

Lanarkshire NHS Board

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**Minute of the Meeting of the Area Clinical Forum held on Thursday 26<sup>th</sup> January 2017  
at 2.00pm in Meeting Room 3, Beckford Street, Hamilton**

**PRESENT**

Dr A Docherty	Chair, Area Medical Advisory Committee (Chair)
Dr G Tanner	Professional Advisor for Psychology and Head of Psychological Services
Ms M Simpson	Chair, Area Nursing and Midwifery Advisory Committee
Mrs M Lees	Chair, Area Allied Health Professions Advisory Committee
Dr G McCurragh	Area Healthcare Scientist Advisory Committee
Dr J McGuire	Area Healthcare Scientist Advisory Committee

**IN ATTENDANCE**

Mr N J Agnew	Board Secretary
Dr V Sonthalia	Chair, GP Sub Committee
Dr E Brankin	GP Adviser (for item 2)
Ms J Hewitt	Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership (for item 3)

**APOLOGIES**

Mrs G Richardson	Vice-Chair, Area Pharmaceutical Committee
Dr S Walton	Chair, Area Psychology Services Forum
Ms C James	Vice Chair, Area Allied Health Professions Advisory Committee
Dr K McIntyre	Area Medical Advisory Committee
Mr F Munro	Chair, Area Optometric Advisory Committee
Dr I Wallace	Medical Director

1. **WELCOME**

Dr. Docherty welcomed colleagues to the meeting. He extended a particular welcome to Dr. Sonthalia, and to Dr. Brankin and Ms. Hewitt.

2. **REALISTIC MEDICINE AND INNOVATION**

Dr. Docherty introduced this issue and provided some background context in which he reminded members of the information previously provided to the Area Clinical Forum by Mr. Munro about the extensive initiatives and developments in Optometry

involving improved efficiencies arising from the transfer of activity from hospital to the Community and from hospital clinicians to non-medical professionals.

Dr. Brankin explained the remit he had been given by the Chief Executive to develop and bring forward proposals for Innovation and Cost Effectiveness. He outlined some of his experiences in this regard drawn from his involvements over the years as a GP working in Acute hospitals, where identified opportunities to improve efficiency, both for secondary care services and primary care services, had been progressed. He advised that he had been given two sessions per week for three months, initially, to engage with individuals and teams across the service with the aim of stimulating their thinking about innovation and improved efficiency and generating proposals which would be developed rapidly and presented quickly to the Corporate Management Team for consideration. He reported that the Chief Executive had challenged him to identify either £2m of cost savings or £3m of cost efficiencies, and he outlined some of the Initiatives which had already been pursued, including the use of T3 as opposed to Thyroxin, and the use of intermittent self-catheters. He reported that the Corporate Management Team had already approved some proposals. He highlighted the importance of embracing and acknowledging good work, and restated the aim of delivering rapid clear decisions in response to proposals. He highlighted, as a key consideration, the need to optimise patient safety and to optimise patient pathways. He invited members to contribute to the success of this initiative through discussing the matter with fellow Professional Advisory Committee members and wider colleague groups, with any ideas generated being notified to him for work-up. He advised that the Chief Executive was clearing his diary for one day in March 2017 in order that clinicians across the system could call in and discuss proposals for innovation and improved efficiency with him.

Dr. Sonthalia commended the success of the atrial fibrillation clinic established at Hairmyres Hospital. However, he highlighted a concern about the absence of a set protocol for Rheumatologists moving from one MAB to another. He explained that these investigations were costly, and advised that the Area Drugs and Therapeutics Committee had written to clinicians on this matter. He also highlighted variation in the local advice to GPs about the frequency of blood tests for patients on Methotrexate, which was more frequent and at variance with the advice within the British National Formulary.

Dr. Docherty thanked Dr. Brankin for his attendance and for the information shared with members. He encouraged members to engage with colleagues and to bring forward any proposals for consideration.

**ACTION: MEMBERS**

### 3. **INTEGRATION OF HEALTH AND SOCIAL CARE**

The Health and Social Care Delivery Programme had been circulated to members.

Dr. Docherty welcomed Ms. Hewitt, who was attending to update members on the progress of the Integration of Health and Social Care within North Lanarkshire. Dr. Docherty also invited Ms. Hewitt to comment on any role for the Area Clinical Forum

and the wider professional advisory structure in providing professional advice to the Health and Social Care Partnership.

Ms. Hewitt outlined for members the functions that transferred from Health to the Integration Joint Board Planning function in April 2016, and confirmed that these were reflected in the Strategic Plan. She reported on her attendance at a meeting of the Locality Advisory Panel in Airdrie the previous evening, when members had expressed concerns about reductions over recent years in Local Authority funding for services. Ms. Hewitt explained the work that was being taken forward on the development of six locality profiles for North Lanarkshire, and on the development of Strategic Planning based on assessment of need. She explained that at March 2016 the Integration Joint Board had produced a Strategic Plan constructed around people, localities, systems and culture. She advised that, beyond this, the IJB had produced draft Strategic Commissioning Intentions which took account of confirmation of funding for the Integration Joint Board. She tabled and spoke to a paper 'Commissioning Health and Social Care Services for North Lanarkshire', which encompassed: beginning implementation and further development of the Commissioning Intentions; the establishment of an Integrated Service Review Board; Strengthening the Commissioning Framework; Prevention and Anticipation; and working with Partners.

Ms. Hewitt highlighted Achieving Excellence, the Healthcare Strategy for Lanarkshire, and the North Lanarkshire Council Strategy, and the elements for which the Integration Joint Board now had the planning responsibility. She explained that a summary paper had been produced for the Integration Joint Board setting out the key actions for the IJB in response to the publication of the National Health and Social Care Delivery Plan to be taking forward during 2017 to 2022. She highlighted ongoing work in relation to developing and expanding community teams, with an increasing focus on an in-reach service. She also reported on survey work being undertaken within Accident and Emergency, to establish individuals' reason for attendance. The product of this work would be used to inform consideration of the availability of and access to suitable alternatives. Ms. Hewitt also highlighted the recent establishment of a Rapid Assessment and Treatment facility at Monklands Hospital which, already, was proving to be effective. Ms. Hewitt also emphasised that the Health and Social Care Partnership would contribute materially to the deliberations of the six workstreams that would be established to take forward the detailed planning for the implementation of Achieving Excellence, as part of the whole-system planning arrangements.

Ms. Hewitt welcomed Dr. Docherty's recognition and acknowledgement of some of the positive differences and benefits of integration which already were apparent. She highlighted, in particular, the improved position in relation to delayed discharges from the previous year, and described the contributory factors.

Dr. Sonthalia highlighted the pressures and challenges on primary care services as a result of the increased numbers of elderly with more complex health needs, and he described, from personal experience, the workload for General Practice associated with house calls. He highlighted, in particular, an issue in relation to older people who, having undergone major cardiac or orthopaedic surgery, do not experience a good outcome.

Ms. Hewitt emphasised the need, increasingly, to optimise the use of resources taking account of prioritisation, in order to maximise the benefits for individuals and communities. She also highlighted the need to give further, detailed consideration to the shape of the Health and Social Care Workforce for the future, as this would be key to the delivery of Achieving Excellence, the Strategic Commissioning Plans, and the National Outcomes for Integration.

Dr. Docherty reported that the Director General and the National Clinical Director had encouraged Area Clinical Forum Chairs to explore the Area Clinical Forum relationship with and contribution to Integration Joint Boards, and he invited Ms. Hewitt to comment on this issue, both in relation to the Area Clinical Forum and the individual Professional Advisory Committees. Ms. Hewitt acknowledged the need to consider this issue further, with particular regard to advice which the Area Clinical Forum and the wider professional Advisory structure might provide in progressing the imperative around shifting the balance of care, and enhancing practice within communities and localities. She noted an issue raised by Dr. Sonthalia, and acknowledged the need to seek appropriate professional advice prior to confirming commissioning decisions. Ms. Hewitt also noted an invitation from Dr. Docherty to engage with Frank Munro in relation to shifting the balance of care from Ophthalmology in the hospital setting to Optometry in the Community setting. She would make contact with Mr. Munro in this regard.

Dr. Docherty thanked Ms. Hewitt for her attendance and for the information shared with members. He confirmed that he would extend an invitation to Mrs. De Souza, Director of the South Lanarkshire Health and Social Care Partnership, to attend the next meeting of the Area Clinical Forum.

4. **MINUTES**

The minute of the meeting held on 17<sup>th</sup> November 2016 was approved.

5. **FINANCE**

Members considered a report on Financial Performance to 31<sup>st</sup> December 2016.

Dr. Docherty explained that the report confirmed that the Board was on track to deliver its Financial Plan, including its Cash Releasing Efficiency Savings requirement for 2016/17. He explained that consideration was currently being given to the implications of the allocation to health and the integration authorities for 2017, and advised that the full extent of the Cash Releasing Efficiency Savings requirement remained to be confirmed. He highlighted the ongoing deliberation about the Hospital Electronic Prescribing Management System (HEPMA), and outlined some of the key benefits that would derive from its introduction. He suggested that Realistic Medicine provided a basis for critically reviewing and maximising efficiency in the delivery of clinical services. He also referred to discussion at previous meetings about whether there was any potential to introduce clinical thresholds, recognising that for this to progress may require a national view.

6. **WAITING TIMES**

Members considered the most recent Waiting Times Performance Report.

Dr. Docherty reported that Lanarkshire was performing satisfactorily for scheduled care over a range of specialties. However, he highlighted continuing pressure in some specialties, and challenges for the system in relation to the numbers of patients waiting over the Treatment Time Guarantee and beyond the Outpatient Waiting Time Target. However, he reassured Members that addressing these issues remained a substantial management focus.

Dr. Tanner referred to publicised information suggesting that the waiting time for GP referral of mental health patients to a Psychologist was 1.5 years when, in fact, the average waiting time was 12 weeks. He suggested that this highlighted the need for accurate information about waiting times for specialties be readily accessible to the general public. Dr. Sonthalia endorsed this view, against a backcloth of successive requests from GPs for this information to be available, preferably on a publicly accessible website.

Dr. Docherty reported that Dr. Wallace had already noted this request from discussion at the most recent meeting of the Area Medical Advisory Committee, and had undertaken to progress the matter.

**ACTION: DR WALLACE**

7. **HEALTHCARE STRATEGY**

Members considered Appendix 3 to the Consultation Report to the NHS Board on 30<sup>th</sup> November 2016, which set out the way forward to implementation of the Healthcare Strategy.

Members noted the arrangements for progressing to implementation of the Healthcare Strategy, and welcomed the commitment to ensuring meaningful engagement with the Area Clinical Forum going forward.

8. **REPORTS FROM PARENT PROFESSIONAL ADVISORY COMMITTEES**

a) Area Medical Advisory Committee

Dr. Docherty reported that the agenda for the most recent meeting of the Area Medical Advisory Committee largely mirrored the agenda for the Area Clinical Forum meeting. He highlighted discussion about the need for improved clinical engagement, which he had raised at the Corporate Management Team. As a follow up, he had recently met with Dr. Wallace, Ms. Knox, Dr. Burns, Dr. Khan, and the Director and Chief of Medical Services for Hairmyres Hospital to discuss the way forward. Arising from this, it was agreed to consider the application of the Grampian engagement tool in Lanarkshire.

b) Area Allied Health Professions Advisory Committee

Mrs. Lees reported that the principal issue considered recently by the Committee was the further planning for hosting an AHP Learning Event on 16<sup>th</sup> February 2017 in the Ken Corsar Medical Education Training Centre where the focus would be on dementia. The event would be interactive with a number of workshops, and would encompass Allied Health Professionals from Health and Social Care. A key consideration would be carers, with particular regard to what they can do, what they cannot do, and what they need help with.

Dr. Docherty suggested that a key need for carers was a complex needs package of support to avoid hospital admission. He highlighted the need to recognise and, where possible, predict and plan for crisis points for dementia.

c) Area, Nursing and Midwifery Advisory Committee

Ms. Simpson reported on the need to fill member vacancies, including Vice-Chair, and advised that this issue would be considered further when the Committee next met over the coming weeks.

d) Area Psychology Services Forum

Dr. Tanner reported that Waiting Times Performance was encouraging with 94.4% of patients being seen in 18 weeks or less. He highlighted an issue around the impact on Mental Health Services hosted in North Lanarkshire Health and Social Care Partnership and a move to locality management of the Community Mental Health Teams and Community Elderly Mental Health Teams. He expressed a concern that this reverted to a previous management arrangement which, largely, had been ineffective. He highlighted issues around the facilitation of resource movement to address service gaps, and he reported on work to reinvigorate local planning groups, with Consultant Psychologist input for each of the six groups. He highlighted the requirement for a lead GP, a Psychiatrist and a Nurse to sit alongside these individuals.

Dr. Sonthalia reported that Cluster Leads were already in place, and advised that the positions for Locality Leads had been readvertised the previous day.

Dr. Tanner highlighted increased demand from Acute Services for Psychology assessment and treatment, and reported that he had met with the Director of Acute Services, the Director of Access and the Medical Director for the South Lanarkshire Health and Social Care Partnership to consider the issues, given that the service was not currently resourced to respond to the additional demand. He reported that there was a service available for pain, stroke and for the traumatic brain injury team, but advised that this was self-funded by the relevant departments. He highlighted an issue about individuals on the transplant list who required psychological support, and confirmed his support for a Regional service

solution. Dr. Docherty endorsed this view, and highlighted a Scottish Government expectation of enhanced co-operative regional working in the planning and delivery of services.

e) Area Healthcare Sciences Committee

Dr. McCurragh reported that the Committee had considered a Scottish Government Publication on Demand Optimisation in Diagnostics. Dr. Sonthalia noted this issue, and indicated that General Practice would welcome guidance from relevant professionals on the diagnostic tests which were required for particular referrals. Dr. McGuire acknowledged this view, and highlighted the need for appropriate educational resources to be available. She also highlighted a recent Scottish Health Technologies Group publication, which had signalled the setting up of a non-medical technologies group.

Dr. Sonthalia highlighted a concern around the extended time it now took to view and assimilate results issued electronically. He suggested that against this backdrop, GPs should be challenged about the rationale for certain diagnostic tests.

9. **ANY OTHER COMPETENT BUSINESS**

a) General Practice Sustainability

Dr. Sonthalia outlined for members the range of pressures impacting on General Practice sustainability in Lanarkshire, including Practice closures and imminent closures. He explained that whereas in 2013 17% of General Practices were seeking to appoint a partner, 45% of Practices were now seeking to appoint a Partner. He also highlighted pressures arising from the shortfall in the availability of locums and the unremitting increases in workload. He reported that the level of retirements exceeded the number of successful appointments, bringing further pressures. He advised that in England, the service was seeking to attract interest from General Practitioners in other parts of Europe.

Dr. Sonthalia highlighted a Scottish Government view about moving to a 'doctor light' service; however, he highlighted the requirement for this to involve Advanced Nurse Practitioners, Pharmacists and other support staff who, currently, were not available in sufficient numbers. He reported on issues around list closures, and General Practice premises where negative equity was a concern. He highlighted the Scottish Government imperative around shifting the balance of care, and reported that shifts in care from Secondary Care to Primary Care already occurred as a matter of routine, but were not formally measured, either locally or nationally.

Dr. Sonthalia noted an issue raised by Dr. Docherty about pressures on secondary care which impacted adversely on their ability to see returns as quickly, which, in turn, created further pressures for General Practice. He suggested that at the secondary care/primary care interface, there was a case for establishing a properly resourced primary care hub to manage secondary care referrals back to primary care.

b) Health Promoting Health Service

The Committee received and noted the Health Promoting Health Service Annual Report 2015/16 which had been lodged with the Scottish Government.

10. **DATES OF FUTURE MEETINGS**

Thursday 16<sup>th</sup> March 2017 at 2.00pm

Thursday 27<sup>th</sup> April 2017 at 2.00pm

Thursday 8<sup>th</sup> June 2017 at 2.00pm

Thursday 10<sup>th</sup> August 2017 at 2.00pm

Thursday 28<sup>th</sup> September 2017 at 2.00pm

Thursday 16<sup>th</sup> November 2017 at 2.00pm