

NHS GRAMPIAN

Minute of the Area Clinical Forum Meeting held on Wednesday 16th January 2019 at 4.30pm in the Foresterhill House Committee Room, ARI site

Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Ms Catriona Cameron, Vice Chair, AHPAC
 Mrs Pamela Cornwallis, Chair, AHPAC
 Dr Emma Hepburn, Vice Chair, GAAPAC
 Mr Chris Llewellyn, ACF Vice Chair and Chair, Healthcare Science Forum
 Dr Alastair McKinlay, Chair, Area Medical Committee
 Mr Les Petrie, Vice Chair, GANMAC
 Dr Rachael Smith, Chair, GAAPAC
 Mrs Julie Warrender, Chair, GANMAC

In Attendance:

Ms Amy Anderson, Non-Executive Director, NHS Grampian
 Dr Howard Gemmell, Public Representative
 Dr Denise McFarlane, Chair, GP Sub-Committee (by VC)
 Mr Graeme Smith, Director of Modernisation
 Professor Steven Turner, Chair, Consultants Sub-Committee
 Ms Else Smaaskjaer, Minuting Secretary

Item	Subject	Action
1.	<p>Welcome and Apologies</p> <p>Mrs Cruttenden welcomed everyone to the meeting.</p> <p>Apologies were noted as follows:</p> <p>Mr John Dean-Perrin, Chair, Area Optometric Committee Ms Aimee Dominick, Vice Chair, Area Pharmaceutical Committee Professor Nick Fluck, Medical Director Ms Caroline Hiscox, Interim Director of NMAHPs Mrs Susan Kinsey, Public Representative Mrs Jennifer Tait, Vice Chair, Healthcare Science Forum Ms Susan Webb, Director of Public Health</p>	
2.	<p>Minute of meeting held on 14th November 2018</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	

3.	Matters Arising		
	3.1	<p><u>Scottish Government Annual Review of NHS Grampian</u> – Mrs Cruttenden advised that following a late change of date, which conflicted with school holidays and did not comply with the six week notice period for clinicians, she had informed the Chief Executive, Chair and Board Secretary that Area Clinical Forum would not have enough members available for a meaningful discussion with the Cabinet Secretary and would not be attending. Members supported this decision and agreed that an alternative date would be the most appropriate option.</p>	
4.	<p>Elective Care Project - Update (Ms Jackie Bremner – Project Director)</p> <p>Ms Bremner attended to provide an update. She explained the linkage between the elective care programme and the elective care capital project. The confirmation of Scottish Government funding had allowed the opportunity to accelerate the implementation of changes across a range of primary care and secondary care services in the region. The approval of the Initial Agreement in September confirmed the capital project to deliver an Elective Care Centre in Aberdeen. Discussions will take place with colleagues in primary and community care regarding the development of community hubs as part of the project. These may take different forms depending on locality and services delivered. Outpatient services for dermatology, respiratory and urology are amongst those which have been identified as areas where a significant step change can be achieved in the model of service delivery. It had been noted that much of the feedback from service workshops had centred on examples of treatments which could be community based but it is acknowledged that, although this will contribute to a review of how we use existing facilities, there needs to be ongoing dialogue with primary care colleagues.</p> <p>The workshops had also highlighted areas of service where changes are already taking place and the Elective Care Programme had provided an opportunity to take this work forwards. Ms Bremner noted that all the items under consideration and changes proposed must also work across the North of Scotland and there is continuing discussion between partners in all six health boards.</p> <p>Ms Bremner advised that the next stage will be the completion of an Outline Business Case by June. During the current ‘design stage’ there will be careful consideration of whether the designs will work well in reality. A feasibility study will be carried out to assess whether the area between Phase 1 and the multi-storey car park will provide a</p>		

	<p>viable location for the Elective Care Centre. This area will also be compatible with transforming the use of Phase 1 towards ambulatory care. She also confirmed that work had been divided into two distinct work streams. A work stream relating to the Elective Care Programme focusing on redesign of services will report to the Board through NHS Grampian Senior Leadership Team. The other work stream relates to the Elective Care Project, focusing on the plans to deliver a new Elective Care Centre, and will report to the Board through NHS Grampian Asset Management Group.</p> <p>Professor Turner asked if there had been discussion with those involved in developing Elective Care Centres in other areas. Ms Bremner confirmed that all the projects are at different stages and are taking a variety of approaches to future models of delivery but there is a national programme board and project teams are sharing information and experience on matters such as design, workforce challenges and eHealth. Dr McKinlay noted that the role of community hubs will be important but added that this would impact on the development of patient pathways and as part of the elective care programme mechanisms should be confirmed to ensure communication and joint-working. Dr McFarlane noted that workstreams around the new GP contract should also be included.</p> <p>Ms Bremner concluded that the programme will be very challenging during the coming months as work must be completed by the end of 2021. Members thanked Ms Bremner for providing the update.</p>	
5.	<p>National Waiting Times Improvement Plan (Ms Fiona Francey – General Manager, Acute)</p> <p>Ms Francey attended to provide an update on where NHS Grampian is at in relation to the National Waiting Times Improvement Plan (WTIP) and noted the following key points.</p> <ul style="list-style-type: none"> • There is a significant amount of ongoing work in meeting the challenging objectives in the WTIP. By the end of 2019, 80% of outpatients should be seen within the 12 week timescale guaranteed (NHS Grampian currently achieving 57.3%) and by 2021 this will increase to 100%. Outpatient challenges are not restricted to one area but are spread across services. • With regard to treatment time guarantees (TTG) NHS Grampian achieves 43.5% and the Scottish Government target is 75%. A key issue is access to theatre time as there are currently three theatres below capacity due to availability of staff. All patients on waiting lists are risk assessed. 	

	<ul style="list-style-type: none"> • To make improvements management will aim to identify additional capacity within the system and engage with the independent sector to provide additional resources – dermatology, ENT, ophthalmology and orthopaedics. National contracts are under development. Members agreed that this could have a negative impact on workforce supply in that NHS staff, who are covered by nationally agreed terms and conditions, may be tempted by higher pay in the private sector. • An additional day per week of theatre activity has been achieved by pulling together NHS Grampian surgical colleagues and NHS Tayside nursing staff in using facilities at Stracathro hospital for NHS Grampian patients. Increasing activity at Stracathro will be subject to ongoing discussions with NHS Tayside regarding its requirements. • Every service with Waiting Time Targets (WTT) aim to reach a position of no further backlog by March 2021. During the 18/19 winter period to date there had been fewer cancellations of surgical procedures than in previous years. • The next stage is to develop a sustainable plan for demand and capacity. Additional funding has been made available and waiting times are being managed nationally by a National Overview Board. Professor Croft, Interim Chief Executive is a member of that Board. • The Scottish Government have asked for information regarding current activity and how NHS Grampian plans to meet the requirements for 2019. Dr McKinlay asked if the Scottish Government are addressing the workforce supply challenges to assist Boards in meeting the optimistic ambitions within the WTIP. Ms Francey confirmed that there are plans for additional training and recruitment of staff but meeting the aspirations in the plan will remain difficult. She also noted that as there are more opportunities to apply for expanded roles such as Advanced Nurse Practitioners it is important to ensure that the role of ward based nurses in direct care remains attractive. Mr Petrie suggested that more family friendly policies would be helpful. • Members discussed the need to balance pathways, including requests for diagnostic testing, with the proposals contained in realistic medicine. Ms Anderson confirmed support from NHS Grampian Board for realistic medicine and it was agreed that a formalised mechanism for developing and agreeing pathways would be helpful. 	
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	<ul style="list-style-type: none"> Ms Francey advised that if staff have improvement suggestions they can route these through divisional management structures. <p>It was acknowledged that the objectives in the WTIP are extremely challenging, especially in relation to TTG and that the position for NHS Grampian is particularly demanding. Members thanked Ms Francey for attending and asked to be kept updated on progress.</p>	
6.	<p>Senior Leadership Team – High Priority Issues (Mr Graeme Smith, Director of Modernisation)</p> <p>Mr Smith had circulated the current position and next steps for the items identified as high priority issues for the Senior Leadership Team (SLT). He confirmed that SLT are keen to take forward practical solutions in addressing these issues and highlighted the following:</p> <ul style="list-style-type: none"> Workforce – to speed up the recruitment process SLT had agreed and implemented amendments to arrangements for Occupational Health screening. Mental Health Services – a programme board had agreed a commissioning scope for future hosting arrangements by Aberdeen City Health and Social Care Partnership. Dr McKinlay noted concerns raised at Area Medical Committee regarding job planning for consultant psychiatrists and Mr Smith confirmed that, although Aberdeen City HSCP will host the service, responsibility for how it is run remains with NHS Grampian. Financial Strategy – NHS Grampian performs very well in terms of achieving financial balance and although there are some problem areas they are well managed. SLT will continue to monitor the revenue pressures which will emerge from the Elective Care and the Baird and ANCHOR projects. Digital – SLT will continue to monitor to ensure that strategic plans meet the needs and support all services pan-Grampian. Ms Anderson noted the need to balance external requirements and demands with actions required to transfer services and improve patient experience. <p>Mr Smith asked members to note that issues are being progressed and the linkage with the Grampian Clinical Strategy.</p>	

7.	<p>Draft SLT/Board Programme (Mr Graeme Smith, Director of Modernisation)</p> <p>Mr Smith explained that he had circulated the programme to ensure that ACF and advisory committees are kept informed of items which will be considered for inclusion on future Board agendas. The will give ACF the opportunity to prioritise any items it may want to consider in more details to provide input to the Board.</p>	
8.	<p>Documents Circulated for Information and Noting.</p> <ul style="list-style-type: none"> • ACF Report to NHS Grampian Board – December 2018 • ACF Annual Report – November 2018 	
9.	<p>Updates from Advisory Committees, DPH and ACF Chair</p> <p>Members provided an update of matters discussed at their recent meetings:</p> <ul style="list-style-type: none"> • <u>Chairs Feedback/Update from Grampian NHS Board</u> – Mrs Cruttenden advised that a Board Seminar is scheduled for January 17th. • <u>Director of Public Health Report</u> – a report had been circulated. • GAHPAC – had been made aware of concerns relating to changes in the Orthoptic child screening service. For some years the NHS Grampian Orthoptic Team had delivered a Pre-School Orthoptic Vision Screening Programme based on an opt-out basis. It had recently been agreed that to comply with GDPR this should become an opt-in service and staff are concerned this will have a negative impact on uptake and result in an increased number of undetected vision problems and associated problems with literacy and quality of life. • Healthcare Scientists Forum – discussed the Transcatheter Aortic Valve Implementation service (TAVI) and concerns that ARI would have a cardiothoracic lab but no associated TAVI service which could comprise a risk to patient safety. Mr Smith explained that there are ongoing decisions at the National Planning Group to ensure that locating the service at ARI meets with the approval of all Health Boards across the North of Scotland. • AMC – Professor Duff Bruce had attended to provide an update 	

	<p>on progress relating to the elective care project. There had also been an initial discussion regarding the structure of AMC and Sub-Committee meetings which will be reviewed at the next meeting in March.</p> <ul style="list-style-type: none"> • GAAPAC – had discussed the appointment of a Professional Lead for Psychology and an event for all NHS Grampian psychologists planned in February. • GANMAC – had discussed the re-grading of Health Visitors and the implications for other nursing teams such as District Nursing, Community Nursing and School Nurses. There had also been a meeting with the communications team to explore how to improve engagement with staff and promote the role of GANMAC using social media. • GP Sub-Committee – recent elections had increased the membership of the Sub-Committee to take into account the increased responsibilities associated with the new GP contract. • APC – had discussed concerns relating to BREXIT and the implications for medical supplies across Grampian. <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>	
11.	<p>Approved Minutes</p> <p>Recent minutes had been circulated for information.</p>	
12.	<p>Key Messages from ACF to the Board</p> <ul style="list-style-type: none"> • Waiting Times Improvement Plan. • Orthoptic Child Screening Programme. • Research/Clinical Academic Programmes • TAVI 	
13.	<p>AOCB</p> <p>There was no other business.</p>	
14.	<p>Date of Next Meeting</p> <p>The next meeting will be held on Wednesday 13th March 2019 at 4.30pm in the Committee Room, Foresterhill House, Foresterhill Health Campus.</p>	

	<p>Future dates for 2019 – all Wednesday at 4.30pm in the Committee Room, Foresterhill House, Foresterhill Health Campus:</p> <p>15th May 3rd July 11th September 13th November</p>	
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