

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Area Clinical Forum
Microsoft Teams/Boardroom
On Friday, 3 July 2020 at 3.00pm**

PRESENT AT TELECONFERENCE

Mrs Audrey Thompson (in the Chair)

Dr Cerys MacGillivray	Vice Chair of ACF
Dr David McColl	Co Chair of ADC
Dr Ruth Hamilton	Chair of AAHP & HCS
Mr Peter Ivins	Chair of AOC
Ms Julie Tomlinson	Chair of the ANMC
Ms Kathy Kenmuir	Vice Chair of the ANMC

IN ATTENDANCE

Ms Jane Grant	..	Chief Executive - Boardroom, JBR
Dr Jennifer Armstrong	..	Medical Director - Boardroom, JBR
Mr Jonathan Best	..	Chief Operating Officer - Boardroom, JBR
Dr Margaret McGuire	..	Director of Nursing - Microsoft Teams
Ms Caroline Sinclair	..	Chief Officer - Microsoft Teams
Ms Gail Caldwell	..	Director of Pharmacy - Microsoft Teams
Mrs Lorraine Bulloch	..	Secretariat- Boardroom, JBR

		ACTION BY
56.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Dr Lesley Rousselet, Dr Alastair Taylor, Mr Ian Millar and Dr Gayle Cooney.	
	<u>NOTED</u>	
57.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the items being discussed. Ms Kenmuir advised members that she would be commencing a full time secondment to Public Health Scotland until March 2021 as a Primary Care Cell Co-Lead.	
	Mrs Thompson congratulated Ms Kenmuir on her new post and wished her well on her secondment.	
	<u>NOTED</u>	

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61.	UPDATE ON CURRENT ACTIVITY LEVELS	
	<p>Mr Best updated on the current Acute activity levels in relation to COVID-19 and advised that there was a slow decline in numbers across NHSGGC with 191 positive COVID-19 cases across sites, 1 long term Intensive Care Unit (ICU) patient and no deaths in the last 24 hours. He explained the continued challenge within Wards with shielding of 600+ patients across sites and maintenance of the red and green pathways. Mr Best reported that infection control and risk management remained key priorities for all Health Board's (HB's) and NHSGGC would anticipate the next shielding announcement from the Scottish Government. Mr Best noted that staff absence presented a further challenge with approximately 1100 staff absent related to COVID-19. He reported that the Emergency Department (ED) figures remained low and the correct signposting and adverts in the ED had provided a positive impact on attendances. Mr Best advised that planning was in place to resume scheduled care which had been suspended from March 2020. He advised that the plan would be to create additional capacity gradually in preparation for the winter months, the flu season and take into account the possibility of a second spike in COVID-19.</p> <p>Ms Sinclair advised that Health and Social Care Partnerships (HSCP's) had begun resumption of more services in the community and the continued work with Estates and Facilities around social distancing and infection prevention and control. Ms Sinclair noted that there had been an excellent response to "Attend Anywhere" which had minimised the impact of COVID-19 on patients, with the plan of a future blended model for service delivery. The HSCP's would highlight the profile of Mental Health with increased demand and capacity. Ms Sinclair noted that the COVID-19 Assessment Centre's (CAC's) work had continued to reduce and there had been a change to service delivery for the GP Out of Hours (GPOOHs) Service.</p> <p>The Chair thanked Mr Best and Ms Sinclair for the update and the Committee were assured by the information provided.</p> <p><u>NOTED</u></p>	
62.	UPDATE FROM THE CHIEF EXECUTIVE ON ONGOING BOARD BUSINESS INCLUDING WEEKLY UPDATE TO BOARD MEMBERS	
	<p>The Area Clinical Forum considered the paper 'COVID-19 Update – Letter to Board Members' [Paper 20/18]. Ms Grant reiterated the update provided by Dr McGuire, Mr Best and Ms Sinclair and noted the restart of activity work that Dr Armstrong had taken forward with the Recovery Tactical Group and the balance of work ongoing with COVID-19 and of the new redesign model. Ms Grant noted that the redesign of services would be a challenge particularly within the community setting and she was cognisant of the health and wellbeing of staff. Ms Grant reported that work would continue towards redesign of services to resume normal business and would focus on cancer, emergency care and COVID-19. Ms Grant noted that the Scottish Government had requested submission of updated plans to cover the period from August 2020 up until the end of March 2021 and these require to be submitted by 31st July 2020</p>	

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	<p>The Chair thanked Ms Grant for the update and the Committee were assured of the information provided.</p> <p><u>NOTED</u></p>	
63.	RECOVERY PLANNING	
	<p>The Area Clinical Forum considered the paper ‘NHSGGC Remobilisation Plan’ [Paper 20/19] presented by Dr Armstrong, Medical Director. Dr Armstrong provided an overview from the full remobilisation detailed plans and highlighted the focus on methods to prioritise / mitigate inequalities. Dr Armstrong reported that whilst planned staff annual leave during the months of July, August and September would impact staffing levels and would be an additional challenge to COVID-19 related absences, the organisation remained committed to ensuring the health and wellbeing of staff and safeguarding sufficient rest and recuperation periods for staff . She noted that that an enormous amount of information had been obtained during the COVID-19 pandemic and reported that “Attend Anywhere” would provide 500-600 consultations per day. Dr Armstrong explained the Unscheduled Care (USC) process and provided an update on CAC’s and the Winter Plan. Dr Armstrong described the necessity to retain capacity to stepdown services and maintain access to beds in ICU for a potential COVID-19 surge. She noted that screening programmes had been resumed including diabetic retinopathy and advised that national guidance would be provided for Primary Care Dental and Optometry practices in due course. In addition, Dr Armstrong reported that NHSGGC was one of the biggest contributors in the Research & Development (R&D) recovery trials regarding Dexamethasone.</p> <p>Discussion ensued by members regarding recovery and winter pressures and the scenario of plans. Remodelling of services in the community was discussed including various pathways for patient care both digitally and face to face. Ms Sinclair would take forward points raised with the HSCP Tactical Group.</p> <p>The Chair thanked Dr Armstrong for the update. The Forum were content to note the report and were assured by the information provided regarding planning of the resumption of services and the redesign of services due to COVID-19.</p> <p><u>NOTED</u></p>	Ms Sinclair
64.	BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS AND MINUTES TO NOTE	
	<p><u>Area Dental Committee</u></p> <p>Dr McColl reported that Dental Practices had opened to provide treatment for urgent care only. He noted that some patients had made contact for routine appointments and highlighted that the correct communication would be required to advise patients of the 3-4 month dental appointment backlog. Dr McColl</p>	

	<p>remarked that the Oral Health Foundation would provide a good reflection of public expectation.</p> <p><u>Area Nursing and Midwifery Committee</u></p> <p>Ms Tomlinson reported that the first ANMC meeting had convened subsequent to the COVID-19 pandemic and noted good attendance from members. She provided an overview of the meeting and advised that education pre-registration prior to the 5th October 2020 was discussed and an also an update from Mr David Lamont, Lead Nurse in Practice Education. Ms Tomlinson stated that the employment of Band 3 and 4 clinical staff had provided a positive impact in clinical areas. Ms Tomlinson advised that work would commence again within the Practice Development Team to manage staff expectation and wellbeing, however she noted that good innovative ways of working continued to be established.</p> <p><u>Area Optometric Committee</u></p> <p>Mr Ivins reported that the treatment of essential eye care recommenced on 29 June 2020. He advised that risk assessments had been carried out across NHSGGC and the relevant PPE was delivered to practices prior to reopening. Mr Ivins noted that there had been discussions with Ophthalmology Leads regarding capacity and funding with an overview of the challenges presented due to high demand of services from the COVID-19 pandemic.</p> <p><u>Area Psychology Committee</u></p> <p>Dr MacGillivray reported that the first Area Psychology Committee meeting had convened subsequent to the COVID-19 pandemic and noted good attendance from members. She provided an overview of the meeting and noted the work carried out with staff wellbeing and the utilisation of web based resources for Mental Health intervention. Dr MacGillivray reported on new ways of working and specific issues with training to meet competencies. There was also a requirement for additional equipment for staff to work remotely. She noted challenges with neuropsychological digital consultations. Dr MacGillivray stated that there would be clearer guidance in the next month for the estimated scope of the population that would have access to digital resources.</p> <p><u>Area Pharmaceutical Committee</u></p> <p>Ms Caldwell outlined the lessons learned through the COVID-19 pandemic with resilience and preparation to provide pharmacy services. She noted digitalisation work continued, however there were challenges with a 33% increase in Primary Care prescriptions from March 2020 and would take the proposal to the eHealth Group to resolve the issue.</p> <p>Ms Caldwell provided an update on the Community Pharmacy First Service and described the local work and stakeholder engagement to modify patient pathways.</p> <p><u>NOTED</u></p>	

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65.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	<p>There were no key messages. The next Area Clinical Forum meeting would be prior to the next Board meeting on 25 August 2020. Members noted that the Board had agreed to reinstate normal governance processes.</p> <p><u>NOTED</u></p>		
66.	DATE OF NEXT MEETING		
	13 August 2020 at 2.00pm		