NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session at 10.00 am on Thursday 6 July 2017
Committee Room 5, Woodhill House, Aberdeen

Present

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Professor Stephen Logan</td>
<td>Chairman</td>
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<tr>
<td>Mrs Amy Anderson</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Mrs Rhona Atkinson</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Dame Anne Begg</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Cllr Frank Brown</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Professor Amanda Croft</td>
<td>Director of Nursing, Midwifery and Allied Health Professions</td>
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<tr>
<td>Cllr Isobel Davidson</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Mrs Sharon Duncan</td>
<td>Employee Director/Non-Executive Board Member</td>
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<tr>
<td>Dr Nick Fluck</td>
<td>Medical Director</td>
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<tr>
<td>Mr Alan Gray</td>
<td>Director of Finance/Deputy Chief Executive</td>
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<tr>
<td>Professor Mike Greaves</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Mrs Luane Grugeon</td>
<td>Non-Executive Board Member</td>
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<tr>
<td>Mrs Christine Lester</td>
<td>Non-Executive Board Member/Vice Chair</td>
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<tr>
<td>Cllr Douglas Lumsden</td>
<td>Non-Executive Board Member</td>
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<td>Dr Lynda Lynch</td>
<td>Non-Executive Board Member</td>
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<td>Mr Eric Sinclair</td>
<td>Non-Executive Board Member</td>
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<td>Mr Malcolm Wright</td>
<td>Chief Executive</td>
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By invitation

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<tr>
<td>Mrs Laura Gray</td>
<td>Director of Corporate Communications/Board Secretary</td>
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<tr>
<td>Miss Lesley Hall</td>
<td>Assistant Board Secretary</td>
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<tr>
<td>Dr Annie Ingram</td>
<td>Director of Workforce</td>
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<tr>
<td>Mr Gary Mortimer</td>
<td>Director of Acute Services</td>
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<td>Mr Graeme Smith</td>
<td>Director of Modernisation</td>
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<td>Mrs Susan Webb</td>
<td>Director of Public Health</td>
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Attending

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<th>Name</th>
<th>Position</th>
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<tr>
<td>Ms Pamela Gowans</td>
<td>Chief Officer, Moray Health and Social Care Partnership (Item No 3)</td>
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<tr>
<td>Mr David Pfleger</td>
<td>Director of Pharmacy (Item No 3)</td>
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<tr>
<td>Mrs Alison Wood</td>
<td>PA/Minute Taker</td>
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<tr>
<td>Mrs Angie Wood</td>
<td>Health and Social Care Partnership Manager (Central), Aberdeenshire Health and Social Care Partnership (Item No 3)</td>
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Item | Subject

1 | Apologies

Apologies were received from Dr Helen Moffat and Mr Jonathan Passmore.

2 | Declarations of Interest

There were no declarations of interest relating to specific agenda items.
Delivering Sustainable Primary Care Access to Dispensed Medicines in NHS Grampian

Professor Logan welcomed all guests who were attending for this agenda item including members of the local communities together with all those who had contributed during the consultation period. He explained the format of the meeting which would include hearing from three deputations that had applied to present on behalf of interested parties.

Dr Fluck reminded the Board about the background to the review of dispensing practices and the associated consultation. Following the Judicial Review of Dispensing Medicines by the Haddo Medical Group in 2015, Grampian NHS Board had accepted the recommendation to conduct a review of General Practices that provided a dispensing service to patients within NHS Grampian. NHS Grampian had agreed to the review of six dispensing practices at Auchenblae Medical Centre, Gardenstown Branch Surgery, Portlethen Medical Centre, Rhynie Medical Practice, Skene Medical Group and Udny Station Branch Surgery.

Ms Pam Gowans, who had a leadership role for Primary Care, described the review process. Mr David Pfleger, Director of Pharmacy, was in attendance to deal with technical matters relating to the regulations. Ms Gowans emphasised the importance of a fair, consistent and transparent process to assist with decision making. NHS Grampian was required to act in accordance with the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 Paragraph 44 of Part 3. The regulations permitted the Board to require dispensing only for those individuals who would have a “serious difficulty” of access to a pharmacy. They did not allow the Board to consider the potential impact of any decision to restrict or end dispensing services from a general practice, regardless of how long such arrangements had been in place or the nature of the impact. To do so would expose the decision to judicial challenge. The term “serious difficulty” was not defined in the legislation but the Board considered the distance to the nearest community pharmacy, issues of communication and other exceptional circumstances.

The Review Group set up to consider the continued provision of dispensing from the six practices had been chaired by Mrs Angie Wood, Health and Social Care Partnership Manager (Central), Aberdeenshire Health and Social Care Partnership.

Mrs Gray gave a detailed explanation of the consultation process, which had been the most comprehensive consultation exercise undertaken by NHS Grampian. A summary of the findings of the consultation was contained in Appendix 2 of the report. Mrs Gray explained the numerous methods for interested parties and the public to engage in the 90 day public consultation which had run from 4 July to 1 October 2016. These included flyers and posters displayed in the six communities; public social media accounts in the local areas were mapped and sent details of the consultation; NHS Grampian website had a link to an online survey (Lime Survey) with the key consultation question. Details were also made available in an information sheet which contained a response.
form for individual patients to complete. Hard copies of these were distributed to the six GP practices, appropriate Community Councils, Councillors, MSPs and MPs. All community pharmacies in Aberdeenshire were advised of the consultation together with Community Planning Officers in Aberdeenshire. Members of the NHS Grampian Public Involvement Network who lived in the six areas were sent copies of the information sheet and response form. The launch of the consultation was also covered by local and national press.

On the NHS Grampian response form, patients were asked one specific question: “If dispensing of medicines was not available at your GP practice, would you have a serious difficulty in getting your dispensed medicines from a community pharmacy?” If the answer was yes, respondents were asked to describe what these difficulties would be. Respondents had the option to state no if they felt this was appropriate.

Representatives from groups, organisations, elected public representatives and independent contractors to the NHS, such as community pharmacies or medical practices, were also invited to respond during the public consultation.

There were public drop-in sessions attended by 201 members of the public. NHS Grampian representation was present at meetings organised by Community Councils.

Auchenblae Surgery had also given their patients their own form with a slightly differently worded question from the NHS Grampian question but it was agreed the responses would be accepted.

The main “serious” difficulties expressed by respondents were similar across all areas. These included:

1. Distance to community pharmacy provision.
2. Availability of public transport impacting on travel time and accessibility.
3. Concerns about adverse weather and the impact on travel.
4. The current and predicted demographic within these communities.
5. Being fit and able to travel at the moment but concerned about future years and health status.
6. Issues of confidentiality within small communities. There was particular concern regarding this issue for young adults and their ability to access community pharmacy without own transport.

Mrs Wood, who had chaired the Review Group, described the remit of the group which had been set up to carry out this review, under the direction and guidance of the NHS Grampian Dispensing GP Practices Steering Group. The membership of the group came from a wide range of professionals and included two lay members. The group had visited the areas affected and received information on the practice list size, dispensing activity and collection and delivery of prescriptions availability from Community Pharmacists. The group felt it was important that everyone had an opportunity to put forward their viewpoint. Although the Review Group acknowledged people’s concerns relating to other aspects, eg potential impact of termination of dispensing for practices, their deliberations adhered to the question of the review: If dispensing was not
available at the GP practice would there be a serious difficulty in getting dispensed medicines from a community pharmacy.

She explained that with reference to Udny Station Practice, it was noted that out of date postcodes had been used to describe an area; AB410 was now split into AB416 and AB417. Although incorrect postcode references had been used, the area identified on the map reflected the correct location.

The Review Group’s recommendations, as detailed in Appendix 3 of the paper, had been circulated to Board members and made available to interested parties and online in advance of the meeting.

Mrs Wood summarised the main considerations and recommendations for the individual practices, as follows:

**Auchenblae Medical Centre**

The practice boundary included the main centres of Auchenblae, Fordoun, Drumlithie, Fettercairn and the surrounding rural areas. During the period of March 2016 to August 2016, the Auchenblae Medical Centre prescribed a total of 16522 items of which they dispensed 15082 items (91%). There was a community pharmacy in Laurencekirk and 2 within 10 miles of Inverbervie and Stonehaven. It was vulnerable to transport problems particularly in the winter months. Auchenblae had a large community of temporary residents living and working on local farms. This group of patients were considered to fall within the definition of the qualifying class that would have serious difficulty in obtaining from a pharmacist any drugs, medicine or appliances, other than scheduled drugs required for treatment.

The Review Group recommended that Auchenblae Medical Group should be required or authorised to continue to supply such drugs, medicines or appliances to those patients defined in the qualifying classes who have a serious difficulty in obtaining their medication from a pharmacy. This requirement should be limited to the classes specified who are considered as having serious difficulty due to:

a) Distance from a pharmacist. This was defined by the Review Group as those patients on the practice list residing in postcode areas of AB301 excluding the town of Laurencekirk. The surgery should not be required to dispense to patients within the DD10 postcode.

b) An inadequacy of means of communication due to inadequate public transport provision. Consideration has been given to the topography of area and the potential for weather disruption which further exacerbates the serious difficulty relating to distance for the patients defined above.

c) Being a temporary farm worker, registered with the practice and employed and living on a local farm.

**Gardenstown Branch Surgery**

In April 2016, following longstanding recruitment and retention issues, the practice population of Banff & Gamrie Medical Practice was merged with the Macduff Medical Practice. Gardenstown patients had been registered and
receiving care from MacDuff Medical Practice since that time. When requested MacDuff Medical Practice provided prescriptions to a community pharmacist which were then uplifted and taken to Gardenstown Surgery for collection by patients. The surgery building was manned on two occasions (2 hours on 2 days) for patients to pick up prescription medications. A community pharmacy delivery service was also in place at a sheltered housing complex in Gardenstown.

The Review Group acknowledged the difficulties that the area has faced with regard to the delivery of primary care services. There were issues with regard to the distance to nearest community pharmacy. However, this appears to be mitigated to some extent by the availability of the collection service and also by the fact that some patients were making the journey to Macduff to attend GP appointments and could access the pharmacy there if they choose to. It was noted that knowledge of the collection service was not universal and the Review Group would recommend that any such arrangements were made widely known to the residents.

A dispensing service was not available at this time in Gardenstown but the Review Group would recommend that the Health and Social Care Partnership continued to work with the community in the planning of primary care provision within this community.

The Review Group concluded that until the future provision of GP Medical Services was clarified it was not possible to assess whether there were any individual patients, or class of patients who qualified as having serious difficulty in obtaining drugs, medicines or appliances, other than scheduled drugs from a pharmacist.

**Portlethen Medical Centre**

The Medical Practice included the main centres of Portlethen, Newtonhill, Muchalls and the surrounding urban. During the period of March 2016 to August 2016, the Portlethen Medical Centre prescribed a total of 97802 items of which they dispensed 12556 items (12.8%).

The Review Group concluded that as there was a community pharmacy co-located with the medical practice and the fact that there were community pharmacists within the surrounding areas, with good communication systems, that there were no individual patients, or class of patients who qualified as having serious difficulty in obtaining prescribed medicines and appliances from a community pharmacist.

The Review Group therefore recommended that Portlethen Medical Group was no longer required to dispense from the practice.

**Rhynie Medical Practice**

Rhynie Medical Practice served a remote and rural part of Aberdeenshire. During the period of March 2016 to August 2016, the Rhynie Medical Practice prescribed a total of 9808 items of which they dispensed 9727 items (99%). The topography of the area made it vulnerable to transport problems, particularly in the winter months. The Review Group found that those patients who lived in Huntly (AB548 and AB546) did not fall into the qualifying class of patients who had a serious difficulty in obtaining from a
pharmacy any drugs, medicines or appliances, other than scheduled drugs required for treatment by reasons of distance from a pharmacist.

The Review Group recommended that Rhynie Surgery should be required to continue to dispense to those patients, as individuals or those who fell within the defined qualifying class of patients who would have serious difficulty in obtaining their medication from a community pharmacist. This requirement was limited to those with serious difficulty due to:

a) Distance from a pharmacist. This difficulty applied to all patients registered with the practice who resided within the agreed boundary of the practice but excludes those patients who lived in Huntly (AB548 and AB546).

b) An inadequacy of communication due to public transport provision. Consideration included the topography of the area and the potential for weather disruption, which further exacerbates the serious difficulty relating to distance for the patients defined in (a).

Skene Medical Group

Skene Medical Group provided services to the population of Westhill and some of the surrounding area and was co-located with a Community Pharmacy at Arnhall Business Park. They currently dispensed drugs to patients who lived more than 2 miles from the practice. These patients were generally rural patients who had been registered with the practice for some time. During the period of March 2016 to August 2016, the Skene Medical Practice prescribed a total of 86269 items of which they dispensed 10775 items (12.5%).

The Review Group concluded that as there was a community pharmacy co-located with the medical practice and the fact that there were pharmacists within the surrounding areas that there were no individual patients or a qualifying class of patients who would have serious difficulty in obtaining from a pharmacist any drugs, medicines or appliances other than scheduled drugs required for treatment.

The Group therefore recommended that Skene Medical Practice was no longer required to dispense from the practice.

Scotstown Medical Group – Udny Station Branch Surgery

In November 2016, Scotstown Medical Group had 12453 patients on its practice list. This included those patients who received their care from Udny Station Branch Surgery. The Udny Station surgery provided services to residents in a geography of approximately 30 square miles and included Potterton, Balmedie, Udny Green and Pitmedden.

Udny Station surgery was required to dispense to all registered patients, many of whom lived in a remote and rural area of Aberdeenshire. The Review Group was unable to gain figures for the percentage of prescribed items dispensed by the practice. The figure could only be presented as a percentage of the whole Scotstown practice list. The Review Group felt this may be misleading so had not included this figure in this report.
Foveran Community Council, which covers Udny Station, held a meeting in August 2016 which was attended by over 135 people in addition to the Drop in Session from the consultation in September 2016 and a Review Group session in November 2016.

There were 4 Community Pharmacies within 5 miles of the practice in Tarves, Newmachar and Ellon (2) with a further 18 within 10 miles. However, there was a variance in the distance that patients had to travel from home to the nearest community pharmacy based on the spread of settlements. The Review Group considered that registered patients living outside of the postcode areas AB410 south of A920 and west of A90, AB419 south of A920 and west of A90 and AB210 east of A947 would not have a serious difficulty in obtaining drugs, medicines or appliances other than scheduled drugs required for treatment as there is a community pharmacy within these areas.

Concern was expressed around the postcodes used as mentioned earlier in the meeting. This matter had been clarified and it was stated that the maps used were correct. However, some of the postcodes were out of date. The redefinition of AB410 into AB416 and AB417 would not change the area to which the recommendations for dispensing medicines related. The areas in question were shown on a map headed “Bridge of Don Postcode Sectors - New Map” made available to the Board.

Community pharmacy collection and delivery schemes were currently available within the Udny Station/Scotstown Medical Group practice boundary area.

The Review Group recommended that Udny Station Surgery should be required to continue to dispense to individuals, and patients who fell within the definition of the qualifying class of patients, who would have serious difficulty in obtaining any drugs, medicines or appliances required for treatment from a community pharmacist. This requirement should be limited to those individual patients or those who fulfilled the criteria of the qualifying class of patients who would have serious difficulty due to:

a) Distance from a pharmacist.Dispensing should continue from the Udny Station surgery for those patients residing in postcode areas AB410 south of A920 and west of A90, AB419 south of A920 and west of A90 and AB210 east of A947. (NB these references are to the old postcode areas)

b) An inadequacy of communication due to public transport provision, further exacerbated the serious difficulty relating to distance for those patients defined in (a).

The Chairman invited the following representatives from the deputations to present to the Board in turn, following which Board members were given the opportunity to ask questions. All three deputations related to the Udny Station Branch Surgery of Scotstown Medical Group.

Dr Robert Lamberton, GP from Scotstown Medical Group, presented the practice`s view. He raised issues about the use of the postcodes in particular AB23 and the village of Potterton which had 620 residents; 280 of those residents, mainly elderly used the Udny Station surgery. He advised that the northern part of AB23 would be more disadvantaged by the removal of the provision of dispensed medicines from the surgery. The practice had written to the Review Group advising that the viability of
Udny Station would be an issue if the funding for dispensing medicines was removed.

Councillor Paul Johnston also spoke on behalf of the Udny Station surgery. He was concerned with the postcodes used in respect of some areas, for example AB41 7 and AB41 6. He suggested that the Review Group look again at the postcodes at postcode walks level. By doing so, decisions would be made on the basis of individual households rather than larger geographic areas. This would allow the filter to be more accurate with a more patient-centred focus. He cited Whiterashes as an area where this would be beneficial to reconsider.

Councillor Johnston advised that a new map with current postcode references had only been issued by NHS Grampian the day before so he had not had sufficient time to establish how many people would be affected by the use of road boundaries. It was agreed that the area which may require further clarification related to AB23 8.

Mrs Wood advised that the Review Group had considered the defined areas in a sensible and reasonable manner and used the same format for all practices.

Mr Glen Douglas, Secretary of Foveran Community Council, also spoke on behalf of the Udny Station surgery. He advised that Foveran Community Council represented the Udny Station area and corrected an incorrect reference to the Community Council in the Review Group’s report. He was concerned that if the prescribing of medicines was no longer done from Udny Station surgery that the viability of the surgery would be a concern and may result in its closure. Prescribing of medicines had been undertaken at Udny Station for the last 70 years and he suggested that the use of postcodes to make decisions was the equivalent of a postcode lottery.

Following the deputations’ presentations and discussion, Board members were reminded that Grampian NHS Board could only legally require a practice to dispense for patients who had a “serious difficulty” in accessing prescribed medicines and appliances from a pharmacy. They could not take into account other broader issues such as the future viability of the practices as this could result in a legal challenge to the decisions taken. It was emphasised that the same criteria had been used across all communities in the consultation to ensure a consistent approach which was fair for all.

It was agreed that further clarification on AB23 8 – Whiterashes and Belhelvie area should be requested.

There was pharmacy provision at Balmedie with collection and drop off facilities within certain areas. However, this was not a contractual service and was viewed by the Review Group as supplementary information only.

It was agreed that as Udny Station was part of the Scotstown Medical Group, Aberdeen City Health and Social Care Partnership (H&SCP) would be requested to review the AB23 area over the next six months. The H&SCP would report back to the Board to determine if there were any patients living in that area who would have serious difficulty obtaining their medicines elsewhere.

The Chairman thanked the Review Group and all those who had participated in the consultation for their hard work.
The Grampian NHS Board approved the recommendations of the Review Group set up to consider the continued provision of dispensing from Auchenblae, Gardenstown, Portlethen, Rhynie, Skene and Udny Station (a branch of Scotstown Medical Group) practices.

The Review Group had made individual recommendations for each of the dispensing practices and the Board agreed these as follows:

**Auchenblae Medical Centre**

The Board agreed that Auchenblae Medical Group should be required or authorised to continue to supply such drugs, medicines or appliances to those patients defined in the qualifying classes who have a serious difficulty in obtaining their medication from a pharmacy. This requirement should be limited to the classes specified who are considered as having serious difficulty due to:

- **d)** Distance from a pharmacist. This was defined by the Review Group as those patients on the practice list residing in postcode areas of AB301 excluding the town of Laurencekirk. The surgery should not be required to dispense to patients within the DD10 postcode.
- **e)** An inadequacy of means of communication due to inadequate public transport provision. Consideration had been given to the topography of area and the potential for weather disruption which further exacerbated the serious difficulty relating to distance for the patients defined above.
- **f)** Being a temporary farm worker, registered with the practice and employed and living on a local farm.

**Gardenstown Branch Surgery**

The Board agreed with the recommendation that the Health and Social Care Partnership continued to work with the community in the planning of primary care provision within this community. Any arrangements for a collection service should be made widely known to the residents.

The Board also agreed that until the future provision of GP Medical Services was clarified it was not possible to assess whether there were any individual patients, or class of patients, who qualified as having serious difficulty in obtaining drugs, medicines or appliances, other than scheduled drugs from a pharmacist.

**Portlethen Medical Centre**

The Board agreed that Portlethen Medical Group was no longer required to dispense from the practice.

**Rhynie Medical Practice**

The Board agreed that Rhynie Surgery should be required to continue to dispense to those patients, as individuals or those who fell within the defined qualifying class of patients who would have serious difficulty in obtaining their
medication from a community pharmacist. This requirement was limited to those with serious difficulty due to:

c) Distance from a pharmacist. This difficulty applied to all patients registered with the practice who resided within the agreed boundary of the practice but excludes those patients who lived in Huntly (AB548 and AB546).

d) An inadequacy of communication due to public transport provision. Consideration included the topography of the area and the potential for weather disruption, which further exacerbates the serious difficulty relating to distance for the patients defined in (a).

Skene Medical Group

The Board agreed that Skene Medical Practice was no longer required to dispense from the practice.

Scotstown Medical Group – Udny Station Branch Surgery

The Board agreed that Udny Station Surgery should be required to continue to dispense to individuals, and patients who fall within the definition of the qualifying class of patients, who would have serious difficulty in obtaining any drugs, medicines or appliances required for treatment from a community pharmacist. This requirement should be limited to those individual patients or those who fulfilled the criteria of the qualifying class of patients who would have serious difficulty due to:

a) Distance from a pharmacist. Dispensing should continue from the Udny Station surgery for those patients residing in the part of the AB417 area south of A920, the part of the AB416 area west of A90, AB419 south of A920 and west of A90, and AB210 east of A947.

b) An inadequacy of communication due to public transport provision, further exacerbated the serious difficulty relating to distance for those patients defined in (a).

In addition to the recommendations in the paper, the Board asked that the Aberdeen City Health and Social Care Partnership (H&SCP) considered whether there were people residing in the AB23 8 postcode area who would experience “serious difficulty” obtaining medicines if dispensing from the practice were not available to them. The Board was aware of the pharmacy of Balmedie, the facility available in the Potterton shop and the south of this area extending into the Bridge of Don. The Board asked for a report on this issue within six months.

This would run in parallel with the implementation of the recommendations as agreed above, over the next 12 months.
4 Kincardine (Stonehaven) Renal Unit

Mr Gray presented the Standard Business Case for the building and commissioning of the Kincardine (Stonehaven) Renal Unit. This had been considered by the Board’s Asset Management Group which had recommended approval of the scheme. The Board noted this was a long standing project and had been part of NHS Grampian’s Property and Asset Management Strategy since 2012 and was acknowledged within the approved Asset Management Plan. The Unit would benefit patients and the wider population by providing a local service and reducing the need to travel for treatment to Aberdeen in some cases. Around 35-40% of patients who attended for dialysis at Aberdeen Royal Infirmary were from locations to the south of Aberdeen City.

The total project cost was £1,568,288 of which £1,024,180 had been raised by the local community and the remained by a grant from NHS Grampian Endowment Fund. The Endowment Fund Trustees had agreed to advance the balance of funding to enable the project to progress. A commitment had been given to continue fundraising to further contribute to the full capital cost of the work required. The ongoing revenue costs associated with the unit would be absorbed within the current service. The unit would be staffed following a redesign of the Acute Renal Service.

The Board approved the building and commissioning of the Kincardine (Stonehaven) Renal Unit in order to deliver a satellite renal service to the community within the Kincardine area.

5 Date of Next Meeting

Thursday 3 August 2017 at Committee Room 5, Woodhill House, Westburn Road, Aberdeen.

Signed .................................................................  Dated

Chairman