

NHS GRAMPIAN

**Minute of the Area Clinical Forum Meeting
Wednesday 7th September 2022 - 3.00 pm
Microsoft Teams**

Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Ms Karen Boyd, Vice Chair, Healthcare Sciences Forum
 Ms Helen Chisholm, Chair, GANMAC
 Mr Craig McCoy, Vice Chair, Area Optometric Committee
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Carole Noble, Vice Chair, Allied Health Professionals Advisory Committee
 Dr Rachael Smith, Chair GAAPAC
 Dr Mike Steven, Vice Chair, Area Medical Committee

In Attendance:

Mr Michael Coulthard, Programme Manager (Item 4)
 Mr Tom Power, Director of People and Culture
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending.</p> <p>Apologies noted from James Bidwell, Mark Burrell, Fiona Campbell, Adam Coldwells, Sharon Jones, Sue Kinsey, Vicky Ritchie, Catriona Sutherland and Angus Thompson,</p>	
2.	<p>Minute of meeting held on 29th June 2022</p> <p>The minute of the previous meeting approved as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>There were no matters arising.</p>	
4.	<p>Redesigning the Urgent Care Pathway at ARI (Mr Michael Coulthard, Programme Manager)</p> <p>Mr Coulthard attended to provide an update on the current programme to redesign the Urgent and Unscheduled Care pathway at ARI . He provided a presentation which highlighted the following:</p>	

	<ul style="list-style-type: none"> • Although it had been acknowledged that to implement change in this area of service is particularly challenging during the winter period it had been decided that in response to system pressures and anticipated increasing demand improvements to the way patients presenting with urgent care needs are assessed and triaged should be progressed. • There had been substantial engagement, both virtually and in-person, throughout preparation of the plan to date. Weekly update sessions are attended by an average of 70 colleagues providing broad representation from all levels across the system. • Focus had been placed on ARI as that is where most attention falls. It is hoped that hospitals across the health and care system in Grampian will decide to implement all or parts of the plan as appropriate to meet local needs. • The redesign of Urgent and Unscheduled Care had been prioritised and it is intended that changes implemented at ‘the front door’ will result in benefits for other areas of service across the hospital. • Current themes include the need to be clear in the distinction between Emergency and Urgent care and the need to improve the time taken to complete first assessments. • There is a clear governance structure in relation to unscheduled care and all proposals/recommendations will be taken forward through the appropriate approval routes. • The team will continue to seek engagement and involvement through the next phase of developing the redesign programme. <p>Key Points discussed:</p> <ul style="list-style-type: none"> • There had been good engagement with Primary Care and the work undertaken to date had been appreciated. One area of concern is the slow access to laboratory services and the gap before test results are available. Quicker flow around this would be helpful. Mr Coulthard confirmed that this had been noted as an area for follow up, including option to explore IT solutions. • The need to have senior clinical input when GPs contact ARI to discuss patient admissions is essential. • It will be important to have a clear view of whether there is scope to improve how the Flow and Navigation Centre is used. • The Hospital @ Home service is available in Aberdeen City and it would be useful to extend this across other areas in Grampian. • There should be more consideration of the interface between ED and Mental Health Services to explore if the number of MH patients presenting at ED can be reduced. Mr Coulthard advised that discussions around this are planned. • It was queried whether the Acute Medical Initial Assessment Unit (AMIA) was still the assessment unit for patients. Mr Coulthard noted that some things had changed since AMAI was designed and how it is now used. 	
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	<ul style="list-style-type: none"> • It was also queried where surgical services fits into the redesign as that is often an integral element of providing urgent and emergency care. • Public confusion regarding how/where to access services, including where to go in which circumstances, was discussed. In many instances those who work within the system are not clear on this and clearer communications for everyone should be considered. <p>The ACF thanked Mr Coulthard for the update and he shared a form to request details of forthcoming events and progress updates.</p>	
5.	<p>ACF Constitution - Review</p> <p>The constitution agreed in 2019 had been circulated prior to the meeting. It was agreed that there were no significant items for change and it should be reviewed again in September 2025.</p> <p>It was confirmed that, as part of the approval process, advisory committee constitutions should be circulated to ACF members for feedback when reviewed.</p> <p>Mrs Cruttenden advised that the ACF will continue to meet virtually as this seemed to work well in terms of attendance and engagement with the Forum.</p>	
6.	<p>Supplementary Staffing</p> <p>Files on the MS Teams page had been updated and discussions had continued at the recent touchpoint meeting. Response from the ACF will be reviewed at next touchpoint meeting on 5th October before feeding back to the Chief Executive Team.</p>	
7.	<p>Engagement with Portfolio Leads</p> <p>Mrs Cruttenden reported that there had been a mixed response from Portfolio Leads regarding engagement with the Area Clinical Forum.</p> <ul style="list-style-type: none"> • Integrated Specialist Care Services – Paul Bachoo has indicated he would be happy to have ACF representation at portfolio team meetings. • Aberdeenshire – Catriona Cameron, the previous Vice Chair of the ACF, has raised the profile of the Forum at portfolio team meetings and will keep them updated on activities. • Moray – has invited Mrs Cruttenden to attend a future meeting. <p>Mrs Cruttenden noted that she will continue to seek engagement with Portfolio Leads and will explore other means of raising</p>	

	awareness of the role of the ACF across the system and with the public.	
8.	<p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> • Mrs Cruttenden reported from the national meeting of ACF Chairs and noted that this meeting was now working well with good attendance through Teams. • Ben MacPherson MSP, Minister for Social Security and Local Government had attended to update on changes in the benefits system. One of the main changes for ACF is that fit notes will be issued by a range of healthcare professionals. Mr Power confirmed that Dr Stuart Reary is working on the development of guidance for staff in Grampian. • Mrs Cruttenden advised the ACF that she would be taking up position as Chair of the national ACF Chairs. <p><u>Public Health</u></p> <ul style="list-style-type: none"> • No update at this meeting. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> • At a recent meeting there had been a update from the Community Pharmacy Lead. • Ongoing concerns regarding pharmacies closing for half days and at weekends due to staff availability and increased workloads, and the resulting disruption to patients. • The meeting also noted that community pharmacies had not been included in the planning process for the vaccination programme. • David Pflieger, Director of Pharmacy provided an update on how to manage the staffing deficit to meet the requirements of providing pharmacotherapy services as part of the General Medical Services contract. Generally agreed that provision of pharmacotherapy services is a positive innovation but there are only two schools of pharmacy in Scotland which presents challenges in bringing staff through to the workplace in good time. <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • Recruitment and retention across all AHP sectors and grades remains an area of concern. • There are a number of staff retiring early and although mitigations are in place it is expected that critical points will be reached during the coming months. • Radiology had reported that a major service redesign is underway. 	

	<p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> • Recent meeting had discussed progressing sustainability work around vulnerable services. Process had been agreed to evaluate bids to optimise the use of the funds available. • Funded places had been confirmed in Scotland for the Scientific Training Programme. As expected demand will exceed the number of places and local funds or other sources of funding will be explored. There are also concerns around the capacity for professional support, particularly in small and single-person services. Mr Power suggested that this should be looked at in the context of local workforce planning and the importance of these roles as a worthwhile investment should be highlighted. <p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> • Had discussed how to improve support between Primary Care and Secondary Care. • There had been no success in appointing to the Director of Psychology post and this will now be taken forward by a recruitment agency. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • Will review constitution and ensure that its role as an advisory committee is confirmed. • Recent meeting had been in the form of a workshop to review representation on the committee to ensure that all sectors are consulted. • The NMAHP strategy is being revised to align it with the NHSG Plan For The Future. • There had been discussion around recruitment challenges in most services. There is an improving picture in relation to international recruitment and new graduate nurses coming through and it is expected that more staff will be in place in October/November. <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> • Recent meeting had been attended by a representative from the University of the Highlands and Islands (UHI). The first cohort of optometric students recruited in 2020 will graduate next year and are currently looking for pre-registration placements. However, this will be impacted by changes to the registration process. • Funding had been made available for glaucoma testing in the community. Patient feedback had been very positive and although funding was paused the benefit were agreed and this will now be reinstated. <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> • Concerns raised around staffing and sustainability especially in relation to GP Practices. The current GMS contract had not progressed these issues as rapidly as expected and some 	
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	<p>practices are now in the process of handing back contracts. In Grampian a group had been established to look at how this can be mitigated at an early stage.</p> <ul style="list-style-type: none"> • A consensus document is under development which will include guidelines and agreements to strengthen the Primary/Secondary interface. This should be useful in the induction of new staff. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> • No update at this meeting. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • No update at this meeting. <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> • No update at this meeting. <p>Members are reminded that if there are important issues which advisory committees wish to raise at Area Clinical Forum they should ask to have them included as main agenda items.</p>	
9.	<p>Key Messages from ACF to the Board</p> <p>Changes had been introduced in how Board assurance committees report into Board meetings. ACF is not an assurance committee and Mrs Cruttenden advised that she would ask for clarity regarding what the expectation will be in terms of keeping the Board informed and the reporting framework to escalate items from the advisory structure when required.</p>	
10.	<p>AOCB</p> <p>None.</p>	
	<p>Date of Next Meeting</p> <p>Touchpoint meeting on 5th October 15.00 – 16.00. ACF on Wednesday 2nd November 15.00 – 17.00</p>	