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MINUTE of MEETING of the AREA CLINICAL FORUM	13th January 2022 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair, Area Pharmaceutical Committee (Vice Chair)
 Alan Miles, Area Medical Committee
 Alex Javed, Area Healthcare Science Forum
 Calum Fraser, Area Optometric Committee
 Eileen Anderson, Area Medical Committee
 Elspeth Caithness, Employee Director
 Frances Jamieson, Area Optometric Committee
 Heidi May, Board Nurse Director
 Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee
 Kitty Millar, Clinical Representative (Argyll and Bute) (until 3pm)
 Ian Thomson, Adult Social Care and Social Work Advisory Committee (until 3pm)
 Laura Menzies, Area Nursing, Midwifery and Allied Health Professionals Committee
 Manar Elkhazindar, Area Dental Committee
 Stephen McNally, Clinical Representative (Raigmore Hospital)
 Willem Nel, Clinical Representative (West)
 William Craig-MacLeman, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance

Ciaran McManus, Clinical Lead for First Contact Physiotherapists in General Practice South and Mid Division (Item 7.1)
 Nathan Ware, Governance and Assurance Co-ordinator
 Karen Doonan, Committee Administrator (Minute)

Due to other commitments Ciaran McManus presented Item 7 first , after Item 2, the meeting continued in the order given on the agenda.

1 WELCOME AND APOLOGIES

Catriona welcomed everyone to the meeting. Apologies were received from Catriona Dreghorn. Apologies were also received from Tim Allison who was only able to join for part of the meeting.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 4th November 2021

The minute of the meeting held on the 4th November 2021 was **approved**.

3. MATTERS ARISING

Appointment of Vice Chair

The Chair asked for nominations/volunteers for this role as she had now taken up the role of Chair for the Forum. Both F Jamieson and S McNally put themselves forward. The Chair asked N Ware how this would be taken forward. N Ware explained that he would send out an email asking for nominations for the role and asked both F Jamieson and S McNally to reply to said email.

Action - N Ware, Governance and Assurance Co-Ordinator to circulate email to members.

Representation at Committees

The Chair advised that as she had now taken up the role of Chair of the Forum that she was unable to attend the Health & Social Care Committee asked for volunteers to take over this role for her. After some discussion it was agreed to put this item on the next agenda.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held 1st December 2021

M Elkhazindar reported that there had been problems with the commercial sterilisation process and cross contamination and asked the Forum for advice of how to address this further. The Chair advised M Elkhazindar to submit an SBAR in order to highlight the safety implications. H May asked M Elkhazindar to contact A Wilson from estates directly to help resolve this and advised that she would herself contact A Wilson to let him know he would be contacted by M Elkhazindar.

M Elkhazindar went on to report that referrals to practices remain low, discussions were had with regard to the figures being reported in the media. Discussions were had around the need to refer oral cancer patients as soon as possible. M Elkhazindar reported that the department was still seeing patients and that work was continuing.

4.2 Area Pharmaceutical Committee next meeting held on the 23rd August and 25th October 2021

There were no questions raised.

4.3 Area Medical Committee meeting held on 7th December 2021

A Miles reported that the meeting was successful despite the small number who attended. Discussions at the meeting were around what is occurring within secondary care but due to the low numbers of Consultants that were able to attend the meeting it was B Peters as Medical Director who had to address many questions. This highlighted the need to free up time for Consultants to attend said meeting.

The AMC meeting also looked at Orthopaedics and the letter that had gone out to patients on the waiting list that gave a 2 week window to respond to said letter. This was explored further and highlighted issues around communication and processes in place and the need to improve them going forward. The Remobilisation Plan for NHS Highland was also looked at and there was good discussion around the minutes from the Area Clinical Forum.

Discussion was had around Out of Hours (OOH) rotas and the gaps in cover experienced by NHS Highland over the festive period. NHS Highland has 40 per cent of the OOH shifts in Scotland because of geographical distance. It was agreed that learning had to

take place as the coming festive period would also be the four days as was this year. It is a challenge to cover due to said geography.

4.4 Area Optometric Committee meeting held in November.

There has been no meeting since. C Fraser asked in regard to referrals to GP and A Miles advised that the GP Sub Committee was waiting for information to be presented to them by the Optometrists. C Fraser advised the next meeting would be April and they would like to meet first then approach the GP Sub Committee. A Miles provided C Fraser with his email address and C Fraser agreed to compile the feedback from the next meeting and then progress.

4.5 Adult Social Work and Social Care Advisory Committee Meeting 13th December 2021

I Thomson reported that there was a good turn out for the meeting. Self Directed Support (SDS) was the main focus, how to develop the options and provide the support that is required by those using the service. A lot of options are restricted at the moment in terms of residential care with many homes closed to new admissions, respite care and more traditional services are under a lot of pressure. Looking at different ways to reduce the reliance on the more traditional services.

4.6 Psychological Services Advisory Committee Meeting.

No further meetings have been had since last August.

4.7 Area Healthcare Sciences meeting

A Javed report that it has not been possible to have local meetings but national meetings have been going ahead. Colin Farnham had attended a few weeks ago. Lots of service pressures and problem with Audiology Services in Lothian which NHS Highland wishes to avoid. Many registrations have been lapsed due to the change in the NHS Scotland email address but hopefully this is now resolved. National Steering Group – there are papers out for consultation with regard to this. Health Care Science week will be returning from Friday 11th March to 20th March after a pause of almost 2 years. Working on the narrative for this.

Colin Farnham has been taking the lead on sustainability and they are looking to set up a sub group within Health Care Sciences Leads and Government. Looking at how we can feed into this. Looking to get the local meeting back on track. Health Care Sciences Lead job description being created across Scotland and this will aid in this.

4.8 Area Nursing, Midwifery and AHP Advisory Committee

H Eunson reported that at the last meeting there was discussion around reviewing the constitution so that feedback into the Area Clinical Forum was more structured.

5. ASSET MANAGEMENT GROUP

A Javed reported that there were always issues trying to get the spend in place but this was better this year. Still 46 million pounds to be spent as of the December meeting but not sure how much has already been pencilled in to be spent. Equipment Purchasing Advisory Group had only spent 3 million pounds at the date of the December meeting but no areas of concern around funding and the areas requiring funding.

6. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

Ian Thompson and Catriona Sinclair

The Chair explained that the last meeting of this Committee was the day before this meeting and that as she was unable to attend asked I Thomson to give feedback. I Thomson reported that there was some discussion around extra monies being made available by the Scottish Government for Adult Social Care. It is not possible to roll over monies from one year to the next. Difficult position to be in at the moment, challenges getting staff in post and this is causing lots of issues within the system in general. There is a need to be creative to be able to use the monies before they are no longer available.

There is also a need to make savings as there is a savings target to be met. Difficult balance because monies coming in cannot be offset against monies going out. SDS strategy was discussed and how to get the participation of service users. There was a large discussion around Mental Health Services and how these services could reshape themselves within the difficult circumstances they now are within. Mental Health Services are also finding it challenging to recruit to roles and this puts added pressure on the services in general.

The Chair agreed that Mental Health is an area that the Forum wished to look at more closely and would become a future agenda item.

The Forum noted the circulated minutes and the feedback.

7. DISCUSSION ITEMS

7.1 ADULT SOCIAL CARE RESPONSE – Ian Thompson

The Chair advised that this was a feedback that had been postponed from the last Forum meeting due to the availability of I Thomson and it was feedback on the National Care Service. I Thomson gave key points

- Implementation of SDS is part of the National Care Service review. There was a need to have a consistent response to this. A lot of changes to SDS needs to be value led and person centred and not mechanical. Its about the way that we work and not necessarily the mechanics of the process.
- Need to move away from trying to fit people into the services, to look at providing services that meet the needs of the service users. Flexibility is required.
- It's a soft approach and its about the strength of relationships formed and how to build trust between the services and the service users.
- Time is a critical component in this process.
- Prioritising carers and there is a need to have consultation with service users as this is not well established. There is a need to look further with this and how to develop how decisions can be made jointly with the service and its service users.
- Supportive of the National Care Service, concerns that it may become bureaucratic and that it may become too centralised. There is a need to be aware of the geographic challenges within Highland and how this impacts on access for service users.
- Concerns that the voice of Adult Social Care was not very loud with regards to the decisions that were made by Scottish Government in relation to placement of people during the pandemic for example, the concern was that if this was the

centralised model then the voice of Adult Social Care may not be heard within said model.

- Discussions were had around workforce planning, certification of staff and professional development, this was welcomed. This being centralised to avoid duplication of work is welcomed.

The Chair thanked I Thomson for his report. M Elhazadar asked about funding and asked if this was recurrent funding. I Thomson reported that it was, it would not roll over from year to year but there was a recurrent funding.

7.2 PHYSIOTHERAPY FIRST – Kieran McMann

The Chair introduced Ciaran, Clinical Lead who spoke to his presentation. First Contact Physiotherapists (FCP's) have been located within General Practice since April 2019.

- Known as Advanced Practitioners
- Assess, diagnose and guide management of Musco-Skeletal Presentations (MSK)
- Provide fast access to expert Physiotherapist
- Aims to reduce GP workload
- Arrange onward referral as indicated
- Advanced Practitioners – Injection and Prescribing
- Joint clinical records

It was noted that the GP's are very supportive of the FCP's and the service that they provide and that nearly every practice has one. C McManus went on to explain that an audit of how well the service is being received by the patients took place.

- Over an 8 week cycle there were 475 surveys returned
- Overall FCP team average score – 4.8/5
- Median overall score – 4.5

This showed a very high satisfaction from patients with the feedback stating it was good to be able to be seen quickly and locally reducing the time required to wait.

The feedback from non-clinical staff in the General Practices had a slightly lower response rate

- Over an 8 week cycle 20/65 practices responded
- Q1 What does the service do well?
Q2 What could the service do better?

The main themes from Q1 were

- High level of satisfaction and value of service
- Access was fast, easy and efficient
- Locally based access to physiotherapy in General Practice
- Complete package of care

The main themes from Q2 were

- More appointments/capacity
- Holiday cover
- Waiting times especially during holiday cover
- Public awareness improvement

C McManus explained that the next steps involved getting feedback from the clinicians themselves. Continued recruitment to posts in order to deliver a continuous service. Also to maintain progress and clinical skills with peer support and ongoing professional development.

A Miles thank C McManus for his presentation and the work that he has done. It was noted that the role of FCP's was supported wholeheartedly by the GP's. H May also thanked C McManus for his both his presentation and the work that has been done. After some discussion it was agreed that this was a success story for NHS Highland. C McManus explained that quantitative data was required and as soon as the service agreement was in place that the figures of how this service was impacting overall could be reported. This was a work in progress at the moment. It was also recognised that there was a nationwide shortage of both GP's and FCP's and that recruitment was becoming an issue.

The Forum noted the presentation and the update.

7.3

REMOBILISATION PLAN

The Chair explained there were no updates with regard to the Remobilisation plan and that it remained a standing agenda item.

Culture Update/ Whistleblowing Standards Implementation Oversight Group

M Elkhazindar reported the last meetings had reached the end of year review.

- Managers have gone through leadership development programs
- Healing panels
- Guardian services
- Courageous conversation training
- Training facilitators
- Completed listening and learning surveys
- Ask me anything events
- Completed root cause analysis

Much has been achieved but there is more to be looked at, they are looking at regularly reporting, staff awards scheme and looking at developing a strategy around health and wellbeing. M Elkhazindar explained that whilst this is all very positive she was not feeling the difference at the "front line" and this was being echoed by other staff. Many staff are oblivious to the work that has been carried out and there is more work that needs to be done to highlight work and to change things for staff. Although a root cause analysis has been completed it is difficult to say how much of it has been completed as there is no mechanism in place to measure.

A Miles queried the root cause analysis document and asked if this was a public document. Discussion was had around this document and whether it was available publicly. H May explained that as NHS Highland was trying to be more open and transparent that she would check into this and report back.

Action – H May to report back to the Chair with regard to the sharing of this document.

Discussions were had around the attending of the group as M Elkhazindar had been attending this group with E Anderson for some time and asked the Forum for volunteers to take over attendance. The Chair seconded this and asked that if anyone was interested in attending to step forward.

H May thanked M Elkhazindar for the update and re iterated that it was important to get this right. It was understood that the culture would not be able to be changed immediately but steps were being taken and it was important to keep going. M Hay backed the Chair with regard to new people attending the group and highlighted the need for fresh eyes, new ideas and how this could help in the process.

8 FOR INFORMATION

Dates of Future Meetings

3 March 2022
5 May 2022
7 July 2022
1 September 2022
3 November 2022

The Committee agreed the dates for future meetings

9. FUTURE AGENDA ITEMS – For Discussion

Cancer Diagnosis, Treatment and Waiting Times (2022)

Discussions were had around making this a separate standing paper which could highlight items for future agenda items. This was suggested by M Elkhazindar. This would enable the Forum to track these items in the future.

10. ANY OTHER COMPETENT BUSINESS

None.

11. DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 3rd March 2021 via Teams.**