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MINUTE of MEETING of the AREA CLINICAL FORUM	Thursday 14th March – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair) (from 3.10pm)
Elspeth Caithness, Employee Director
Linda Currie, NMAHP Advisory Committee
Grant Franklin, Area Medical Committee
Alan Miles, Area Medical Committee
Kara McNaught, Team Manager, Adult Social Care
Alex Javed, Area Healthcare Sciences Forum
Paul McMullan, Area Medical Committee

In Attendance

Ann Clark, Non-Executive Director
Emily Woolard, Non-Executive Director
Boyd Peters, Medical Director
Tim Allison, Director of Public Health (from 2.50pm)
John Lyon, Director of Dentistry & Clinical Dental Director – Item 4.1
Iain Ross, Head of e-Health – Item 4.2
Donald Peterkin, Data Protection Officer – Item 4.3
Nathan Ware, Governance & Corporate Records Manager – Item 4.4
Karen Doonan, Committee Administrator (Minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from H Eunson, G Valentine and S McNally.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 11 January 2024

The minutes were taken as accurate and correct.

The Forum **approved** the minutes.

3. MATTERS ARISING

There were no matters arising

4. ITEMS FOR DISCUSSION

4.1 Refresh of General Dental Services Contract – John Lyon, Director of Dentistry & Clinical Dental Director

J Lyon spoke to his presentation and explained that the focus of the presentation would be on GDP contractors, there is a public dental service with staff being employed by NHS Highland.

- There are 53 dental practices with 7 of these being training practices. 1 specialist orthodontic practice in Inverness, 142 GDP listed, 7 Assistant dentists and 9 vocational trainees.
- Wide range of patients registered with practices from 17,000 to 6. Survey recently published for Scotland by the Dental Council on work patterns for dentists – 20% of dentists fully committed to NHS dentistry, 40% predominantly NHS, 21% a mix, 10% predominantly private and fully private 5%
- 2024 there were 3 practice closures within NHS Highland, 2 practices have given notice that they are going to withdraw from NHS GDP provision shortly. Some practices only offering emergency care.
- 2 dental practices for sale, been a growth within dentistry to corporate practices but this is now changing with some corporate practices selling their practices.
- 1100 patients deregistered so far this year, 15,000 in 2023.
- Patients have lifetime registration, so this is not a way of measuring whether the patient is actually using the dental service only that they are registered.
- Scottish Government are resetting the dental service, from November 2023 there has been a GDS payment reform. Prioritisation of equality of access to dental care.
- Many barriers to recruiting to dentistry in Scotland as any dentist wishing to practice in Scotland has to take mandatory training which is an additional cost, and the training does not take place regularly. This does not apply to any other nation in the UK. The General Dental Council data shows more than 6,000 dentist that could work in the UK but have not passed the relevant dental exams so cannot practice in the UK.
- Quality assurance and improvement work is ongoing, significant review of the quality of service that is being offered to the public. NHS Highland has very limited say when it comes to where practices set up within the area. Scottish Dental Initiative Grants are used to extend and expand established dental practices.
- Dental Care Professionals – work ongoing to look at where they can support dentists in practices. In NHS Highland there is a school of dental therapy so there is a supply of dental therapists locally that could be placed to support practices.
- Continuing to review the public dental services to make sure that there is resilience within the system. There are some more rural areas that have specific requirements that need met. Recruitment to dental posts continue with a lot of vacancies, there is work going on regarding the terms and conditions of GDS dentists with Scottish Government.

It was noted that the figures quoted are for the whole of NHS Highland. A Miles queried if the delay in dental graduates due to covid has resolved itself and during discussion it was noted that it would take a further 5 years for delay to be resolved. There are 7 Out of Hours sites that are out with Inverness and there had been an increase in patients seeking help. There was also an increase in demand during the day on all dental services currently being offered.

It was highlighted that around the timescales involved in training dental care professionals with particular reference to Dental Therapists as they take three years to qualify, often they will enter the private sector due to the remuneration on offer. There is ongoing work to look

at various models to attempt to address this issue.

J Lyon gave further clarity around the funding from Scottish Government for the public dental service which as an annual payment has not been uplifted for many years. The level of spending that the government sets may be a risk to the Board. NHS Highland are in talks with Scottish Government making them aware of various remote and rural issues.

It was noted that the challenges apply to Board and not just NHS Highland, it is a national issue. The refresh to the contract is not a permanent solution and Scottish Government have been made aware of this.

The Forum **noted** the update.

4.2 Digital Health & Care Record Update: Iain Ross, Head of e-Health

I Ross spoke to his presentation which covered:

- Communication across a variety of different parts of the organisation in order to understand concerns and issues
- Looking at primary care especially GPs, social care and hospital care
- What is NOT proposed is to have one system that fits all, this is not possible due to financial constraints. Looking at systems in place and how these can be streamlined.
- Primary care is to be migrated to VISION which is an externally hosted platform, with a link to Care Portal and to provide easier access to Care Portal. Work is ongoing within general practice to achieve this.
- Social care – looking to replace Care First (North Highland). Link to Care Portal and provide easier access to Care Portal
- Community care – complete the work around Eclipse (A & B) and Morse (North Highland) and provide easier access to Care Portal
- Hospital care – implement the TrakCare EPR system into all hospitals – uses current licenses in order to digitalise records

The Chair asked for clarity regarding the difference between a service being hosted rather than kept inhouse. I Ross explained that whilst moving to a hosted model had challenges, it created a different funding model. Updates happen more quickly as the hosting contractor is responsible for the system running at an optical level, this takes pressure off the organisation. It was noted that hosting only occurs where it is appropriate, there are some systems where it is not appropriate to host externally.

Forum Members sought clarity around whether systems would be able to communicate with each other when the work had been completed. It was noted that the digital skills of the workforce were also being looked at with a view to move to standardisation of procedures.

Forum Members queried whether the organisational digital leaders were visible enough within the organisation and how the work could be spread through the organisation. I Ross explained that instead of one person representing clinical colleagues, there would now be 3. (hospital, the community and NMAHP respectively). Recruitment for these posts is underway and they would be involved in the discussions for implementation of the work that requires to be done.

It was noted that a transition to digital systems would not only contribute to budgetary savings but it may help reduce repetitive tasks alongside the volume of paper based files being stored.

The Forum **noted** the update.

4.3 **Emergency Care Summary (ECS) Update:** Donald Peterkin, Data Protection Officer

D Peterkin spoke to the circulated paper, and highlighted:

- Scottish Government have issued new directive in relation to the Emergency Care Summary
- Community Pharmacists, Optometrists and dentists now have access to this
- There was no governance released with the new directive so there has been a Short Life Working Group (SLWG) has been looking at this nationally and this documentation will be sent out with the update
- The community leads will now be contacted to inform them of the changes.

Forum Members sought clarity with the ECS and how effective they are in practice, with it being noted that if there was little to no information contained within it, this can prove to be challenging and work would need to continue around quantifying the quality of the ECS. A Miles gave an example of when ECS is used to give information, but access had prevented this information reaching the appropriate colleagues, the change in directive would address this.

Forum Members discussed a follow up letter that was issued which noted the “key information summary”. Many practices had not seen this letter and it was agreed that D Peterkin would share this with the relevant colleagues.

The Forum **noted** the update.

4.4 **Joint ACF/Board Development session (23rd April)**

There will be a joint ACF and Board Development session taking place on the 23 April. The Chairs of all the committees would be receiving an invite to the session which was taking place in person.

N Ware confirmed that the session would focus on the Quality Framework alongside how the ACF and the Board can work more closely together exploring the communication flow between both. This session would aid in the understanding of the roles of all of those involved.

Forum Members suggested clarity on the expectations of the committees. The Health & Care Staffing Act was raised alongside where the Governance sat for this item.

Forum Members suggested some improvements could be made around communication on a number of topics given it was important to ensure the correct people were updated so they could contribute to resolving any issues that were identified.

Forum Members queried the Primary Care strategy and how this was being implemented at lower levels. It was confirmed that work was underway to ensure the Strategy was implemented in all workstreams to ensure consistency. N Ware confirmed that Chairs of the Professional Advisory Committees would be invited to the Development Session and requested each Chair collate suggestions or questions from their respective to committee to form part of the discussion.

The Forum **noted** the update.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 31 January 2024

There were no questions.

5.2 Adult Social Work and Social Care Advisory Committee – 1 February 2024

K McNaught gave a summary of the meeting:

- Louise Bussell spoke to committee about the Highland Quality Review
- Tracy Ligema discussed the plans around technology enabled care with the committee
- Ruth Macdonald spoke to committee about social work and social care governance
- There were continued discussions around training as some members felt that their rural location was affecting funding for travel to complete training.

5.3 Area Pharmaceutical Committee – verbal update from Chair

C Sinclair confirmed that the minutes would come to the next meeting of the Area Clinical Forum.

A Miles queried the morale of pharmacists after the intense disruption that had taken place as part of pharmacies being sold in various locations. The Chair advised that it may take another couple of years before this settled down again, but it was routine for the larger multiples to sell various locations at times and often resulted in Independent Contractors moving into to the area with a different model.

She also mentioned a new model was being developed for Pharmacy students which would place them in 3 different sectors (hospital, community, and general practice) to improve the level of experience they gain across the entire pharmacy landscape. It was noted that Pharmacy First was not affected and demand for this was increasing.

5.4 Area Medical Committee – 13 February 2024

A Miles gave an update:

Discussion of the Enhanced Services contract took place with it being noted that there appeared to be little development until the contract was issued December 2023. There has been no uplift in funding since 2004 and the value of the contracts has decreased. As a result, many contracts had been sent back and these contracts were then withdrawn with a new interim contract being promised. However, from 1 April 2024 there are no Enhanced Service contracts in operation. Still waiting on the contract to be issued by NHS Highland, the LMC is frustrated with the lack of progress as there is a risk that the work will be returned to NHS Highland, this would become a clinical risk to NSH Highland as Secondary Care cannot absorb the extra work.

5.5 Area Optometric Committee meeting – next meeting to be held on 15 April 2024

5.6 Area Nursing, Midwifery and AHP Advisory Committee – 25th January 2024

L Currie gave a brief summary:

- The meeting covered the impact on staff morale in respect of the ceasing of the capital expenditure and development work.
- The Director of Finance spoke about the finance position and planning with a positive discussion around how this is being managed. She would also be attending the next meeting of the committee (21 March 2024).

- Continuing to check in with the NMAHP Leadership committee around the financial structure and this remains as a standing item on the agenda.

5.7 Psychological Services Meeting – no meetings held.

5.8 Area Health Care Sciences meeting – no meetings held.

A Javed provided a verbal update confirming there had only been 2 members available with minimal capacity to meet due to work constraints.

The age profile of the workforce is a major challenge, which is out with the control of the department. There are challenges retaining staff once they have reached a certain level of experience within NHS Highland. Equipment upgrades are ongoing within the department, this will increase the quality and level of work that can be done, will increase the skills set of the staff within the department.

He noted that Health Care Sciences professionals are very diverse with around 50 different roles and some of these roles are regulated by the General Medical Council. He also referenced the need to have clear governance routes for these services to ensure quality of service and frameworks still need to be developed for all healthcare science roles to ensure quality is maintained and continued.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6 ASSET MANAGEMENT GROUP – meeting held on 21st February 2024

A Javed gave a brief update of the meeting:

- Not received the full capital allocation funding from Scottish Government for this year. By February 2024 there was a spend of 17 million, but the funds received were only 8.6 million.
- The group had discussed the financial governance and the use of capital and revenue expenditure, alongside the withdrawal of capital funding for projects by Scottish Government.
- Presentation given to group on IFR16, identifying what is capital and what is not. From year 2025/26 any funding for leases must be identified prior to approaching Scottish Government.

Equipment Purchasing Advisory Group (EPAC), medical physics led area there is an allocation of 2 million of which the entire amount has been spent.

The Forum **noted** the circulated minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of the Meeting of 17 January 2024

There were no further updates.

The Forum **noted** the circulated minutes.

8 Dates of Future Meetings

2 May 2024
 4 July 2024
 29 August 2024
 31 October 2024

9 FUTURE AGENDA ITEMS

- Processes for business change – Advisory Board engagement – May 2024.
- Leadership and Culture Framework update – May 2024.
- Discussion Over Physician Associates
- NHS Highland Financial Position and Impact
- Invite to F Davies (Incoming NHS Chief Executive) to Address Forum – proposed May 2024
- Hospital Sub-committee ToR Refresh

10. ANY OTHER COMPETENT BUSINESS

There was no other business.

11 DATE OF NEXT MEETING

The next meeting will be held on Thursday 2 May at **1.30pm on Teams.**

The meeting closed at 3.50pm