

NHS GRAMPIAN
Minute of the Area Clinical Forum Meeting
Wednesday 12th January 2022 - 3.00 pm
Microsoft Teams

Board Meeting 07.04.2022 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 Karen Boyd, Vice Chair, Healthcare Scientists Forum
 Mr Mark Burrell, Chair, Area Dental Committee
 Ms Helen Chisholm, Chair, GANMAC
 Mr Craig McCoy, Vice Chair, Area Optometric Committee
 Ms Elaine Neil, Vice Chair, Area Pharmaceutical Committee
 Dr Mike Steven, Vice Chair AMC and Chair, GP Sub-Committee
 Ms Catriona Sutherland, Vice Chair GANMAC
 Dr Angus Thompson, Chair, Area Medical Committee

In Attendance:

Dr Adam Coldwells, Director of Strategy/Deputy Chief Executive
 Mrs Susan Kinsley, Public Representative
 Ms Else Smaaskjaer, Minute

Item	Subject	Action
1.	<p>Welcome</p> <p>Mrs Cruttenden thanked everyone for attending.</p> <p>Apologies were noted from William Moore, Carole Noble, Siddharth Rananaware, Vicky Ritchie and Elliot Sizer.</p>	
2.	<p>Minute of meeting held on 3rd November 2021</p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>NHSG Plan for the Future – Ms Cruttenden reported that due to pressures across the system presentation to NHS Grampian Board had been deferred until June 2022.</p> <p>The Doodle Poll for interim meetings had indicated it could be challenging for some to take part. Ms Cruttenden will review and report back at a future meeting.</p>	
4.	<p>Covid 19 Omicron Variant – Update on Planning (Dr Adam Coldwells, Director of Strategy/Depute Chief Executive)</p>	

	<p>Dr Coldwells shared the Omicron Plan which had been developed to guide the organisation in its response to the Omicron situation and in preparedness in case it is found necessary to declare a major incident. He informed the ACF that modelling indicates the system could be overwhelmed later in January and the Omicron Plan will be triggered when two tests are met:</p> <ul style="list-style-type: none"> • all G-OPES level 4 actions are fully in place across all areas, and • either the number of patients requiring in-hospital care is 120 or more • or staff absence from Omicron is 10% or more. <p>The plan detailed the timeline from mid-January to mid-February and the strategic objectives during this period. Dr Coldwells explained that staff would be asked to undertake duties outside their normal scope of practice. He also noted the ongoing discussions with independent contractors to agree options for creating increased staff capacity. The plan outlined the role of the National Response Group and the support which would be available through the Local Resilience Partnership. Dr Coldwells reported discussion at the NHSG Ethics Group and agreement that the Ethical Framework will be incorporated into the plan. Key areas of focus will be supporting staff and ensuring clear and consistent messaging. The Ethics Group had also asked that Duty of Candour should be in ensured alongside transparency around derogations.</p> <p>The main points discussed included:</p> <ul style="list-style-type: none"> • There are currently a number of uncertainties around testing and it is difficult to measure the level of community transmission with any accuracy. In addition, it is likely that following the festive period case numbers will increase in the next week or so. • Concerns were noted regarding mixed messaging and the public reaction to news reporting which had indicated a move away from pandemic and towards endemic response. • The main risks to the organisation are aligned to levels of hospitalisation and staff absences but acknowledged that availability of staff is key. Dr Coldwell confirmed that if it is felt necessary Public Health and Infection Protection and Control colleagues would explore options around derogation from national guidance relating to self-isolation. • Mrs Kinsey reported that the Public Involvement Network on 10th January had noted awareness of increased transmission and confirmed cases in the community. • Dr Steven noted the guidance and a useful framework for escalation provided in the plan. It also highlighted the benefits of collaborative working as that would be important if there is a significant impact on care homes and care at home services with a consequent ripple effect through care pathways. 	
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	<ul style="list-style-type: none"> • Covid Hubs will have a useful part in contributing to transformational change in the longer term, but at this time it is unlikely they would contribute to a significant reduction in admissions to hospital and may have the opposite effect. • Mr Burrell raised concerns regarding the impact on staff welfare during this period and the importance of ensuring communication and support for staff. Mrs Cruttenden agreed and asked that there should be awareness across the system of the additional workload anticipated and the expectations which would be placed on staff. • Dr Steven also highlighted the need for honest and transparent communication with the public regarding waiting times. He suggested that information relating to waiting lists should be pulled together and shared. Dr Coldwells agreed that work on the waiting time plan should be accelerated to inform the NHSG Plan for the Future and transformation planning. Mrs Kinsey noted that the Public Involvement Network would welcome more open discussion regarding waiting times and the significant impact this can have on patients. • Ms Chisholm raised concern around the potential need to cancel staff leave and the impact this could have both physically and mentally. It was acknowledged that extreme pressures across the system could lead to extreme measures but there must be transparency in both planning and communication. <p>The ACF thanked Dr Coldwells for the clear and concise plan.</p> <p>It was agreed that members should share the plan widely with colleagues and feedback any suggestions regarding staff welfare and other concerns raised to Dr Coldwells.</p>	<p>ALL</p>
<p>5.</p>	<p>Updates from Advisory Committees and ACF Chair</p> <p><u>Chairs Feedback</u></p> <ul style="list-style-type: none"> • No recent ACF Chairs meeting. <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"> • To meet week beginning 17th January. One of the main concerns remains staff absences due to Covid and staffing in the longer term across Acute, Primary Care and Community Pharmacy. <p><u>Healthcare Scientists Forum</u></p> <ul style="list-style-type: none"> • Additional funding of £0.4M to be invested in Healthcare Science over the next two financial years to help support vulnerable services. 	

	<ul style="list-style-type: none"> • A sub-group had been formed to focus on promotion of healthcare sciences and will feedback to the Forum. <p><u>Area Dental Committee</u></p> <ul style="list-style-type: none"> • Recent meeting had discussed updated guidance on Infection Prevention and Control and whether it would be possible to open up more aerosol generating procedures for patients with no respiratory symptoms. However, ongoing issues relating to ventilation would indicate that this would be unlikely. • Concerns had been noted regarding the uncertainties around the decline in oral health following Covid-19 and the impact of restrictions in remobilising services. The emergence of a two-tier system as more patients seek private treatment had been highlighted. • There had also been discussion regarding the longer term effects of graduates not coming through the system. <p><u>Area Medical Committee</u></p> <ul style="list-style-type: none"> • Dr Steve Baguley had attended a recent meeting to provide an update regarding various digital systems. He had highlighted the challenges in developing interfaces between organisations and different systems . • Professor Hiscox and Professor Fluck had provided a briefing on Operation Iris. • As the AMC representative on the Asset Management Group Dr Thompson had briefed members on the condition of the labs building which he had visited recently. He will raise this for inclusion on the capital programme at the AMG. • Dr Thompson had also raised the issue of the vacant site on Foresterhill Campus when the AMH is demolished following the commissioning of the Baird Family Hospital. He noted the importance of input by clinicians into discussions and will bring this to the attention of the AMC. <p><u>Consultants Sub-Committee</u></p> <ul style="list-style-type: none"> • Dr Thompson reported that the meeting in November had discussed realistic medicine and concerns regarding long waiting patients. <p><u>GP Sub-Committee</u></p> <ul style="list-style-type: none"> • The Sub-Committee was pleased to note some of the constructive changes which had taken place during Covid and had highlighted the positive working relationship between hubs and GMedS during the festive holidays. • Concerns had been raised regarding the number of GP Practices which are facing difficulties resulting in one practice handing back its contract and others indicating future uncertainty. • The meeting had acknowledged that the protective measures in 	
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	<p>place for patients with respiratory problems (pre-patient and post-patient cleaning etc) will be a long term issue.</p> <ul style="list-style-type: none"> • Covid Hubs had been reasonably successfully but difficulties in staffing them had been noted and it may become necessary to absorb the services provided back into GP Practices. <p><u>Allied Health Professions Advisory Committee</u></p> <ul style="list-style-type: none"> • Recent meeting had discussed the reintroduction of face to face interactions both in appointments with patients and in professional training. • AHPAC had noted the number of early retirements during 2022 and the challenges this would bring to a range of professional groups. • Some concerns had been raised regarding the perceived disconnect between the objectives of the We Care Programme and the increasing amount of pressure placed on staff. This had been brought to the attention of GAPF. <p><u>Grampian Area Nursing and Midwifery Advisory Committee</u></p> <ul style="list-style-type: none"> • GANMAC had discussed paid placements for students as although services are content with this approach the Higher Education Institutes had raised concerns regarding the impact on teaching and learning. • There are ongoing concerns regarding the availability of staff and how the very small pay differential between Band 6 and Band 7 posts does not attract applicants to senior nursing posts. • There had been reports of an increasing number of complaints regarding waiting times and other issues. <p><u>Area Optometric Committee</u></p> <ul style="list-style-type: none"> • Community optometric services is in a reasonably positive position and the backlog previously reported had been reduced. <p><u>Grampian Area Applied Psychologists Advisory 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>	
6.	<p>AOCB</p> <p>Ms Cameron informed the ACF that she would shortly be taking up another post and would be stepping down as Chair of GAHPAC and Vice Chair of the Area Clinical Forum.</p> <p>Those eligible for the position of Vice Chair will be asked to note their interest. Ms Cameron and Ms Cruttenden would be pleased to provide further information.</p> <p>Everyone thanked Ms Cameron for her input, engagement and</p>	

	helpful contributions during her tenure as Vice Chair of the forum and wished her well in her new post.	
7.	<p>Key Messages from ACF to the Board</p> <p>Main Themes:</p> <ul style="list-style-type: none"> • Omicron Plan. • Managing expectations – waiting times and available services. • System Resilience. • Workforce challenges – staff health and wellbeing. 	
	<p>Date of Next Meeting/Workshop</p> <p>Wednesday 2nd March 2022. 15.00 – 17.00 by Teams</p>	