

Area Clinical Forum Report to Grampian NHS Board Meeting on the 13th June 2024

Purpose of Report

This report updates the Grampian NHS Board on key issues arising from the Area Clinical Forum (ACF) meeting on 1st May 2024.

Recommendation

The Board is asked to note the following key points.

People First

Luan Grugeon, Strategic Development Manager, Colleagues and Citizens Engagement, returned to the forum to update on progress of the People First program. During the presentation, she explained the concepts of the work and the progress that has been made. This has now developed into 4 work streams that have at the heart of them listening and involving the people to create sustainable and preventable approaches to health care.

These work streams will involve the use of 'rapid feedback cycles' and testing 'Community Appointment Day' approaches.

At the heart of this project is hearing from our citizens and understanding their 'lived experiences' and how this will shape our healthcare in the future.

There was excellent engagement from all the members of the forum and many offers to collaborate with Luan and her team. Further updates to the ACF will be asked for in the future.

Commission to Develop a Framework for Transition

This was the first opportunity to present to ACF the group co-chaired by the Director of Public Health and the Employee Director Susan Webb, Steven Lindsay and myself. The piece of work is still in development and given the cross-group membership it was seen as important to get the views of ACF. The discussion focused on the stewardship and autonomy of services, and it was recognised that this piece of work will not deliver on a short-term time frame and probably ties in well with what our healthcare will look like in the future. Of note was the desire to get some tangible examples working to initiate the learning cycle to begin.

Recording of Clinical Staff – Guidance

This item was presented by Helen Chisholm as part of a discussion coming from the Policy subgroup of GAPF. There was a feeling of a lack of guidance when it came to recording of clinical staff in various settings. Following good interactive discussion, it was concluded that this may be something to take forward with GAPF and ACF working with Information Governance and HR colleagues.

Advisory Committee reports.

The new template of reporting was discussed and it was agreed that this was seen as a positive step forward and was well received by the committees.

Both the Consultant and GP subcommittees highlighted concerns around the ending of funding for the drug and alcohol team and how this has already impacted on both primary and secondary care with increased workload now being taken up within their services. This has been highlighted to the Chief Executive Team and it has been recognised that within a very tight financial position it was inevitable that some services may see changes that will impact across the region.

The GP visioning work is progressing well with 3 work streams, with the intention of other work streams starting as soon as practicable. This sits on a background of significant pressures on primary care GP services and, following recent published advice from British Medical Association (BMA) on workload recommendations, the Local Medical Committee (LMC) have contacted practices. LMC have reviewed this guidance and included information for practices on identifying actions to mitigate for excessive demand. The LMC recommends that practices in difficulty reach out to the LMC, their local Health Board and neighbouring practices within their cluster for support and triage their appointments for urgency.

It was highlighted that Significant Event Analysis (SEA) are often undertaken in practices and it is widely accepted that this shared learning benefits the whole system. The GP subcommittee has been opening dialogue with wider practices and with secondary care to look at how relevant SEAs can be shared both ways between primary and secondary care to improve learning and quality.

Many of our advisory committees are actively pursuing 'strategic days' to ensure that their structures remain sustainable with recruitment of new members and to look at improved ways of working and sharing relevant and appropriate information. This will prove important for our transformational work and allow dialogue across all sectors and workforces.

It was noted that access to dental services was still being closely monitored since the commencement of the new Statement of Dental Remuneration in November 2023. At the time of the meeting, the data had not been released regarding if this had improved access but there was some improvement noted in expansion of some practices although this may still be in areas where capacity is not seen as an issue.

One notable mention was Penny Gravill (Specialist Speech and Language Therapist) has been made an MBE for services to the Treatment of Skull Base Tumours and Facial Palsies. This was recognised by the whole forum as extremely well-deserved for her dedication to the speech and language service of NHS Grampian.

Job Titles in a Supportive, Inclusive and Empowering Culture

Jason Nicol, Head of Wellbeing, Culture and Development, presented a paper on the use of the term 'practitioner' when associated to a job profile of our colleagues in the Wellbeing team. It was noted that this was an important topic and that seeking ACF input was welcomed from an advisory standpoint. This was discussed and, although opinion was divided, it was agreed that further discussion with GAPF was required and the thoughts of the forum were probably that 'facilitator' maybe be a more appropriate description.

Board Programme

The Board programme is a standing item on the ACF agenda to allow the forum to fulfil the role of providing clinical and professional advice to the CET and Board on relevant topics.

**Mark Burrell, Chair, Area Clinical Forum
May 2024**