

## Borders NHS Board



Meeting Date: 24 June 2021

<b>Approved by:</b>	Iris Bishop, Board Secretary
<b>Author:</b>	Iris Bishop, Board Secretary
<b>AREA CLINICAL FORUM MINUTES 01.12.2020</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to share the approved minutes of the Area Clinical Forum with the Board.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the minutes.	
<b>Approval Pathways:</b>	
This report has been prepared specifically for the Board.	
<b>Executive Summary:</b>	
The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	As per the Area Clinical Forum Terms of Reference. As per Freedom of Information requirements compliance.
<b>Patient Safety/Clinical Impact</b>	As may be identified within the minutes.
<b>Staffing/Workforce</b>	As may be identified within the minutes.
<b>Finance/Resources</b>	As may be identified within the minutes.
<b>Risk Implications</b>	As may be identified within the minutes.
<b>Equality and Diversity</b>	Not Applicable.
<b>Consultation</b>	Not Applicable.
<b>Glossary</b>	-

## MINUTE of meeting held on

Tuesday 1<sup>st</sup> December 2020 – 13:00 – 14:00

Via Microsoft Teams

**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)  
Kim Moffat, Minute Secretary (KM)

**Apologies:** Paul Williams (Allied Health Professionals) (PW)  
John McLaren (Employee Director) (JMCL)  
Dr Caroline Cochrane (Psychology) (CC)  
Ehsan Alanizi (Area Dental Advisory Committee) (EA)  
Jackie Scott (Medical Scientists) (JS)

### 1 Update on Flu Vaccinations and Covid-19 Vaccine

#### Flu Vaccinations

If Vaccine supplies permit, we can do 55-60. Reasonable stock in pharmacy, so hopeful can extend to vaccinate this cohort. Clinics to start 3<sup>rd</sup> week in December.

Phase 1 mop up – we have a good uptake rate of 68%. Community pharmacies can help in this. We understand that vaccine supply is adequate for 60-64.

Resourcing the flu programme listed.

Nicky Hall (NH) asks if optician staff are to get the flu vaccine. AW advised that in the paper, opticians can go to community pharmacy and asks NH to circulate this information to optician staff.

#### Covid Vaccine Update

Opportunity has arisen to use opticians to assist delivery of the programme. Alison Wilson (AW) said in the first instance, this won't happen; it will be pharmacy / clinical staff. Restrictions on travel of Pfizer vaccine due to strict temperature regulations. Expecting this might arrive next week. Oxford and Moderna vaccine to follow soon after. Provisional licence will still have restrictions on who can administer the vaccine, delivery and storage, with a full licence in the New Year. Freezers are being mapped to -73degrees. Currently we are waiting on protective equipment, O2 and CO2 monitors.

ACTION: Standing item on the agenda for Flu/Covid Vaccines - (KM)

### 2 APOLOGIES and ANNOUNCEMENTS

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

### 3 DRAFT MINUTE OF PREVIOUS MEETING 29.09.20

The Minute of the previous meeting, held on 29<sup>th</sup> September, was read and approved as an accurate record of the meeting with no changes.

Agreed to do a verbal update at Board this week, paper in for next meeting for the Board.

Peter Lerpiniere asked about the action to speak to Paul Williams (PW), and explained that it was better to maintain separate BANMAC and (other meetings) rather than to combine. To merge would risk not allowing AHP's having its place, therefore it was suggested that these stay as two separate bodies.

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

#### 4 MATTERS ARISING AND ACTION TRACKER

Action Tracker updates:-

Drama Therapy Presentation – it is thought that this has moved on, AW to discuss with JMCL.

Realistic Medicine – Olive Herlihy has now taken up the RM lead post, AW and OH to meet in New Year, Olive is also Associate Director for Clinical Governance.

Advisory committee – It was thought that it would be easier for AW to attend this meeting virtually, AW to pick up in New Year.

Clare Smith & safe staffing – Not much movement on this, to review in Spring 2021. PL commented that this issue has been slowed by Covid but it hasn't stopped, so still looking on ways to demonstrate safe staffing etc.

Public Protection Nurse Consultant – to attend ACF in 2021. PL to send dates of ACF to PP nurse.

Decision making Framework

Work undertaken between BET and colleagues.

Clinical Exec and other meetings have been suspended due to Covid. Recovery Programme Group (RPG) has taken over some of these functions. This raised a question on decision making going forward. There has been a wider group discussion, then agreed reps from each clinical board (BET and support services), to obtain a Decision making framework. This is the 3<sup>rd</sup> iteration. Proposal is that we would take clinical executive structures out, replace with other senior leadership team.

Clarification was sought regarding what the BET purpose is, as has moved to a decision making body. Clarification is also required as to what should go to the Board, what should be delegated to other decision making groups?

PL commented that he has seen this in some forums, quite impactful on services, taking to BANMAC tomorrow, more comment on it then.

KB commented that the AMC not a clinical board, so this would have little impact on GPs. PCIP is only thing that could impact on GPs. Hard to comment on what the decision making framework should look like, as it doesn't impact on GP contracts. KB suggested this may be better to go to SMSC.

KB will give to SMSC in 2 weeks' time.

AW: potentially give comment to PACS clinical board when it is re-established. KB: issues in past, combining PACS and General practice. Will work with PACS in future for any changes. NH: same for Opticians.

#### 5. Yellow Card

AW highlighted that whilst we are holding our own on this reporting, we could do better. There are greater numbers of reports from the public, perhaps due to the easier nature of submitting a report as clinicians are duty bound to complete lots of paperwork for this. AW reminded the ACF

committee members that we should be reporting adverse reactions. The Covid vaccine will likely feature highly on this.

It was noted that the Yellow card reporting system is not user friendly and somewhat out-dated and is out of practice. The chair agreed that the reporting system is paper heavy and is happy to feed this back to the Yellow card system.

It is incredibly important we continue to report using this system, as we are expected to report and learn from events.

## **6 EU WITHDRAWAL UPDATE**

AW noted various assessments and agreements had been signed; we have agreed not to stockpile medications. From a medicines point of view, we aim to have additional 6 week stock, to take us through the exit period on 31 December. There is work ongoing on national procurement.

## **8 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK - AW**

The group met last week, with noted concern going into winter with Infection Control (IC) team; the main issue being a shortage of nurses with one nurse on maternity leave in IC team. The same is true of other boards; it remains difficult to recruit to IC nurses. Staff morale & sickness is also a concern going into Winter.

Covid mortality is rising and there are reviews into this. Hospital admissions are lower overall which makes the mortality rate look higher than it is.

PMAV training is based on physical contact, no longer able to do this; therefore it is impacting on numbers of people being trained.

There is a reduction in complaints, which may be related to a reduced number of admissions. It is noted there are now an increased number of reports from SPSO, due to time to clear the backlog.

PL advised the committee that PMAV training is due to restart in January. For assurance, in MH there were techniques for safe restraints during Covid for dealing with difficult patients, in the same way we give safe CPR.

KB commented that anecdotally there are higher complaints in General practice due to Covid. General Medical Council (GMC) said they would take a different slant on this due to Covid. This is being rolled back and complaints are increasing against GPs via the GMC.

## **8 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK**

Concern was expressed that PGC were not meeting, background info provided in the attachment from June. It was thought that PGC were meeting virtually last week, NH has asked for an update.

AW would take this update to the next Board meeting.

## **9 NATIONAL ACF CHAIRS MEETING: FEEDBACK**

Next meeting tomorrow, AW will circulate papers.

## **10 NHS BOARD PAPERS: DISCUSSION**

Kim Moffat (KM) to circulate after the meeting.

## **11 PROFESSIONAL ADVISORY COMMITTEES**

11(a) Area Dental Advisory Committee (EA) - No update as no representative was present at this meeting.

11(b) Area Medical Committee/GP Sub Group (KB) – GP sub met last night, main topics of discussion were Covid & PCIP. AMC sits in 2 weeks' time.

11(c) Area Ophthalmic Committee (NH) – The AOC met via TEAMS at the start of Nov, very busy. Communication seems to be an issue, patients are being asked to go back to optician to get further on the referral list. Correspondence is planned to go to hospital regarding this. We are seeing stable glaucoma patients now. Optical advisor gave an update on track and trace & PPE, to ensure all up to speed with latest guidelines.

It was noted that the referral back from hospital should not be happening and the Medical Director, Lynn McCallum, should be notified of this. GPs have had the same issue. Previous work on communications team and June Smyth had been successful for GPs, in order to put out something to advise public on correct route for appointments. NH advised that some patients may have a new concern, but this is due to cataract patients waiting on surgery. AW noted that this would be put on as part of the feedback to the board.

11(d) Area Pharmaceutical Committee (AW) –

A Meeting was held at the end of October, with meetings starting back up in 2021. Serial prescribing moving to community Pharmacy regarding repeat scripts.

Up to full complement of staff, coordinator starting in January 2021.

We have 4 pharmacists now registered; they are able to prescribe for a range of wider conditions. A change to the UTI Treatment pathway in community pharmacy, guidelines that the urine should be dipstick tested, not something that was done previously by Community pharmacies. This year for the first time, flu vaccines being provided, including carers and social care staff. 15 pharmacies are taking part in this process.

11(e) Allied Health Professionals Advisory Committee (PW) – No update as no representative was present at this meeting.

11(f) BANMAC (PL) –

The next meeting of BANMAC is tomorrow, 2<sup>nd</sup> December. When the group last met on 7<sup>th</sup> October, there were issues regarding nursing resilience going into winter after a difficult spring, meaning there remains anxiety around this.

January 2021 will see full recruitment for mental health services, which may show a reduction of anti-depressant requests in GP services.

11(g) Medical Scientists (JS) – No update as no representative was present at this meeting.

11(h) Psychology (CC) – No update as no representative was present at this meeting.

ACF noted the updates available.

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

## **12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD**

- 1. PMAV – workaround in place due to Covid,**
- 2. Complaints – GP impact and their process**
- 3. AOC – patients being told to go back to opticians**
- 4. Resilience going into winter, nursing, pharmacy and other professional groups.**

## **13 ANY OTHER BUSINESS**

**None recorded.**

## **DATE OF NEXT MEETING**

The next Area Clinical Forum meeting is scheduled for January 26<sup>th</sup> 2021 at 13:00 via Microsoft Teams. In meantime, any papers of relevance will be forwarded for feedback - particularly regarding the new Clinical Group.