

NHS Borders - Area Clinical Forum



MINUTE of meeting held on

Tuesday 1st October 2019 – 17:00-18:30

BGH Committee Room, Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Peter Lerpiniere (Associate Director of Nursing for MH, LD & Older People) (PL)
 Jackie Scott (Medical Scientists)
 Pamela Gordon (Allied Health Professionals) (PG);

Kate Warner, Minute Secretary (KW)

Guest:- Kirk Lakie, Senior Finance Manager (KL)

Apologies: Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair) (KB)
 Dr Cliff Sharp (Medical Director) (CS)
 Dr Caroline Cochrane (Psychology) (CC)
 John McLaren (Employee Director) (JMCL)
 Ehsan Alanizi (Area Dental Advisory Committee) (EA)

AW welcomed those present to the meeting and acknowledged the apologies listed above.

1 PRESENTATION – VERBAL UPDATE ON 3 YEAR FINANCIAL PLAN

Kirk Lakie, Senior Finance Manager at NHS Borders attended ACF to provide a presentation/update on the NHS Borders 3 Year Financial Plan. The Turnaround Team are currently working to map the savings plans to clinical strategy to ensure that everything fits into the wider strategy for NHS Borders. Turnaround requires savings to be at the operational level; not to the delivery of services. He spoke of the “Think Different” campaign and how that is used to communicate messages to staff and wider Borders population. KL outlined the recurring closing deficit of previous years and the bridging funding which has been available from the Scottish Government. This year the deficit (£12.8 million) will reduce by around £1 million. Delivering both recurring and non recurring savings is expected with the requirement to make recurring savings of £7 million this year, and further similar amounts over the next two years. This is more than we have delivered in the previous five years and so is a huge challenge as each year has to bring a new set of savings plans. The level of current borrowing from Scottish Government will come to an end in 2022/23. KL outlined the development of ideas from proposal, to scoping to mandating as future savings plans. At the mandated stage there has to be a high degree of confidence in the saving to be made. KL outlined some of the ideas that are being mandated and also spoke of the high level proposals currently being worked through with workstreams. There is currently no data available to analyse use of current resources and is being investigated: such as, areas of non-pay and whether best value is being achieved; SLAs – 15% paid to have services provided by others on our behalf – the data is required to support this level of decision. More work is required with services over the coming 6 months to achieve a higher level of mandated savings but the planning stage is much further forward now and there is more confidence in NHS Borders being able to be in control of financial position and destiny. PL asked about the delivery services and how to ensure that staff are working to the top of their skill set and license to make up staff shortfall. The difficulty in recruiting senior medical staff was discussed and that this needs to be planned for before there is a crisis situation. AW raised the question of longer term care and the shifting of the balance of care – with an example of the mental health review done 20 years ago; PL confirmed that this was not popular to begin with but proved successful. Ophthalmology, dermatology, haematology, respiratory – examples of services that have, or may have future, staffing issues. Pharmacy service is an example of where the technician role became more flexible and valuable as budgets

and staffing issues arose. Different models of care will be discussed and introduced with an opportunity to work differently. Current modelling of the bed footprint in hospital was discussed and JS asked if the ageing population was being taken into account. ACF agreed that patients often benefit from a different type of setting and being away from hospital. KL concluded that NHS Borders will continue to work with Scottish Government with a mid-review planned for November. He commented that there is further work required to develop mandates and schemes and that by February 2020 all detail for these should be finalised.

AW thanked KL for his attendance and presentation and ACF noted this update.

3 DRAFT MINUTE OF PREVIOUS MEETING 25.06.2019

The Minute of the previous meeting, held on 25th June 2019, was read and approved as an accurate record of the meeting with no changes.

ACTION: Remove draft; available to IB in committees drive for NHS Borders Board (KW).

4 MATTERS ARISING AND ACTION TRACKER

Matters Arising:- Dr K Buchan, as Vice Chair of ACF, can attend NHS Borders Board meetings as a deputy to the ACF Chair but does not have a vote as not a Non Executive.

Action Tracker updates:-

#68 HOLD this action until later in the year (KW)

#69 Invite Dr A Howell to December meeting to present "Realistic Medicine" (KW)

#70 On-going - Forward update from professional advisory committee to KW if unable to attend (ALL)

#71 On-going - Create update from Public Governance Committee (in Board papers) (KW)

#72 On-going - Send minutes from Professional Advisory Group after each meeting to KW (ALL)

#73 Email ACF members regarding the day/time of meeting; investigate video conferencing (KW)

5 TIME OF ACF MEETING

ACF discussed the day of week and time of day that the meeting is held and availability for committee members / representatives from the professional advisory groups' ability to attend. Those present agreed that KW should email all ACF members with a choice of remaining on a Tuesday before Board meeting at 5-6pm or moving to Monday 1-2pm with ability to videoconference / teleconference for those unable to travel at that time. Office 365 and team collaboration should also be investigated.

ACTION: Email and agree meeting day/time for 2020 meetings. Investigate video conferencing and Office 365 opportunities (KW).

6 EU WITHDRAWAL UPDATE

AW reported to ACF on the scenario planning which has been happening at Scottish Borders Council – with a focus on medicines and strategic planning. AW commented that it is business as usual for medicines as there are numerous shortages and these are dealt with by Pharmacy Procurement and Community Pharmacies with the appropriate procedures in place. Issues with shortages are under discussion with national groups who are reviewing to ensure a more timely response and process. An NHS Borders Brexit response team is in place and linking with Scottish Borders Council colleagues. JS commented that Laboratories have been asked to stock up by suppliers but they have not done this as they do not have space. AW replied that advice for

Pharmacy is not to stockpile or to double script as this will cause other issues with shortages. Pharmaceutical companies have been asked to stockpile. ACF noted this update.

7 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW reported on the meeting held on 4th September 2019; there is no minute available for this meeting but she outlined the areas covered - infection control, hospital mortality reports, there has been an increase in the number of ombudsman reports but with no particular themes so this may be a result of a new complaints process; Kelso Community Hospital received an Excellence in Care award for having no pressure damage since January 2018 which was congratulated. ACF noted this update.

8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

Relevant information from Public Governance Meetings will be included from Board papers when available as there are no representatives from ACF attending these meetings at this time.

ACTION: Check Board papers each meeting for the Public Governance Committee minute and include relevant items in meetings report (KW).

9 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW was unable to attend the last ACF Chairs meeting and no minute has been made available at the time of this meeting. Discussions on agenda focussed on ACF role in IJBs; eHealth Strategy; Health Inequalities and Scottish Access Collaborative. ACF noted this update.

ACTION: Forward previous National ACF Chairs' meeting minute to ACF when available (KW)

10 NHS BOARD PAPERS: DISCUSSION

NHS Board papers had been forwarded by email to ACF prior to the meeting. AW and Vice Chair KB are not available to attend the Board meeting this week. ACF did not have any feedback on papers to forward to the Board Secretary.

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (PG) – PG reported that the AHP Management Steering Group is meeting today for its second meeting and there is a willingness to move forward with this group. Erica Reid is leading this. There has been another AHP service and service manager review for clinical productivity.

11(b) Area Dental Advisory Committee – no update available.

11(c) Area Medical Committee/GP Sub Group (KB) – no update available.

11(d) Area Ophthalmic Committee (NH) – NH reported on July meeting which Dr Cliff Sharp attended to give an update on the financial turnaround situation and plans. A Clinical Viewer is to be made available to allow a read only view of hospital referrals. AOC have discussed the lack of independent prescribers in the Borders and the use of PGDs. AW (KW) agreed to review information available for this from Grampian and Fife. AOC are hoping to speak to a GP Sub meeting to improve communications for referrals and NH requested that this be included in any communications going out to GPs.

11(e) Area Pharmaceutical Committee (AW) – AW reported on meeting held 23rd July. There is no progress update on the Tweedbank Pharmacy application at this time. Positive feedback has been received for medicines reviews completed in Hawick and the 5-day-a-week pharmacist in GP Practices. Community Pharmacists are encouraged and trained to provide medication reviews and, where they are done, the feedback is excellent. However, due to various reasons, uptake is low from the pharmacies to complete. Telehealth was discussed with progress being made with SB Cares devices to support patients in their home environment with medication reminders. Feedback to the Board included request for Community Pharmacists to be involved at an early stage with savings which involve changes to medicines as this impacts stock.

11(f) BANMAC (PL) – PL reported on meeting 9th September which covered updates from nursing workforce. Lynne Boyle talked about forthcoming legislation and about new workforce tools which will be available nationally.

11(g) Medical Scientists (JS) – As BGH Laboratory is the only one in the Borders their relevant meetings would be Senior Staff meeting. Currently Laboratories are reviewing tests and will receive feedback from GPs on this. She commented on previous service redesign conducted in 2014 and the subsequent savings of £400,000 they made. They are now being asked what else they can do to achieve more savings. As a result of the service review, Band 6 jobs were made into Band 5 – this has had the result of trainee turnover increasing as staff move on after training has been received to Band 6 jobs elsewhere; NHS Lothian have reverted back to previous scales and so currently there are 6 trainees in BGH which creates a lot of extra work for managers.

11(h) Psychology (CC) – no update available.

ACF noted the updates available. PL left the meeting at 18:12.

ACTION: All Advisory Committee representatives to send an update if unable to attend (KW-ALL).

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

No feedback was received for the Board meeting on 3rd October 2019.

ACTION: Forward ACF Minute to NHS Borders Board meeting (KW); Forward ACF attendance sheet to NHS Board Secretary (KW).

13 ANY OTHER BUSINESS

No other business was raised at the meeting.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 3rd December 2019 at 17:00 in the BGH Committee Room.

ACTION: Presentations for future meetings – to be arranged:-

- Realistic Medicine (Dr Annabel Howell)
- Primary Care Improvement Plan Update (Dr Kevin Buchan)