

National Stoma Quality Improvement Group (NSQIG): Task and Finish SLWG

G.P Teleconference 26.06.18 17.15 - 18.15

Name		Title	Area				
Craig Stewart		Associate Nurse Director & IJB Lead Nurse (NSQIG Project Chair)	NHS Ayrshire & Arran				
Alice Macleod		Senior Nurse (NSQIG Project Manager)	NHS National Services :National Procurement				
Jim Cowan		G.P Firhill Medical Centre, Clinical Lead for South West Locality	Edinburgh Health & Social Care Partnership				
Gordon Haveron		G.P Partner Barns Medical Practice	Ayr Health and Social Care Practice				
These meeting notes reflect the salient points of discussion							
Discussion	Action Notes						
PointS							
1	Introduction						
	1.	Papers circulated : Terms of reference , Project Plan , Communication SBAR a	nd Declaration of Interest				
	2.	Craig Stewart led teleconference introductions and background to NSQIG idea	ntifying key areas of improvement & multi-				
		professional engagement					
		a. Prescribing Models					
		b. Equitable and evidenced based National Formulary					
		c. Metrics to support optimum stoma product use and patient outco					
		d. Self care , supportive care and specialist care pathways & 3 rd party i	nvolvement				
	3.	Support from NSS with funding to support analyst & G.P sessional time					
2	G.P thoughts on NSQIG from circulated papers						
	1.						
	2.	Both are involved with stoma patients : prescribing and dealing with problem					
	3.	Both aware of reliance on G.P for prescribing stoma items , aware of positive	& negative industry influence on stoma				
	4	patients and need for improved governance.	manual and in some offentive and dust use				
	4. r	Both support need to improve quality of care for stoma patient and develop i New GMS contract gives opportunity to improve / develop alternative models					
	5.	and opportunity to develop alternative models of stoma prescribing. Interest					
	6.	Discussion on SLWG CNS engagement: CS confirmed regional representation					
	0.	Nurse Group, Pharmacy representation linking to Director of Pharmacy Grou	-				
3	G.P Invo	plvement	.p.				
		Craig Stewart supports inclusive involvement within G.P availability; this could	d be with reviewing and commenting on				
		papers, advice in project direction and or attendance in steering group (SG)r					
		teleconference outwith SG meetings.	.				
	2.	Jim noted that travel to Canderside for meetings would be challenging , alth	ough VC available functionality in proinmary				
		care may be challenging					
	3.	Gordon noted that he could attend SG meetings					
	4.	Craig asked if DOI could be completed and returned to A. Macleod					
	5.	Explore feasibility of Webex					
	Actions						
	1. Send SG meeting dates out to Jim and Gordon						
	2. Send minutes Feb – May to Jim and Gordon						
	 Jim and Gordon to complete DOI and send to A. Macleod Explore use of Webex 						
4	-	al Time & Cost					
4	1.		via NP				
	2.						
	3.						
5		g Process					
-	1.		ts				
	Action						
		rm invoicing process from NP and communicate this to Jim and Gordon.					
6		c Engagement					
	1.		nting of NSQIG work				
	Action		-				
	6. Draft SBAR to support G.P engagement similar to SBAR for Director of Pharmacy Group: Send to Jim & Gordon for comment.						



Teleconference Meeting Actions: 26.06.18

Discussion	Action	Responsible	Timeline	RAG
Point				
1	Send NSQIG Meeting dates to Jim & Gordon	Alice Macleod		
2	Circulate NSQIG minutes from Feb – May 2018 to Jim & Gordon	Alice Macleod		
3	Arrange Webex and test with Gordon and Jim	Alice Macleod		
4	Declaration of Interest to be completed and sent to A. Macleod	Jim and Gordon		
5	Confirm invoice process with National Procurement and communicate to Jim& Gordon	Alice Macleod		
6	Draft communication SBAR for Jim & Gordon to present for sighting at Strategic G.P Engagement meetings identified by Jim & Gordon: i.e. Primary Care Leads Meeting	Alice Macleod		
Not complete	Pending Complete			