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MINUTE of MEETING of the AREA CLINICAL FORUM	12th January 2023– 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Stephen McNally (Vice Chair)
 Elspeth Caithness, Employee Director
 Eileen Anderson, Area Medical Committee
 Linda Currie, Associate AHP Director, A & B
 Eileen Anderson, Area Medical Committee
 Kara McNaught, Team Manager, Adult Social Care
 Al Miles, Area Medical Committee
 Zahid Ahmad, Area Dental Committee
 Kara McNaught, Team Manager, Adult Health & Social Care
 Patricia Hannam, Area Pharmaceutical Committee
 Manar Elkhazinder, Area Dental Committee (until 4pm)

In Attendance

Boyd Peters, Medical Director
 Claire Copeland, Deputy Medical Director (from 3pm)
 Boyd Robertson, Chief Executive
 Gerry O' Brian, Non Executive Director
 Lorraine Cowie, Head of Strategy (Item 4)
 Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from C Dreghorn, F Jamieson, A Javed and T Allison.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 3rd November 2022

These were taken as accurate and correct.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Winter Planning – Lorraine Cowie, Head of Strategy

The Chair explained that she had met with the vice chairs and discussed how best to have a look at the system challenges. It was agreed to invite L Cowie along to the meeting and to give the committee an opportunity to ask questions and find out information that was required to be brought back to the different committees that feed into this committee. This would allow information to flow into the strategy document for the coming year.

The Chair welcomed L Cowie to the meeting after the minutes and reports (Item 5) were taken.

The Chair invited L Cowie to speak to the committee about the strategy document. She advised the committee members to listen to the presentation, ask questions and then feed back at the next committee meeting so that this would be incorporated into the strategy document for next year.

L Cowie spoke to her presentation and took committee through some slides that covered winter planning. She explained that transformation is a subject that needed to be understood as there were various changes that needed to be implemented to maximise the skill mix of staff as there were challenges recruiting new staff. Work with primary care and GPs had to be looked at with a view to maximising the work done with partners to address the various challenges that were in effect.

Discussions were had around the rurality of NHS Highland and the impact that Scottish Government targets would have on them. Rural health care is more expensive to deliver and yet the funding received from Scottish Government does not seem to take this into consideration. L Cowie explained that this is raised with Scottish Government repeatedly and stated that there is a piece of work that requires to be done with respect of demonstrating the cost impact of delivering rural health care in the different areas covered and how this affects patient health outcomes.

It was noted that sharing the information given within the presentation with the various committees would help in the process of breaking down how each committee can feed into the strategy. L Cowie stated that she was happy to attend any of the committees to explain further.

B Robertson stated that the issue of rurality has been raised frequently especially in respect of care homes and the differences between rural areas and cities where the care homes were much larger and covered a larger population. Encouraging Scottish Government colleagues to visit the various areas within Highland is key so that they can see for themselves the rurality of places and see the setting itself.

Discussions were had around the NHSScotland Resource Allocation Committee (NRAC) funding particularly rurality and deprivation. B Peters shared a slide explaining the funding that was received and explained in more detail how it was allocated. It was noted that deprivation was more heavily weighted than rurality. L Cowie explained that additional monies that were received from Scottish Government are often given with a directive of where the monies should be spent. This has been challenged repeatedly with an ask of receiving these monies through core funding where they could then be spent on where there is an actual need instead of where Scottish Government believes there should be a need. It was noted that deprivation was easier to identify within an urban setting compared to a more rural setting and that the NRAC funding did not take this into account.

It was noted that there is a need to look at local authority funding also when looking at the whole system, funding affected all parts of the system. L Cowie stated that she was doing some work with T Allison on waiting lists and trying to show where deprivation was a leading factor for those on the waiting lists. This would highlight again where funding was needed. Service Level Agreements (SLA's) were also discussed with it being noted that responsibility sat with the individual departments as to the spend within them. Discussions were had around the availability of information to the various department managers with regard to finance. The role of clinicians and the role of finance was discussed with the need for the clinicians to feed back what was needed and finance to be aware of this. It is not the role of finance to make the decisions.

L Currie stated that she did receive financial reports in A & B and regularly looked at the budgets for her department. She highlighted the geographic difference between A & B and North Highland. Discussions were had around prevention care and if funding was being made available for this. Discussions were had around the access to services across the country and the availability of these services more widely.

The Chair highlighted how things have been done since Covid and the need to look at the ways in which things should be done going forward, with some things no longer needed and what can be taken forward and improved.

Discussions were had around the data that was available and what was required by the committee. L Cowie stated that she had lots of data but needed to know what was needed from the data by the various clinicians. It was noted that there were so many systems in place that it could be challenging to get to the data that was required. Different clinicians use different systems which may or may not talk to other systems within the organisation and this brings more challenge as if data was not being captured then it could not be monitored. It was highlighted that there are staff within the organisation already that perhaps could be given further training to develop into other roles and a need to look at this further, especially as for some roles recruitment was challenging.

The Chair thanked everyone for the discussion and encouraged everyone to go back to their committees and bring back to the next meeting their thoughts and ideas.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Medical Committee meeting – 6th December 2022

A Miles highlighted that the minutes circulated were the incorrect ones. The committee had met on the 6th December but were not quorate. Therefore, the following items were only discussed.

- An update was required from the Director of People & Culture with respect to the Culture Programme Board and when it was next meeting.
- NHS Private Care Interface – this creates a lot of work for secondary care and independent contractors. Looking for further information from B Peters.
- Update with regard to the National Treatment Centre (NTC), 50 to 60 percent of staff have now been recruited and it is April 2023 when this opens.
- Reports were taken from the sub committees. Update was given about the vaccination travel programme. All vaccinations should now be provided from community pharmacies. Concern that there may be more winter viruses as there is a lower uptake on the vaccines this year, this would put more pressure on GP Practices. Hospital Sub Committee discussed the winter plan. L Cowie presented on the winter plan and there were discussions around outpatient waiting lists. Update on the visit from the Chief Medical Officer.

The Chair explained that as travel vaccinations were not a core service that many community pharmacies were not offering them. Many did not have the capacity to offer this service, moving the travel vaccines from GP surgeries to community pharmacy was only part of the solution in place.

E Anderson explained that she had contacted F Hogg in relation to the Culture group for an update on what was happening but had so far not received a reply. She has also contacted C Yiangou with regard to the Primary and Secondary Care Interface arrangements and he will attend the next Area Medical Committee. As per last committee meeting, invites were meant to be sent to S McNally and E Anderson for the next meeting to discuss the beds in

Raigmore Hospital, but these invites have not been received.

The Chair highlighted the festive break and that this had had an impact on emails with replies still perhaps waiting to be sent due to the volume of emails received over the festive break by various colleagues.

B Robertson gave an update for the recruitment of staff to the NTC and this was now sitting at 80%. Discussions were had around whether this percentage included staff being transferred across to the NTC or were new staff. It was noted that it was a mixture of both.

5.2 Area Optometric Committee meeting – 17th November 2022

There was no one in attendance from Optometry.

5.3 Area Healthcare Sciences Forum meeting

No update as no one in attendance at this meeting.

5.4 Area Pharmaceutical Committee – 12th December 2022

The Chair asked if P Hannam would speak to this as she was not in attendance.

- Presentation on TGWC
- Committee was looking at the membership of committee
- Update from the Director of Pharmacy – current staffing, retirements occurring prior to April and the plans to address this.
- IT issues – digital prescribing strategy for community pharmacy is linked into the GP IT reprovisioning, there may be delays with this.

AI explained that there was only one system that was in operation called VISION. The timeline for the digital prescribing has been given as in the next 3 years. There may be some legislative issues that are holding the process back, but it should be a robust system that is more paper free than the system that is used in England.

The Chair explained that it was challenging to address the handwritten prescription and signature aspect due to it be part of the legislation process itself. There was an update given at Community Pharmacy Scotland where the progress was explained, and it appears that progress is now being rapidly made.

5.5 Area Dental Committee meeting – 30th November 2022

M Elkhazinder stated that there were a few issues that the dental committee wished to raise to committee:

- concerns around the IT infrastructure – this would allow dental to liaise with other services, sharing of dental records, charts etc could then be shared with GPs, hospitals and public dental services.
- Ventilation – this issue was raised during Covid but still remains an issue
- Recruitment and retention – ongoing issues with trying to recruit into dentistry, committee was enquiring about the use of media to try to encourage more people to come to work in Highland

The question was raised as to the comms and how to use this as a medium. The Chair stated that she would look into this further as there had been a lot of generic advertising for staff but there may be further help available. B Robertson stated that the issue of recruitment in dentistry had been raised by colleagues at Board level. K McNaught also highlighted that it was not always easy to find where the jobs for NHS Highland are advertised and some work done around making these vacancies easier to find may help.

Discussions were also had around providing facilities to replace those practices that are closing to address the waiting lists of patients.

Action: The Chair to speak with R Fry to discuss further.

5.6 Adult Social Work and Social Care Advisory Committee – 8th December 2022

K McNaught stated that this was her first meeting as Chair and most of the meeting was spent reviewing the constitution.

- Looking at membership – top heavy, there is a need to look at membership
- draft terms of reference have been started and members have been asked to feed into this
- how does this committee fit into this committee?

K McNaught has a meeting with S Steer, Director and R Macdonald, Deputy Director next week to go over the terms of reference. Discussions were had around the Lead Professional role and the expectation of what social work will pick up. Discussions were also had around the Scottish Social Services Council (SSSC) register and the concerns around this. Referral Assessment Officers were also discussed, there are not currently expected to be registered but the register is now closed and will not open again until 2024.

5.7 Area Nursing, Midwifery, and AHP Advisory Committee – no meetings have taken place.

L Currie explained that the team were going through a transitional process. K Patience-Quate were in the process of circulating a survey round the membership, both the advisory and the leadership committee. This should hopefully increase membership and increase the committee productivity. Meetings should resume next year.

5.8 Psychological Services meeting – no meetings took place

The Forum **noted** the circulated minutes and feedback

6 ASSET MANAGEMENT GROUP

Alex Javed and Stephen McNally

6.1 Verbal Update

S McNally stated that the Asset Management Group had only spent around one third of their capital by month 8. However, the capital would be spent by the end of the twelve-month period.

The Forum **noted** the update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of Meeting of 2nd November 2022

K McNaught stated that this was the first meeting that she had attended. G O'Brien explained that the main item that was discussed was the fragility of the care home sector. There is a lot of work going on at this time and hoping to develop a strategy that will be able to respond to the fragility. The care homes are under a lot of pressure and the position of

local authorities financially have a big impact on this. Work will be ongoing for some years but there is transformational work that is going on to look at how things can be done slightly differently to address the challenges presented.

The Forum **noted** the circulated minutes

8 Dates of Future Meetings

9th March 2023

4th May 2023

6th July 2023

31st August 2023

2nd November 2023

9 FUTURE AGENDA ITEMS

The Chair asked for suggestions for future agenda items from committee members.

- NTC – this might not be until the May meeting due to time constraints and getting the service up and running
- Culture oversight group

The Chair encourage committee to get in contact with any items they wished to see on the agenda.

10. ANY OTHER COMPETENT BUSINESS

None

11 DATE OF NEXT MEETING

The next meeting will be held on the 9th March 2023 at **1.30pm on Teams.**

The meeting closed at 2.50pm