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| <b>MINUTE of MEETING of the<br/>AREA CLINICAL FORUM</b> | <b>6<sup>th</sup> March 2026 – 1.30pm<br/>Microsoft TEAMS</b>                                                                                                                   |                                                                                                                                  |

## **Present**

Allyson Turnbull-Jukes, Psychological Committee (Chair)  
 Andrew Strain, Area Medical Committee (Vice Chair)  
 Catriona Brodie, Area Pharmaceutical Committee  
 Christina West, Lead Nurse, Argyll & Bute  
 Dominic Watson, Head of Corporate Governance  
 Graham Illsley, Non Executive Director  
 Grant Franklin, Area Medical Committee  
 Ian Morris, Optometrist  
 Jennifer Davies, Director of Public Health & Policy  
 Karen Leach, Non Executive Director  
 Laura Neil, Associate Director of Quality and Corporate Services  
 Linda Currie, NMAHP Advisory Committee  
 Neil Wright, General Practitioner  
 Rebecca Helliwell, Deputy Medical Director

## **In Attendance**

Boyd Peters, Medical Director (Item 4.2)  
 Louise Bussell, Nurse Director (Item 4.2)  
 Paul Nairn, Regional Planning Manager, Strategy & Transformation (Item 4.3)  
 Karen Doonan, Corporate Administrator (Minutes)  
 Claire Munro, Corporate Administrator (Observing)

## **1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting, apologies were received from A Javed and H Eunson (Vice Chair).

### **1.1 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **2. DRAFT MINUTE OF MEETING HELD ON 15<sup>th</sup> January 2026**

The minutes were **approved** as accurate and correct.

## **3. MATTERS ARISING**

None

## 4. ITEMS FOR DISCUSSION

### 4.1 Delivery of Care for Diabetic Patients in North Highland – Andrew Strain and Grant Franklin

Andrew and Grant presented the ongoing contractual dispute between NHS Highland and General Practices regarding the delivery of diabetes care in North Highland, with input from Claire, Linda, Boyd, Karen Leach, Neil, and others, highlighting the impact on patient care, the escalation to Scottish Government for arbitration, and the need for interim solutions and clinical governance oversight.

Andrew explained that diabetes care in North Highland has historically been delivered through an enhanced service contract between NHS Highland and General Practices, which was terminated in 2023 for renegotiation. In 2024, no agreement was reached on a new contract, leading to many Practices declining to sign and referring patients to Secondary Care.

Andrew outlined the main points of contention: the valuation of care payments, stringent contract criteria leading to non-payment for minor infringements, and disagreement over which elements of diabetes care should be considered core general medical services versus enhanced services.

Due to the impasse, NHS Highland and the LMC jointly wrote to the Scottish Government's Primary Care Division seeking arbitration. The Government responded by convening a group of experts to provide feedback, which is still awaited.

Claire and Linda discussed the clinical governance response, including vetting of referrals to secondary care, assurance that patients have been contacted, and plans for a clinical review. The need for interim solutions to prevent patients from falling between Primary and Secondary Care was emphasised by Grant and Neil.

Catriona and Andrew discussed the differences in contractual arrangements between North Highland and Argyll and Bute, the desire for a unified approach, and the potential for lessons learned in one area to inform the other. Boyd and Karen reflected on the limitations of the Area Clinical Forum in contractual matters but stressed the importance of clinical risk oversight.

**Action:** Allyson to forward the letter regarding the delivery of care for diabetic patients to Karen for circulation to all relevant members.

Claire to prepare and share a briefing paper summarising the current position, actions taken, and next steps regarding the diabetes care contractual issue, including the joint communication to Scottish Government.

Claire to provide a comprehensive update on the diabetes care issue, including interim plans and evidence of activity, at the next Clinical Governance Committee meeting, and ensure this is shared with ACF.

### 4.2 Systemic Risk – Boyd Peters and Louise Bussell

Louise and Boyd initiated a wide-ranging discussion on system risk management, focusing on how NHS Highland can better share and manage risk across acute, community, and social care settings, with contributions from Andrew, Linda, Rebecca, Christina, Karen, Jennifer, Laura, and others, leading to agreement on ongoing dialogue, facilitated discussions, and the need for whole-system approaches. Louise and Boyd described the challenge of managing risk across the health and care system, particularly the pressures at acute hospital front doors and the need to distribute risk more evenly across community and social care settings, rather than allowing it to accumulate in one area.

Participants discussed practical examples such as virtual wards, hospital at home and delayed discharges, highlighting barriers including inflexible social care provision, slow recruitment and funding processes, and differences in risk tolerance and management between health and social care.

Christina and others emphasised the need to move away from a blame culture, support adaptive leadership, and foster a culture of permission and support for staff to manage risk differently, with a focus on learning from other areas and involving service users in the conversation.

Andrew and Jennifer raised the need to consider resource reallocation between health and social care, the importance of prevention, and the challenge of managing public expectations in the context of limited resources and increasing demand.

It was agreed that constituent groups would take the discussion back to their committee's, facilitated by executive as needed, and that the Area Clinical Forum would continue to develop advice for the board, with the possibility of a joint development session with non-executives.

**ACTION:** Allyson to liaise with Boyd and Louise to clarify and formalise the specific ask regarding system risk for ACF members to take to their committees.

#### **4.3 Population Health, Paul Nairn, Strategy and Transformation**

Paul presented the process for developing NHS Highland's new 10-year Population Health Strategy, outlining engagement plans, timelines, and the use of an engagement hub, with input from Graham, Andrew, Louise, and others on inclusivity, engagement methods, and the impact of the pre-election period. Paul explained that the strategy development is in its initial engagement phase, aiming for a strategic framework to be approved by July 2026, with ongoing engagement, data analysis, and iterative testing of ideas with staff, partners, and the public.

The engagement hub is being used to gather input from staff, organisations, the public, and children, with efforts to reach digitally excluded groups through high-footfall locations and face-to-face engagement, as discussed by Graham and Paul.

Paul clarified that proactive engagement must pause during the pre-election period, but surveys will remain open, and further advice will be sought on whether promotional materials can remain in place during this time.

Paul invited the Area Clinical Forum to provide feedback on the engagement questions and to participate in ongoing strategy development, with the possibility of further discussion in May and encouragement for broad participation in the surveys.

**Action:** Paul to seek advice from the Communications Teams regarding whether posters related to the Population Health Strategy Engagement need to be removed during the pre-election period.

Allyson to collate and submit ACF members responses to the Population Health Strategy Team discussion questions to Paul.

#### **4.4 Fast Response Meetings – Discussion**

Allyson led a discussion on making the Area Clinical Forum more responsive to board requests and system needs, proposing monthly short meetings or huddles, improved communication with professional advisory groups, and collective feedback on committee administration and terms of reference.

Allyson suggested introducing a 45-minute monthly huddle to enable faster responses to board requests and emerging issues, with support from Linda, Catriona, and others, while recognising the need to ensure representation from all professional groups.

Andrew and others discussed recent changes in committee administration, the need for consistent support, and plans to share and align terms of reference across professional advisory committees, with agreement to coordinate feedback and improvements collectively.

## **5. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS**

### **5.1 Area Dental Committee meeting –12<sup>th</sup> February 2026**

There was no one in attendance from the Area Dental Committee.

### **5.2 Adult Social Work and Social Care Advisory Committee meeting – no meetings at present.**

### **5.3 Area Pharmaceutical Committee – 8<sup>th</sup> December 2025**

Catriona reported on governance issues related to PPC hearings, efforts to align with national work, and the importance of representing remote and rural perspectives in consultations.

### **5.4 Area Medical Committee meeting – 18<sup>th</sup> December 2025**

Andrew summarised discussions on system pressures, committee interfaces, and concerns about administrative support, with ongoing efforts to improve committee functioning and collaboration.

### **5.5 Area Optometric Committee meeting – no meeting since 16<sup>th</sup> December 2025**

Ian highlighted the introduction of a specialist sub-appointment for eye conditions, improvements in cataract surgery waiting times, and the impact of new equipment standards in community optometry.

### **5.6 AHP Advisory Committee meeting – 26<sup>th</sup> February 2026**

Linda and Christine described the establishment and membership of the new AHP Team Advisory Committee and ongoing work on AHP Advisory Terms of Reference, with plans for ongoing engagement and representation.

### **5.7 Area Nursing and Midwifery Advisory Committee –next meeting 8<sup>th</sup> April 2026**

**Action:** Allyson to share the finalised Nursing and Midwifery Advisory Committee terms of reference with other professional advisory committees for review and alignment.

### **5.8 Psychological Services Advisory Meeting – no meeting took place.**

### **5.9 Area Healthcare Sciences Forum meeting – no meeting took place.**

## **6 Asset Management Group – 29<sup>th</sup> January 2026**

## **7 Highland Health and Social Care Committee – 14<sup>th</sup> January 2026**

**8 Argyll and Bute IJB minutes** – There was no questions or comments raised.

## **9 Dates of Future Meetings 2026**

7<sup>th</sup> May

2<sup>nd</sup> July

3<sup>rd</sup> September

5<sup>th</sup> November

## **10 FUTURE AGENDA ITEMS**

## **11 ANY OTHER COMPETENT BUSINESS**

**Action:** Allyson to collect feedback from all professional advisory committee's regarding issues with committee administration support and raise these collectively with Dominic and Nathan.

### **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 7<sup>th</sup> May 2026 at 1.30pm on Teams.

**The meeting closed at 4.23pm**