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| <i>DRAFT</i>  | Assynt House<br>Beechwood Park<br>Inverness IV2 3BW<br>Tel: 01463 717123<br>Fax: 01463 235189<br><a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a> |  |
| <b>DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM</b> | <b>3<sup>rd</sup> November 2022 – 1.30pm</b><br><b>Microsoft TEAMS</b>  |   |

### **Present**

Catriona Sinclair (Chair)  
 Frances Jamieson (Vice 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

### **In Attendance**

Boyd Peters, Medical Director  
 Garret Corner, Non-Executive Director  
 Muriel Cockburn, Non-Executive Director  
 Ann Clark, Non-Executive Director  
 Sarah Compton-Bishop, Non-Executive Director  
 Joanne McCoy, Non-Executive  
 Lorraine Cowie, Head of Strategy (Item 4)  
 Natalie Booth, Committee Administrator  
 Nathan Ware, Governance and Assurance Co-ordinator  
 Karen Doonan, Committee Administrator (Minute)

## **1 WELCOME AND APOLOGIES**

The chair welcomed everyone to the meeting. Apologies were received from Al Miles. The Chair introduced K McNaught and explained that she would be replacing I Thomson on the committee.

### **1.1 DECLARATIONS OF INTEREST**

Catriona Sinclair declared a conflict of interest, being the chair of the Area Pharmaceutical Committee (APC), with regards to the SBAR on pharmacy closures (agenda 4.2)

## **2. DRAFT MINUTE OF MEETING HELD ON 1<sup>st</sup> September 2022**

It was highlighted that the minutes from the previous meeting held on 1<sup>st</sup> September 2022 did not note the discussion regarding certain issues not needing to go through the Sub Committee and the Area Medical Committee before being discussed in the Area Clinical Forum meetings.

**Action:** K Doonan to revisit minutes from the last meeting held on 1<sup>st</sup> September 2022 and update accordingly. K Doonan will then re-issue updated minutes if applicable.

### **3. MATTERS ARISING**

#### **3.1 ACF Chair to meet with B Robertson & P Dudek - update**

Meeting to be held between C Sinclair, B Robertson and P Dudek is scheduled towards the end of November. There will be an update provided at the 12 January 2023 Area Clinical Forum meeting

#### **3.2 ACF Chair to meet with S McNally & F Jamieson – update**

It was noted that no date had been agreed for the ACF chair to meet with S McNally and F Jamieson. A review of Area Clinical Forum meetings will be carried out, to discuss format and any changes to the meeting content that may be required.

**Action:** K Doonan and C Sinclair to review further dates that C Sinclair, S McNally and F Jamieson can meet.

#### **3.3 Bed Availability Meetings**

E Anderson stated that despite discussions at the last ACF she had still not received any invitations to attend the meetings to discuss bed availability. S McNally stated that he had not received any either but was happy to take forward and to report back.

**Action:** S McNally to check with C Yiangou as to the dates of the bed meetings and update E Anderson on invites.

### **4. ITEMS FOR DISCUSSION**

#### **4.1 Winter Planning – Lorraine Cowie, Head of Strategy**

L Cowie spoke to her presentation.

#### **4.2 SBAR – Pharmacy Closures**

The Chair spoke to the SBAR and explained that there is a situation within the Inverness area where a multiple is having issues with keeping two pharmacies open. The option being used to address this now is one pharmacy being open in the morning and one in the afternoon until staffing issues can be resolved.

The Area Pharmaceutical Committee (APC) has asked this committee to elevate this to the Board in order that there is assurance that stability in Inverness is being achieved with this option being used now.

Discussions were had around the different roles that pharmacists were in within the NHS and it was noted that there was no sector that did not have many vacancies, there was a huge shortage of pharmacists nationally.

The committee agreed that it was appropriate for this SBAR to be taken to the Board to determine the level of assurance.

**Action:** K Doonan to send the SBAR to the Board to be put on the Agenda.

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

The Chair highlighted that there were still issues receiving minutes from the committees and would take this offline to address.

Action: The Chair to check with R Daly as to the issues of receiving minutes.

### 5.1 Area Medical Committee meeting 4<sup>th</sup> October 2022

E Anderson explained that the meeting that was held was non quorate and therefore they had yet to be ratified.

- Progress in the dermatology service; plans to invite dermatology service lead to future meetings and to tie that in with sustainable delivery programme
- Culture programme board: E Pickard no longer works for Highland therefore the meeting between Cultural Programme and Workforce boards scheduled 17 October was cancelled and not yet rescheduled
- National treatment centre:
  - 40% successful recruitment.
  - Orthopaedic lead and service manager for centre to be invited to next meeting for an in-depth update
- Further discussion took place on private care interface
- More work to be done with GP sub committee
- Clinical area forum discussed in depth
- Medical committee escalation to the board
- Winter planning activity – addressing GP's complaints that they hadn't been sufficiently engaged in the planning – B Peters confirmed board awareness of the GP complaint and that re-planning started therefore clarifying lack of GP engagement due to this. B Peters said that ideas, thoughts suggestions would be welcome to the programme for consideration.
- GP subcommittee:
  - feed back to the meeting regarding the vaccination programme as they suggest there is potential for increased GP and secondary care activity in the programme due to lower vaccination uptake. As the vaccination programme hasn't yet been completed a GP sub update is required
- Covid pressure on service delivery and the impact on bed crisis
- Radiology crashes were also discussed

E Anderson stood down as chair of the Hospital Sub Committee, further discussion to take place on her replacement

To ensure future meetings are quorate the membership and the new Chair needs to be secured, more commitment, ensure appropriate attendees and better attendance at the Area Medical Committee meeting. It was requested and agreed that B Peters would attend the next meeting.

**Actions:** B Peters to be invited to the next Area Medical Committee

### 5.2 Area Optometric Committee meeting – meeting re-arranged for November

No update as meeting had been re-arranged, minutes would come to next committee meeting.

### 5.3 Area Healthcare Sciences Forum meeting

No update as no one in attendance at this meeting.

### 5.4 Area Pharmaceutical Committee – 24<sup>th</sup> October (minutes not complete)

Chair informed that the SBAR on today's agenda and constitution (workforce and challenges) are being closely looked at. Minutes will come to next committee meeting.

## **5.5 Area Dental Committee meeting – 28<sup>th</sup> September 2022**

No updates as no one in attendance at today's meeting

## **5.6 Adult Social Work and Social Care Advisory Committee – October meeting**

K McNaught, Adult Care Review Team Manager introduced herself to the group. K McNaught has taken over as chair of the Area Social Work & Social Care Advisory Committee and will review the constitution as part of her new role.

Highlighted from the previous minutes of meeting:

- Referral assessment officer and registration with the Scottish Social Services Council – letter being drafted to raise concerns in terms of benefits and what are seen as risks with regards to the role
- Inspection practices and care inspectorate concerns; concerns from social care services in house and external - significant challenges being faced in the sector, relationship and expectations from the care inspectorate
- Staff meeting the registration requirement as part of SSSC will be on the agenda for the next meeting
- A standard operating procedure (SOP), guidance for social workers and referral assessment officers supporting with self-directed support reviews was agreed in principle, after some changes it will go back to the social work leadership team for approval, and it was agreed that K McNaught would chair

## **5.7 Area Nursing, Midwifery, and AHP Advisory Committee - meeting was cancelled**

A formal meeting did not take place due to non-quoracy, L Currie gave an overview of a discussion that was held:

- Heidi May has now retired from her role and the future culture changes and challenges faced
- Long covid clinical team started in post this week and proposed that a representative attends this committee to talk about the long covid services, in the future months when the service picks up
- The long covid clinical service is virtual and at present it is on GP referral, more detail on the service will be given to committee at a future meeting.

## **5.8 Psychological Services meeting – no meeting took place**

### **Meeting attendance & Quoracy**

Regarding the challenges being faced in reaching quorum and meeting involvement the Chair asked the group if there were any success stories? Discussion followed on various ways to get meeting attendance, use of technology, providing and understanding relevant information, communications, who should attend meetings.

S McNally shared an awareness that within the Centre for Sustainable Delivery which is a suite that the Scottish Government are pushing and which C Yiangou is leading, people are engaging, there is a good interest and attendance and also has people working on individual programmes within it.

B Peters explained and detailed that where there's a better understanding and information of the financial position, performance, unscheduled care pressures, etc., which all boards are faced with, all add to the criteria for gaining meeting attendance.

F Jamieson said that there was success in generating interest and attendees to meetings through unofficial pages on social media sites, she stressed that the pages were unofficial with front page disclaimer that it's not official and not affiliated. F Jamieson also said that the constitution is to be changed to allow locums to join the Area Optometric Committee (AOC) with the hope of widening attendance at said committee.

A Clark highlighted to the group the usefulness of technology and raised awareness of a video which e-Heath has produced on MS Teams and how, as it is secure platform, can be used more efficiently for interactive communications. It was suggested that R Fry, head of comms, could be contacted for an update on the latest various and best forms of communications.

The question was raised if student nurses and doctors' input was sought or invited to meetings. B Peters informed the group that a Scottish Clinical Leadership fellow, a scheme for developing leadership in a cohort of doctors in training, qualified doctors not training into any particular speciality take a year out of training and become part of a leadership framework, as we get aligned into government international bodies. This is the first time they're aligned to a health board and Kate Jobling will be shadowing B Peters at a variety of meetings he attends and the ACF – the board welcomed this opportunity and K Jobling will be invited to the ACF meeting in January.

B Peters took the group through a presentation on system pressures across NHS, containing the understanding, the data available around the pressures experienced. Discussion took place on the content and the expected outcome including the influence on quality measure.

E Anderson advised of a forthcoming quality assurance visit to the breast unit, concerns are raised the due to lack of radiographers and radiologists (challenges to recruit) that NHS may not fare well from the visit, although the work that is being done is excellent despite this.

**Action:** Sarah Compton Bishop requested for herself and Linda Currie to have further discussion on performance and metrics

**Action** – The Chair to contact R Fry for more details.

**Action** – K Doonan to invite K Jobling to the January meeting of committee

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

## **6 ASSET MANAGEMENT GROUP**

Alex Javed and Stephen McNally

### **6.1 Verbal Update**

The minutes from the last meeting are not available however S McNally made the group aware that discussion took place regarding funding for water treatment (laundry) that is over £1million and will be Scottish Government funded.

The Forum **noted** the update

## 7 **HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE** Catriona Sinclair

### 7.1 **Minute of Meeting of 31<sup>st</sup> August 2022**

The Chair agreed that K McNaught will attend future HHSCC meetings

- Minutes of meeting for 02 November 2022 are not yet available.
- Minutes from the August meeting are comprehensive and self-explanatory.
- Future meeting dates and future & outstanding agenda items agreed as per minutes

**Action:** K Doonan to add K McNought to TEAMS channel

The Forum **noted** the circulated minutes

## 8 **Dates of Future Meetings**

12 January 2023  
2 March 2023  
4 May 2023  
6 July 2023  
31 August 2023  
2 November 2023

## 9 **FUTURE AGENDA ITEMS**

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

## 10. **ANY OTHER COMPETENT BUSINESS**

Boyd Peters presented an overview of NHSH finance slides within the meeting; detailing the NHSH financial position within budget, areas of spend, overspend, financial pressures, savings to be made and forecast. Suggestions are welcome for cost cutting and savings to help achieve and influence the budget.

- Financial information is currently not shared with clinicians, the detail would be welcome as they would have awareness of their own budget, savings, overspend areas and it could be managed
- Departments should request financial information and if this is not forthcoming the issue should be escalated
- Locum spend continues to be an expensive service rising year on year and should be considered in the budget
- The expense of hiring locums in interventional radiology was raised

## 11 **DATE OF NEXT MEETING**

The next meeting will be held on the 12<sup>th</sup> January 2023 at **1.30pm on Teams.**

**The meeting closed at 4.30pm**

DRAFT

# NHS Highland



**Meeting:** Area Clinical Forum

**Meeting date:** 3<sup>rd</sup> November 2022

**Title:** SBAR Community Pharmacy Closures

**Responsible Executive/Non-Executive:** Ian Rudd, Director of Pharmacy

**Report Author:** Area Pharmaceutical Committee

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

|              |               |              |   |             |  |
|--------------|---------------|--------------|---|-------------|--|
| Start Well   | Thrive Well   | Stay Well    | x | Anchor Well |  |
| Grow Well    | Listen Well   | Nurture Well |   | Plan Well   |  |
| Care Well    | Live Well     | Respond Well |   | Treat Well  |  |
| Journey Well | Age Well      | End Well     |   | Value Well  |  |
| Perform well | Progress well |              |   |             |  |

## 2 Report summary

### 2.1 Situation

The Committee will note that two pharmacies in Inverness, both Lloyds, account for the majority of community pharmacy closures in September

### 2.2 Background

Reported closures are being monitored on a monthly basis by community pharmacy services. This SBAR provides a follow up to that provided to the Area Pharmaceutical Committee in their August meeting regarding community pharmacy closures in July 2022.



## 2.3 Assessment

With the exception of these two pharmacies, the remaining closures are much reduced from the situation in July. Of the two pharmacies in Inverness, the Riverside Lloyds pharmacy was closed for 42% of its normal opening hours for the month, and the Greig Street Lloyds pharmacy was closed for 37.5% of its normal opening hours. These closures were unplanned and were not communicated consistently to the Community Pharmacy Services Office or the surrounding GP practices and pharmacies. Patients reported increasing levels of anxiety regarding accessing their prescriptions and surrounding pharmacies reported increasing Unscheduled Care requests. This situation deteriorated further at the beginning of October.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

|             |                          |          |                                     |
|-------------|--------------------------|----------|-------------------------------------|
| Substantial | <input type="checkbox"/> | Moderate | <input checked="" type="checkbox"/> |
| Limited     | <input type="checkbox"/> | None     | <input type="checkbox"/>            |

### Comment on the level of assurance

Jackie Agnew, Associate director of Pharmacy, Community Pharmacy & CD Governance, met with senior management for Lloyds and it was agreed that Lloyds would combine the staff and locum pharmacists from both pharmacies in to one single team which, for the next 2 to 3 weeks, will work in Greig Street pharmacy in the mornings and in the Riverside pharmacy in the afternoon.

It is anticipated that this will provide some stability for patients and GP practices, enable the pharmacies to catch up with their significant back log of prescriptions, and remove the additional burden of Unscheduled Care requests that neighbouring pharmacies were being faced with.

Information about this series of managed shortened hours for both pharmacies has been circulated to GP practices and pharmacies in Inverness and the public were made aware using the Board's social media outlets which were subsequently picked up in local papers.

Since this arrangement was put in place, on 10 October 2022, there has been no negative feedback about unscheduled closures out with these arrangements in these two pharmacies

Following discussion at the APC meeting on 24<sup>th</sup> October it was agreed that Community Pharmacy Services team will review current reporting processes, to enable all contractors to provide more consistent reporting of unplanned pharmacy closures across North Highland and Argyll and Bute.

### 3 Impact Analysis

#### 3.1 Quality/ Patient Care

The series of unscheduled and prolonged closures in these two pharmacies had led to a back log of prescriptions in the pharmacies. Closures meant that patients could not access their repeats nor could they present urgent or acute prescriptions for same day dispensing or access the other core community pharmacy services. Patients reported increasing anxiety about their prescriptions being held in the two pharmacies as they could not access them to take to another pharmacy.

#### 3.2 Workforce

The back log of items to dispense plus the negative feedback from patients led to significant stress in the pharmacy teams, which were already short staffed and running with locum pharmacists. Local pharmacies were working later to deal with their own workload due to the number of patients presenting for Unscheduled Care and other pharmaceutical care services.

#### 3.3 Financial

N/A

#### 3.4 Risk Assessment/Management

As per 2.4 Levels of assurance

#### 3.5 Data Protection

N/A

#### 3.6 Equality and Diversity, including health inequalities

Stability of the situation in both pharmacies should reduce inequality due to a patient's inability to access another source of pharmaceutical care

#### 3.7 Other impacts

As described above

#### 3.8 Communication, involvement, engagement and consultation

- Meeting with Lloyds senior management on 10/10/22
- Follow up meeting scheduled for 04/11/22

#### 3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Area Pharmaceutical Committee 24/10/2022

## 4 Recommendation

- **Awareness** – For Members' information only.

### 4.1 List of appendices

N/A