

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Area Clinical Forum held on Thursday 13 June 2024 at 2pm via Microsoft Teams

Present

Dr Lesley Rousselet (in the Chair)

Anita Belbin	David McColl
Karen Brazier	Morven McElroy
Margaret Doherty	Kathy McFall
Sarah Freel	Josh Miller
Lucy Gamble	Fiona Smith
Helen Little	Denise Wilkinson

In Attendance

Scott Davidson	Depute Medical Director
Joyce Robertson	Secretariat (Minute)
Angela Wallace	Nurse Director

			Action
25	Welcome And Apologies		
	<p>The Chair welcomed those present to the June meeting of the Area Clinical Forum, chaired remotely via MS Teams.</p> <p>Apologies were noted on behalf of :</p> <ul style="list-style-type: none"> - Jennifer Armstrong - Tony Donegan - Mark Fawcett - Sarah Thomson 		

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	<p>- Anne Thomson</p> <p>The Chair noted that Dr Jane Burns has retired as Chair of the Area Psychology Committee and welcomed new Chair, Dr Lucy Gamble. Dr Steven Meldrum was named as Vice-Chair.</p> <p>Dr Davidson was welcomed in attendance.</p> <p><u>NOTED</u></p>		
26	Declarations Of Interest		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>		
27	Minutes Of Previous Meeting		
	<p>The Forum considered the minute of the Area Clinical Forum meeting of 11 April 2024 [Paper 24/12 ACF(M)].</p> <p>The Forum was content to approve the minutes as an accurate record of proceedings.</p> <p><u>APPROVED</u></p>		
28	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Forum considered the rolling action list and agreed on closure of the following item as an action which had passed:</p> <p>- 53a Healthcare Scientist Clinical Training</p> <p><u>NOTED</u></p>		
29	Executive Update on Ongoing Board Business		

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	<p>Professor Angela Wallace provided a verbal update on ongoing board business, highlighting the following:</p> <ul style="list-style-type: none"> - The annual delivery plan has been submitted to Scottish Government, receiving positive feedback. - Annual audits and end-of-year business are being concluded for 2023-24. Financial targets were met. - Savings targets for 2024-25 are greater than before and the Sustainability and Value Board are evaluating ways to transform services for greater efficacy. - Winter planning for 2024-25 has started. - Scottish Government have made a commitment to reduce the national number of delayed discharges by 700 by October. GGC delayed discharge figures fluctuate around the 300 mark and a new approach is being considered. The Cabinet Secretary has spoken to Chief Executives regarding a clinical focus. - All services remain busy and stable. - Sickness absences currently correspond with figures normally seen in winter and work is ongoing to understand this. <p>The Forum discussed financial constraints in tackling delayed discharges - Professor Wallace confirmed no additional funding has been allocated in this area. Wider learning shared between health boards and further analysis of optimal care provision on an individual basis are the current contributory considerations. Scottish Government are developing per capita targets for health boards.</p> <p>Dr Gamble queried whether information was available on reasons for staff sickness rates and Professor Wallace confirmed that staff absences represent a key performance indicator and therefore detailed breakdowns are available. The best method of information sharing would be discussed with Dr Rousselet.</p> <p>The Forum discussed reasons for delayed discharge rates, which were deemed highly complex. One third of delays were attributed to legislation issues and other contributory factors included: delayed patients from partnership health boards; difficulties in sourcing adequate home care</p>		

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	<p>provision, variation in applications of codes and family opinions on optimal care. Professor Wallace noted that internal audits have highlighted areas for improvement. Daily performance data would be available going forwards through a new dashboard which is to include planned dates of discharge.</p> <p>Professor Wallace also noted that Chief Executive, Mrs Jane Grant, has announced her retirement, as well as the Medical Director. Several non-executive director terms would be ending this year.</p> <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
30	Acute Update		
	<p>Dr Scott Davidson provided a presentation to the Forum, highlighting the following:</p> <ul style="list-style-type: none"> - The 4-hour performance standard of care measure also acts as an indicator of pressure across the wider system. GGC data has steadily improved against the national average and now lies at ~70%. - Significant improvements have been made against 12-hour delays in ED, which now constitute a tiny percentage of the national total. - The Continuous Flow Model has achieved a degree of success, and key performance indicators are constantly monitored. - Ambulance off-load times average 42 minutes against the national average of 46 minutes. - The discharge without delay policy is also demonstrating sustained improvement in hospital flow although challenges exist with regard to weekend discharges. 'Deep-dive' data reviews are underway to establish potential for improved processes. - ED diversion pathways are showing positive results: 80% of virtual assessments are carried out using video calls and 42% of Flow Navigation Centre patients are discharged and do not re-present. Supportive 		

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	<p>redirection conversations with front door patients not requiring A&E treatment are being promoted. More work is required with focus on learning from areas of success.</p> <p>The Forum discussed the impact of reducing the volume of Flow 1 patients in ED, given that on-site pressures are still marked. Recent ED attendances had reduced by ~10% but it was noted that patients referred to ED are the more complex cohorts of Flow 3 and 4 with challenges of flow through the sites, therefore the reduction is understandably not appreciated by staff. Dr Davidson noted the importance of sustained positive messaging on redirection, suggesting assistance from Scottish Government with regards to public awareness would be greatly beneficial in permanently altering public expectations on care provision.</p> <p>The Forum commended the improvements demonstrated as a result of the various initiatives and discussed weekend challenges, potential extension of FNC hours and public messaging/confidence building.</p> <p>Dr Davidson noted that planned care provision could be brought as an agenda item in future before providing a brief outline of the current situation.</p> <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
31	Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note		
	<p>The Chair invited members to raise any salient issues regarding the following Committees:</p> <p><u>Area Medical Committee</u></p> <p>Dr McElroy provided the following update:</p> <ul style="list-style-type: none"> - Urgent suspicion of cancer (USOC) referral figures have escalated in the last year. A short life working group has been assigned to review the data and further updates will be provided. 		

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	<ul style="list-style-type: none"> - Vaccination campaigns and uptake were discussed. - Terms of reference are being reviewed. 		
	<p><u>Area AHP & Healthcare Scientists Committee</u></p> <p>Ms Kathy McFall noted a non-quorate meeting in May and provided the following update:</p> <ul style="list-style-type: none"> - Delays in recruitment are resulting ongoing vacancies. - New systems within diagnostics are under development. <p><u>Area Optometric Committee</u></p> <p>Dr Sarah Freel provided the following update:</p> <ul style="list-style-type: none"> - Primary 7 vision screening is to be discontinued in GGC this year. Parents and families will be signposted to community optometry instead. Public Health impact analysis is to be shared at the next Children's Screening Meeting. - The Head of Optometry position has now been vacant for almost a year and this is impacting on community projects. <p><u>Area Dental Committee</u></p> <p>A Belbin provided the following update:</p> <ul style="list-style-type: none"> - The Review Body on Doctors' and Dentists' are examining the impact of Scottish taxation levels on attracting practitioners to work in the country. - Efforts are ongoing to fully reinvigorate the Childsmile programme, which has been impacted by staffing issues, funding and COVID19. - A new date has been proposed for domiciliary care training. - Edinburgh University has suspended its Dental Therapy course which will impact on future staffing levels. <p><u>Area Psychology Committee</u></p> <p>Dr Lucy Gamble provided the following update:</p> <ul style="list-style-type: none"> - Efforts are ongoing to improve patient flow with a focus on Autism Spectrum Disorder (ASD) and complex trauma patients, identified as areas where flow is restricted. - Financial pressures on third sector providers are impacting on wider service provision. 		

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	<ul style="list-style-type: none"> - Investigations are ongoing to determine suitable locations to provide digital access to patients who have no internet/phone, for remote consultations. Challenges exist on sourcing private areas. <p>The Forum discussed the issue of private remote digital access provision for patients without internet/phones. Ms Smith suggested that locality planning leads in HSCPs would be able to provide information on accessible sites, and offered support in initiating communications. Ms Little noted that Jane Grant, of Digital Inclusion, may be able to offer advice. Dr Rousselet noted the importance of continued emphasis on digital access inequality.</p> <p><u>Area Pharmaceutical Committee</u> Mr Josh Miller provided the following update:</p> <ul style="list-style-type: none"> - The Pharmacy Management Programme linked to HEPMA has been rolled out. Technical issues led to some delayed discharges which is a concern across acute sites. - A funded unscheduled care pilot maximizing the role independent prescribers (IP) has concluded. Initially intended as a referral service, the majority of patients were walk-ins and the volume of users was reassuring. Challenges noted were: community pharmacy are supplying a contract so there is no direct governance or management applied and not every pharmacist is registered as an IP. <p><u>Area Nursing and Midwifery Committee</u> No update.</p> <p><u>NOTED</u></p>		
32	National ACF Chairs Group Update		

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	<p>The Chair provided an update on the most recent meeting of the National ACF Chairs Group, highlighting significant discussions regarding delayed discharges with Dr John Harden, Deputy National Clinical Director. GGC were commended for their management in this area.</p> <p>The Forum was content to note the update.</p> <p><u>NOTED</u></p>		
33	Annual Report 2023-24		
	<p>The Chair thanked Ms Kim Donald, Corporate Services Manager/NHSGGC Board Secretary for providing the report and welcomed any questions or comments from Forum members. No issues were raised.</p> <p>The Forum was content to approve the paper.</p> <p><u>APPROVED</u></p>		
34	Area Clinical Forum ToR Review		
	<p>The Chair noted the annual review of ToR. No changes were proposed.</p> <p>The Forum was content to approve the paper.</p> <p><u>APPROVED</u></p>		
35	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked everyone for their attendance and the presentations provided.</p>		
36	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on 15 August 2024, via MS Teams.</p>		