NHS Borders - Area Clinical Forum

MINUTE of meeting held on



Tuesday 3rd March 2020 – 17:00-18:30 BGH Committee Room, Borders General Hospital

- Present:Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair) (KB)
Nicky Hall (Area Ophthalmic Committee) (NH)
Peter Lerpiniere (Associate Director of Nursing for MH, LD & Older People) (PL)
John McLaren (Employee Director) (JMcL)
Kate Warner, Minute Secretary (KW)
- Apologies:Pamela Gordon (Allied Health Professionals) (PG);
Dr Cliff Sharp (Medical Director) (CS)
Ehsan Alanizi (Area Dental Advisory Committee) (EA)

Jackie Scott (Medical Scientists) Dr Caroline Cochrane (Psychology) (CC)

1 PRESENTATION – PRIMARY CARE IMPROVEMENT PLAN UPDATE

Dr Kevin Buchan (KB) presented an update to the Primary Care Improvement Plan. He commented on the improvement made by having GP Executive group and spend of £3.2 million has been committed. The consensus is that this is not enough to deliver the plan and not knowing what Scottish Government wants is an issue. This amount will provide ancillary support – pharmacotherapy with Pharmacists in practices will result in a better service for patients and staff in practice and this is working well. Other support has not proved to be as successful yet, such as ANP providing care – as the commitment, volume and speed of life in GP practice is new for them resulting in difficult recruitment and low retention. KB commented that recruitment in larger populated areas – or close to cities such as Ayrshire & Arran – has been more successful than the remote/rural areas. The benefits when it is working well are excellent. Physiotherapists in practice also discussed but their holistic approach to patients, whilst excellent, may not be good value for GPs. A strand which has been successful has been Mental Health with a groundbreaking pattern of working and being able to direct people to appropriate services and not bringing into practice has been of great benefit to patients. Prescriptions for mental health patients are decreasing as a result of this change.

KB also commented on CTAC and Vaccinations with vaccinations remaining in GP practices with nurses continuing to prescribe and administer. Multi-disciplinary teams were covered in the presentation and KB spoke of the time taken in patient conversations that should lead to a drop in prescriptions. It is also hoped that this will boost working relationships between primary and secondary care. GP income and remote/rural GPs missing out to central belts' benefits. Contract will be voted on next year and finished by 2021. He spoke of the difficulty getting the contract off the ground and having to deliver a national contract locally. The model works but recruitment and delivery of services may make it fail. ACF discussed the role of ANPs and ambition of training staff; PL commented that ANPs in mental health is currently being investigated.

KB spoke of the GP clusters which are working but slowly and with no funding. AW thanked KB for his presentation with the hope that GPs are able to go to the next level with the contract. ACF noted this update.

2 APOLOGIES and ANNOUNCEMENTS

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

3 DRAFT MINUTE OF PREVIOUS MEETING 03.12.2019

The Minute of the previous meeting, held on 3^{rd} December 2019, was read and approved as an accurate record of the meeting with the following change: - Page 1 "From" Scottish Government – typo.

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

4 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

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

#69 Invite Dr A Howell to future meeting to present "Realistic Medicine" later in year.

#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 Complete ; #75 Complete ; #76 Complete

5 SAFE STAFFING PRESENTATION

AW commented on Safe Staffing which has been taken forward through nursing and midwifery. There are still a number of questions to be answered and reporting will commence next spring with a phased implementation. JMacl would like someone to attend ACF and talk through the paper.

ACTION: Invite appropriate member of staff to attend ACF and talk through paper (KW)

6 PHARMACEUTICAL CARE SERVICES PLAN 2020/21

AW spoke to the Pharmaceutical Care Services Plan, which has been circulated to relevant Committees for approval and updated as necessary. GP Sub have requested a minor update to wording on page 28 and that will be captured before it goes to the Board meeting at the beginning of April. The Plan is required to support any new contract applications. It is updated annually and is available on the Intranet and public website. ACF noted this update.

7 PUBLIC PROTECTION UPDATE

PL gave a brief update to Public Protection streamlining of services for public at risk. PL commented that the number of committees and groups meeting had been streamlined significantly and was working better with Public Protection Committees for Adult, Children and Offender Management. These have consumed various sub groups. Scottish Borders Council remain the lead agency with the social work team managers deciding how to progress cases. KB commented on this recent change from a GP perspective and said that this has been a marked improvement being easier to deal with. PL agreed to feed this back to the teams. Consultant Nurse in Public Protection is a new post and contact for primary care ensuring that the details of request is shared appropriately; this is a changed model which will give a better level of protection. Most appropriate staff members will be pulled in when required who can bring the right services for the patient. ACF discussed the role of professional advisory groups referring vulnerable people that they see. PL commended the recent work done by GP and District Nurse working with a vulnerable patient. The new nurse consultant will be asked to do a presentation at a future meeting. ACF noted this update.

8 EU WITHDRAWAL UPDATE

No update from AW; there have been no meetings at NHS Borders; Scottish Borders Council continue to meet weekly but no significant updates to share. ACF noted this update.

9 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

AW had nothing particular to report from the meeting held on 22nd January 2020; updates were received on infection control, SPSO updates, Clinical Board updates and OPAH Annual update. ACF noted this update.

10 PUBLIC GOVERNANCE COMMITEE: FEEDBACK

JMacL reported on the Public Governance Meeting held on 4th February 2020. The meeting focused on internal audit of public engagement and an update on the significant changes for Scottish Health Council. ACF noted this update.

11 NATIONAL ACF CHAIRS MEETING: FEEDBACK

AW reported on ACF Chairs meeting held on 4th December 2019 when there was a discussion about the engagement (or lack of) between ACFs and IJBs. KB commented that primary care is often an afterthought for IJB and they are very BGH-centric which needs to change. ACF noted this update.

12 NHS BOARD PAPERS: DISCUSSION

NHS Board papers have a different agenda format for this meeting; the third iteration of the Annual Operational Plan will be discussed. There has been a consultation on organisational objectives and there has been a good response to this from staff. Financial turnaround continues to feature in discussions. ACF noted this update.

13 PROFESSIONAL ADVISORY COMMITTEES

13(a) Allied Health Professionals Advisory Committee (PG) – The new Associate Director for AHPs, Paul Williams, starts with NHS Borders on 20^{th} April 2020. AW requested that he be sent information about ACF and an invitation to join the committee (KW).

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

13(c) Area Medical Committee/GP Sub Group (KB) – KB reported that the recent AMC meeting was cancelled. He commented on the improvement required in communication between primary and secondary care members of the committee and it is hoped that working together will improve after discussions with Chief Executive.

13(d) Area Ophthalmic Committee (NH) – NH reported that there had been no recent meeting but that she and Jeff Mason, Chair of AOC, attended GP Sub meeting and discussed with GPs present the process for eye related referrals. The hope is that they can work more cohesively with GPs to the benefit of the patients.

13(e) Area Pharmaceutical Committee (AW) – AW reported on the meeting held 28th January 2020 which included updates on efficiency plans as well as the difficulties for some pharmacists in being able to complete Medication Reviews. This service is to be withdrawn and funding used for other services as, although patient feedback has been excellent, the take up from Pharmacies has not been good. A new Pharmacy Dashboard is planned to look at services regularly. Pharmacotherapy and effect on both primary and secondary care services and staffing was discussed.

13(f) BANMAC (PL) – PL reported that at their recent meeting staffing and public protection were discussed.

13(g) Medical Scientists (JS) – no update available.

13h) Psychology (CC) – no update available.

ACF noted the updates available.

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

14 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

There was no feedback requested from the professional advisory groups or ACF to Board.

ACTION: Save ACF Minute and Attendance Sheet in Committees ACF subfolder for Board Secretary to access (KW).

15 ANY OTHER BUSINESS

No other business was raised by the members of the Committee.

DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 23rd June 2020 at 17:00 in the BGH Committee Room.

ACTION: Presentations for future meetings – to be arranged:Public Protection presentation (new Public Protection Consultant Nurse – PL to advise)
Realistic Medicine (Dr Annabel Howell)