

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 1st September 2021 - 3.00 pm
Microsoft Teams

Board Meeting 02.12.2021 Open Session Item 11.7
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Present:

Mrs Kim Cruttenden, ACF Chair and Chair, Area Pharmaceutical Committee
 Ms Catriona Cameron, ACF Vice Chair and Chair, AHPAC
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Ms Carole Noble, AHPAC
 Mr Les Petrie, Vice Chair, GANMAC
 Ms Vicky Ritchie, Chair, Healthcare Scientists Forum
 Dr Rachael Smith, Chair, GAAPAC
 Dr Mike Steven, Vice Chair AMC and Chair, GP Sub-Committee
 Dr Angus Thompson, Chair, Area Medical Committee

In Attendance:

Mr James Bidwell, Chair, Consultant Sub-Committee
 Dr Adam Coldwells, Director of Strategy, NHS Grampian
 Mr Alan Gray, Director of Finance, NHS Grampian
 Mr Siddharth Rananaware, Public Representative
 Ms Susan Webb, Director of Public Health, NHS Grampian
 Ms Else Smaaskjaer, Note

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending and welcomed Dr Angus Thompson to his first meeting as Chair of the Area Medical Committee. Dr Mike Steven had been confirmed as Vice Chair of the AMC in addition to his role as Chair of the GP Sub-Committee.</p> <p>Apologies were noted from Mark Burrell, Sue Kinsey, Craig McCoy, William Moore, Elliot Sizer, Kathryn Trimmer and Julie Warrender.</p>	
2.	<p>Minute of meeting held on 23rd June 2021</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>None.</p>	
4.	<p>Population Health (Ms Susan Webb, Director of Public Health)</p> <p>Ms Webb attended to outline the role of NHS Grampian, and a range of partner organisations, in supporting people to live longer,</p>	

	<p>healthier and more fulfilling lives. She highlighted the following key points:</p> <ul style="list-style-type: none"> • Organisations are working together to gather data regarding people and communities across Grampian, including localities, workplaces and schools to inform healthcare planning. • They are also widening their understanding of the various forms of poverty and how to improve equity in the healthcare system. • Organisations are working with each other to understand the wider determinants of health including mental health and well-being, food poverty and income maximisation. • There had been some consideration of what can usefully be done in the next few months whilst the healthcare system is still responding to Covid. • There are continuing pressures on public health services due to the pandemic but it remains important to progress initiatives promoting lifestyle changes within the capacity available. • Organisations would continue to explore what they mean by population health and wellbeing and consider what each part of the system can contribute. This includes looking at where infrastructure is located and the impact that can have on public health. • One of the main priorities going forward will be to connect all parts of the public health system and work towards collective good practice. <p>The main points discussed included:</p> <ul style="list-style-type: none"> • There is a wide range of information available regarding public health initiatives and although Covid remains the primary concern we should still look beyond that to be aware of what all health professionals can do to support the population health agenda. • From a therapist perspective the appetite for preventative work is in place but it is difficult to identify activities which can be stopped/stepped back to create the capacity. • General responses from the public would indicate that child poverty and lifestyle choices are not a high priority and it would be useful to explore options for targeted messaging in communities. • Health professionals, including public health, have awareness of the linkages between lifestyle choices and health – e.g. the impact that smoking or being overweight will have on successful recovery following surgery. It is important to provide the support required to make positive choices and to signpost to services where individuals can access support. • GP practices can highlight smoking cessation support available through community pharmacies, local weight loss and exercise classes but access to services and support in relation to mental health are more problematic. It is anticipated that embedding 	
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	<p>psychological services into GP practices will lead to some improvement.</p> <ul style="list-style-type: none"> • Increased demand, and high level of acuity, across inpatient wards at RCH had been noted. This had also highlighted issues relating to workforce capacity and some problem in lack of continuity from continued use of locum and agency staff. • There needs to be some emphasis on alignment of what is important to the healthcare system and what is important to the public, particularly where there is resistance to making lifestyle changes. <p>Ms Webb agreed to circulate her presentation and asked that members of the ACF provide feedback on the direction proposed and continue to engage in shaping the way forward with emphasis on the preventative agenda.</p>	ALL
5.	<p>HCS Forum SLWG – Sustainability of Vulnerable Services (Mr Alan Gray, Director of Finance and Ms Vicky Ritchie, Chair, Healthcare Scientists Forum)</p> <p>Mr Gray and Ms Ritchie presented the outcomes from the work of the Short Life Working Group which had looked at the sustainability of vulnerable services. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The group had identified the immediate challenges and forward planning requirements in relation to service needs, sustainability and training and development. • It had also identified which services are particularly vulnerable due to dependence on a single scientist or less than five scientists. • The work had highlighted the range of disciplines across healthcare science and the extent to which healthcare scientists support other services in terms of patient diagnosis and treatment. • There should be some consideration of how to improve the representation of healthcare scientists across the system and establish capacity for this group to participate in integrated planning. • The clinical governance and accountability of healthcare scientists should be reviewed to ensure appropriate standards are met and training programmes are in place. • In building for the future healthcare science should be developed and should be at the front end of a number of conversations including planning for the National Treatment Centre for Grampian. <p>The ACF noted the presentation and agreed it had been helpful to raise awareness of vulnerabilities and to start discussion on building for the future.</p>	

6.	<p>ACF Workshop (Mrs Cruttenden)</p> <p>Mrs Cruttenden reminded members of previous discussions regarding the proposal to hold a workshop. It had been agreed that it would be useful to review the role of the ACF and look at how it can improve engagement and interaction with leadership teams and with professional groups. Mrs Cruttenden noted the impact of Covid on meeting arrangements which had resulted in links becoming a bit detached and it would be useful to refresh connections into the system and into the portfolio leadership model.</p> <p>Dr Coldwells suggested a workshop would help to define the direction of the ACF. He noted that the advisory structure had been in place for some time and since its inception there had been many changes in the health landscape across Grampian and how the organisation now works. Pre-pandemic there had been the beginnings of a process to commission pieces of work from the ACF but that had faltered due to the circumstances and, with the development of the NHSG Strategy and the emerging new leadership model, it would be helpful to step back and consider how the ACF could make a dynamic contribution across the system.</p> <p>It was agreed that the ACF Meeting scheduled for 3rd November 2021 would take the form of a workshop. Invitation to participate would be extended to the wider advisory structure membership, former members of the ACF and others as appropriate.</p>	
7.	<p>Staff Health, Safety and Wellbeing</p> <p>Mr Petrie advised that as he was stepping down as Vice Chair of GANMAC he would no longer be the ACF representative on the We Care Programme Board. Mrs Cruttenden thanked him for his commitment in attending on behalf of the ACF and asked if other members of the forum would consider attending. The Programme Board meets on the last Wednesday of each month from 10.30 – 12.00 and Mr Petrie would be happy to discuss and provide any background information required.</p> <p>The ACF thanked Mr Petrie for his time as the ACF representative. Members to contact Mrs Cruttenden if interested in attending the Programme Board.</p>	ALL
8.	<p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> Recent meeting of the Area Clinical Forum Chairs had been attended by Caroline Lamb (Chief Executive, NHS Scotland and Director General of Health and Social Care). Engagement at 	

	<p>that level had been positive and provided the opportunity to discuss recovery and the vaccination programme.</p> <ul style="list-style-type: none"> • There had also been some discussion regarding the consultation on the proposals around creating a National Care Service for Scotland. The return date for submissions had been extended to 2nd November and Mrs Cruttenden suggested that it would have been useful to have some input from the ACF into the NHS Grampian response. Mr Coldwells confirmed there would be a briefing for Board members and this would be circulated to members of the ACF with details of how they can feedback into the NHSG response. <p><u>Public Health</u></p> <ul style="list-style-type: none"> • no update at this meeting. Mrs Susan Webb, Director of Public Health had provided an update on plans to improve population health at Item 4. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • The next meeting scheduled for 13th September and the agenda will include the recovery plan for NHS Grampian and items raised by GP Sub-Committee and Consultant Sub-Committee. • AMC had been made aware of concerns raised regarding the hospital IT network, specifically the Picture and Archiving Communication System in Radiology (PACS). • AMC during coming months will consider how to raise its profile and improve links with management, and also awareness across the medical community. <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> • The Sub-Committee was pleased to note the appointment of Emma Davies (Public Health) to coordinate and take forward work relating to long-Covid. • Discussions ongoing regarding expansion of Community Hubs and potential for links with CTACS (Community Treatment and Care Services). Ongoing challenges around aligning data from GP Practices with other parts of the system. • Concerns raised regarding public confidence in primary care services and the need for more targeted messaging to sign-post a change in culture and advise that patients may not always be seen by a GP but by other health professionals when appropriate. • Noted that resistance to change is not limited to patients but there had also been negative feedback from other health professionals. Agreed that understanding across the system should be encouraged. <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> • Recent meeting had discussed options relating to the NTC-G. • Significant pressures across the system in terms of theatre 	
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	<p>availability, bed capacity and loss of specialist nurses had been discussed.</p> <ul style="list-style-type: none"> • Positive performance in radiology had been noted but most other clinical areas had been less optimistic. • Consultants acknowledged the pressures in flow across ARI which had resulted in ambulance stacking at ED. <p><u>Area Optometric Committee</u> – had submitted an update by email.</p> <ul style="list-style-type: none"> • AOC approved minor amendments to constitution - all Chairman changed to Chairperson and added in a dispensing optician as one of the elected members. • Optometric lead looking at enabling Optometrists in community to access NHS Grampian Intranet as we are aware many policies apply to independent contractors, however we can't view them - can ACF help with this? If so, please get in touch. • Diabetic screening service Scotland wide asked if community optometry could help reduce backlog for retinal screening - after discussion decided no need in this health board area as backlog small. Could look at image capture, sending into a secondary care grading service if this would help, no appetite for grading in community at present. Again, if any member of the ACF wishes to look into this further get in touch with myself. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • Pressures on registered nurses as a result of reduced staff:bed ratios in inpatient services discussed. • Concerns relating to temperature issues had been raised, including the impact of prolonged use of PPE. Dr Coldwells advised that Tom Power, Director of People and Culture would be taking a report to the Chief Executive Team with recommendations for options to make staff more comfortable, acknowledging that longer term solutions will be more complex. Suggested that it would be helpful to have clear communications regarding what mitigations are possible and what cannot be done. <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • Recruitment challenges in Aberdeen City discussed. Only critical services will be provided in the meantime. • Members had agreed that it would be useful to have sight of a clear and transparent process for IT procurement. • Good news – positive impact of research work with RGU. • Positive feedback regarding work of corporate communications during recent months which had been much appreciated by staff. <p><u>Area Pharmaceutical Committee</u></p> <ul style="list-style-type: none"> • Meets week beginning 6th September. 	
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	<p><u>Grampian Area Applied Psychologists Advisory Committee</u></p> <ul style="list-style-type: none"> • Discussed pressures relating to acuity and volume of referrals to MH services. • Work ongoing to embed psychological service in Primary Care. • Positive on-line initiatives had been noted. • GAAPAC had been pleased to note the extension of the Psychological Hub. • Recent recruitment exercise to appoint Director of Psychology had been unsuccessful. • The MH Renewal Fund had allowed recruitment of some additional staff. <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> • Recruitment and retention concerns had been discussed. • Upskilling staff to fill posts suggested as a possibility. • Shortage of blood tubes raised as a concern for labs. Clarity needed regarding NHSG priorities and also communications around quality of sample labelling to avoid wastage. • Laboratory manager at DGH no longer in post and ARI supporting continuity of service. <p><u>Area Dental 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>AOCB</p> <p>Mrs Cruttenden and members thanked Ms Warrender and Mr Petrie for their valuable contribution to ACF during their tenure as Chair and Vice Chair of GANMAC. Those positions will now be held by Helen Chisholm and Catriona Sutherland.</p>	
10.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> • Positive work from SLWG regarding vulnerable services. • Proposal to hold workshop. • Issues raised around staff wellbeing. • Cross-system pressures. 	
	<p>Date of Next Meeting/Workshop</p> <p>Wednesday 3rd November 2021. 15.00 – 17.00 by Teams</p>	