

NHS GRAMPIAN
Minute of Area Clinical Forum
on Wednesday 26th June 2024 at 15.00
by Microsoft Teams

Present

Mark Burrell	ACF Chair and Chair, Area Dental Committee
Anne Bain	Vice Chair, Area Pharmaceutical Committee
Fiona Campbell	Chair, GAAPAC
Helen Chisholm	Chair, GANMAC
Lynne Davidson	Chair, Area Pharmaceutical Committee
Linda Downie	Vice Chair, GP Sub-Committee
Robert Lockhart	Chair, Area Medical Committee
Dympna McAteer	Vice Chair, Consultant Sub-Committee
Carole Noble	Chair, AHPAC
Vicky Ritchie	ACF Vice Chair and Chair, Healthcare Scientists Forum
Catriona Robbins	Vice Chair, GANMAC
Murray Smith	Chair, Consultant Sub-Committee

Attending

Mary Agnew	Programme Manager (Item 7)
Adam Coldwells	Chief Executive, NHSG
Alison Evison	Board Chair, NHSG
Leigh Ewen	Senior Project Manager, Value and Sustainability (Item 9)
Zoe Morrison	Lead Specialist, Culture and Experience (Item 8)
David Pflieger	Director of Pharmacy (Item 4)
Tom Power	Director of People and Culture
Susan Webb	Director of Public Health, NHSG
Else Smaaskjaer	Senior Administrator (Note)

Item Subject Action

1 Welcome and Introduction

Mark Burrell welcomed all those attending and apologies were noted.

2 Note of Meeting on 1st May 2024

The minute was approved as an accurate record.

3 Matters Arising

Item 7 – At the time of the meeting GAPF had not had the opportunity to discuss the recording of consultations.

Item 9 – A small sub-group will report back to GAPF with views on the use of ‘practitioner’ as a role descriptor.

4 Financial Efficiencies Work - Pharmacy

David Pflieger – Director of Pharmacy

A presentation was provided to update ACF on the work around the Value and Sustainability programme on Prescribing and Medicines Commission. The work had identified the need to reduce spend on medicines to reduce the financial gap in this area and across the organisation as a whole. Key points highlighted:

- Expenditure on prescribed medicines had significantly increased in recent years and it is considered that actively managing prescribing and switching to generic rather than branded products will achieve considerable savings.
- Risks in this approach include market and supply chain factors and the capacity at GP Practice level to manage and have the conversations required to effectively deliver the savings required.
- It is recognised that patients and clinicians could be resistant to changes in prescribing. Public engagement and communications around sustainable prescribing will be developed.

Items discussed:

- Achieving the savings required will require cultural shift and behavioural change. It will be useful to have a range of staff groups, including those in Primary Care, involved in discussions.
- Public campaigns should emphasise the benefits of change and provide assurance that there will not be an adverse impact on overall health/existing conditions.
- There will be challenges in engaging patients in this process when access to listening routes is under pressure – including time constraints on GPs to have the conversations required and limited access to other agencies/services.
- Open debate regarding the use of prescribed medicines to prop up unhealthy lifestyles would be useful, as would encouraging patients towards self-management and personal investment in improving their health.
- Although it could be possible to effect some changes in the short term, to achieve significant savings will require a longer term programme.

The Area Clinical Forum thanked Mr Pflieger for the interesting presentation and discussion and were pleased to note this would also be considered by IJBs.

5 Updates for Advisory Committees

Updates had been provided on the reporting template.

Items highlighted:

APC

- Concerns regarding workforce challenges had been raised at the Board's Clinical Governance Committee.

Consultant Sub-Committee

- Agreed to formally escalate concerns raised by senior management team at Dr Gray's Hospital.
- Discussed the impact from the loss of the Drug and Alcohol Care Team at ARI.
- Reported positive joint working with the GP Sub-Committee around the 'connect programme' to allow better communication between primary and secondary care.

GAAPAC

- Highlighted that patients are seeking more 'in person' consultations but it remains difficult to provide this due to lack of clinical space. An ongoing estates review is underway at present and it is hoped that this may help to reduce waiting times if suitable areas can be located. In the meantime patients who are willing to be seen on-line will be dealt with sooner.

GANMAC

- Discussed uncertainties regarding the non-pay elements of the Agenda for Change pay agreement, in particular the reduced working week is creating difficulties in some service areas.

GP Sub-Committee

- Response to presentation on social prescribing had been very positive.

Healthcare Scientists

- Had agreed that it would be helpful to have some guidance regarding IT procurement. Advised that colleagues should contact Martin Innes, Chief Digital Officer, with any queries.

Public Health Update

- Uptick in incidence of whooping cough and measles noted.
- There had been a decline in uptake of vaccinations with less participation in Aberdeen City than in Moray and Aberdeenshire. Work is ongoing to identify any localised issues and what actions will encourage uptake.
- Work had been undertaken to ensure that records are kept up to date in relation to those moving into area from abroad.

6 Transformation Work - Update

Due to time constraints item deferred to a future meeting.

7 Rest and Recovery Programme – Junior Doctor Rota Compliance

Mary Agnew – Programme Manager

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An update was provided on the ongoing work to ensure that doctors and dentists in training are supported to take breaks required within their working hours. It had been identified that in NHSG there had been a number of non-compliant rotas which are considered to have a detrimental effect on staff wellbeing and also lead to financial cost to the organisation. Key points discussed:

- A group jointly chaired by Grampian Area Partnership Forum and ACF is taking forward a programme of transformational work to improve rota compliance.
- Recent steps had resulted in 31 out of 39 rotas being signed off as compliant.
- Going forward rotas will be monitored on a six-monthly basis.
- The group will consider measures to support junior doctors in taking breaks.
- Medical leadership and service managers will be asked to support the messaging and actions contained in the “At Your Best With Rest” campaign.
- Agreed that work to address cultural change is still required and it remains important to balance the pressure to take breaks with the ongoing pressures of work.

The Area Clinical Forum thanked Ms Agnew for the update.

8 Review of Portfolio Arrangements – Update

Tom Power – Director of People and Culture
Zoe Morrison – Lead Specialist Culture and Experience

ACF were informed of the background and context to the establishment of Portfolio Arrangements across NHSG in 2021. The approach and methodology adopted in undertaking the current review commissioned by the Chief Executive Team were outlined. Feedback and comments from discussion with the Wider Senior Leadership Team in May 2024 were also included in the briefing paper circulated. The review is intended to take stock and gain understanding of whether the implementation had been successful and was perceived to have had a positive impact on the arrangements for clinical governance, staff governance and financial governance.

Key points raised:

- Agreement that staff at grass roots level do not really understand or ‘get’ what Portfolio Arrangements are. An initial flurry of interest in 2021 had quickly evaporated.
- There is uncertainty as to whether it represents a management model or a way of cross-system working.
- Noted that structures don’t add value to service users but how people work together can.

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- Although management may be aware of the intention behind the arrangements, staff don't really understand where they fit in and are more likely to concentrate on getting on with the day job.
- Staff do not have an appetite for change at this time and any changes proposed would have to be supported by clear explanation of the benefits and how it will result in more effective arrangements. There needs to be assurance that there would be no adverse impact on collegiate working.
- Any discussions around this should include Primary Care colleagues to ensure shared ownership and joint working at clinical level.
- Queried whether radical change is required or whether there is scope to make sure that existing portfolio arrangements work more effectively.

Mr Power asked that the advisory structure consider:

- How radical in our approach to enabling more effective cross system working do we need to be?
- What is the right approach to engaging colleagues across the organisation in the development and adoption of the way forward?

The ACF thanked Mr Power and Ms Morrison for providing the update.

9 AOCB

Roll Out of ePayslips

Leigh Ewen, Senior Project Manager, Value and Sustainability

A paper was provided which outlined the intention to accelerate the e-payslip roll out plan. It was highlighted that in addition to achieving financial savings this would have environmental benefits.

ACF agreed that ePayslips would be welcomed from an environmental and sustainability point of view, but it was recognised that ensuring all staff had access to a networked device would be essential to ensure staff can view their payslip when required.

Dates of Future 2024 Meetings (By Teams)

Wednesday 4 th September	15.00 – 17.00 (Rescheduled to 18 th September)
Wednesday 6 th November	15.00 – 17.00