside of the NHSGG&C Partnership Forum on the AfC Review Process and open to all members of Unite although non-members were allowed to attend to let them see the benefits of union membership. The meeting was well attended and addressed by several senior Unite reps including the NHSGG&C Employee Director.

#### In the Press

**08.06.09** - In answer to Richard Simpson MSP's question in the Scottish Parliament on 3 June, the Scottish Health Secretary Nicola Sturgeon said: "As far as I am aware, no health board has made an application under the local recruitment and retention premiums of Agenda for Change in connection with hospital pharmacy posts. Subsequent to this appearing in the press, I wrote to Ms Sturgeon explaining the likely reasons why there had been no applications and pointing out that Audit Scotland had flagged up the recruitment and retention problems in their recent report. The received reply from one of her civil servants was not particularly helpful.

**18.06.09 -** NHS Grampian will be involved in a pilot scheme to see how to involve the public in decision-making. Along with NHS Lothian, it will test ways to improve how health boards engage with the public.

**21.06.09** - Scotland is set to become the first country in the world with an entirely paperless health service, as wireless hand-held computers (mobile clinical assistants or MCAs) allow doctors and nurses to check and update patient records wherever they go. NHS Greater Glasgow and NHS Lothian have already bought machines, and trials are underway in Grampian, Highland, Western Isles and Forth Valley. Experts estimate the whole health service in Scotland could be paper free in five to seven years. To ensure security, no data is stored on the MCAs themselves, which are used solely to read and update files on remote databases.

**24.07.09** - A new report on health funding has given fresh impetus to the SNP's argument that Scotland should have complete control of its own finances. The report says UK politicians' pledges to protect future NHS spending will force tax rises or cuts to the budgets of other departments. Although the research behind the report is based on England, Scottish health secretary Nicola Sturgeon says it reinforces the need for Scottish financial independence.

**14.08.09** - More people died from *Clostridium difficile* infection in Scotland in 2008 than in 2007 but the death rate fell throughout the year, according to statistics published by the General Register Office for Scotland. In contrast, deaths from coronary heart disease (CHD) and cancer fell.

**15.09.09** - Health boards, councils and central government will bear the brunt of the Scottish Government's £500 million budget cut. Local health services face an average cut of more than £10m, while councils will have to find £5m each as they take one-third each of the savings forced on the Scottish Government.

# Scottish Regional Health Sector Committee 26.6.09

I was unable to attend this meeting as I was on annual leave.

# Meeting with Bill Scott 14.7.09

Michael Fuller and I met with the Chief Pharmacist and discussed a number of items including Responsible Pharmacists, RRPs and Agenda for Change.

# Meeting with Nicola Sturgeon 9.9.09

Michael, Fuller, Dave Thornton and I met with the Cabinet Secretary for Health and Wellbeing to discuss pharmacy vacancies in Scotland and the rejection of the PRB recommendation for an RRP. The meeting was also attended by Bill Scott and a couple of civil servants from the Health Department.

We got an assurance that the decision was not based on cost and did not set a precedent. Rather, the rejection was because the data on the situation in Scotland was very poor. It has been agreed, however, that when the verified data is available at the end of October, a subgroup of the Scottish Terms and Conditions Committee will consider the evidence. They will also look at data obtained by a management trawl of the system over the summer.

One of the problems in Scotland has always been the insistence that "local" means Scotland as a whole. The Cabinet Secretary, however, sees no problem in individual boards having RRPs depending on local circumstances. If certain boards have real problems and RRPs are awarded, surrounding boards may have similar problems next year.

#### Review of NHS Production in Scotland

Michael Fuller and I attended meetings of staff in the Glasgow Pharmacy Production Unit and Tayside Pharmaceuticals at the start of June to apprise them of the outcome of the review discussions.

A short life working group was set up to investigate whether there were any advantages in the new build Production Unit being co-located with the new unit being built for the Scottish National Blood Transfusion Service. After a couple of site visits and meetings/workshops, the final report going to the Chief Executives on 15<sup>th</sup> September recommended that both business cases are kept separate as, although there are some advantages, they are outweighed by the disadvantages. This was accepted by the Chief Executives.

#### **AfC**

Annex R of the Agenda for Change terms and conditions has begun to be implemented in *Greater Glasgow & Clyde*. The *Greater Glasgow & Clyde* deadline for the submission of evidence for reviews has now passed and many pharmacy staff must now await their outcome.

#### Other

I have dealt with a number of member queries and a few new membership applications.

Colin Rodden 21.9.09