

## **AREA CLINICAL FORUM**

Minutes of the meeting held on Thursday 25<sup>th</sup> August 2022 at 4pm via Microsoft Teams. The minutes of the meeting were transcribed from a recording.

### **Present**

Amanda McDermott, Chair of ANMAC [AMcD](Chair of ACF)  
Wayne Badier, Chair of Area Dental Committee [WB]  
Dr Dylan Murphy, Vice Chair, Area Medical Committee [DM]  
Dr Deepa Shah, Chair of Area Medical Committee [DSh]  
Jacquie Whitaker, Vice Chair of ANMAC [JW]  
Dr Susan Laidlaw, Interim Director of Public Health [SL] (*item 8*)  
Tony McDavitt, Director of Pharmacy [TM] (*item 14*)  
Pauline Moncrieff, Board Business Administrator (Minutes)

### **1. Apologies for Absence**

Apologies for absence were received from Dawn Smith, Denise Morgan and Michael Dickson.

### **2. Declaration of Interests**

There were no declarations of interest.

### **3. Draft minute of the meeting on 16<sup>th</sup> June 2022**

The draft minutes were approved with no amendments.

### **4. Matters Arising**

#### **(6) Resuscitation Policy**

AMcD confirmed that the comments from ACF had been fed back to Dr Barr and the document had progressed to the next stage.

#### **(15) Redirection Policy**

AMcD confirmed that the draft policy had been shared with colleagues and the GP sub group and Consultants Group are discussing it before it is presented to the Area Medical Committee for consideration and comment.

### **5. Consultation on Restricting Promotions of Food and Drink High in Fat, Sugar or Salt**

AMcD informed members that ACF was not required to submit a response to SGov, but individual PACs may wish to discuss with a view to agreeing what the collective professional response is. There is no deadline for responses so members were asked to return comments at their earliest convenience.

**ACTION: Each PAC to discuss and submit comments to AMcD to collate responses**

### **6. Balloting for strike action and timelines (update from PACs)**

AMcD sought feedback from PACs about the potential for their professional body's union to be balloting for strike action and what the timelines might be in order to inform the Board. It had been reported in the press recently that there is some action for nursing and midwifery through the RCN and the RCM.

DS said that from the BMA and medical committee perspective, there was no imminent plan. DS said she would make AMcD aware if this position changed. WB said that he was not aware of any planned action within dentistry.

AMcD said that the feedback from Dawn Smith on behalf of the HCPC had been that there was no view to ballot at this time. **ACTION: AMcD will seek the views of the AHPs**

## **Standing Items**

### **7. Chief Executive Update**

There was no update as Michael had submitted his apologies for the meeting.

### **8. Realistic Medicine Update**

SL gave members a detailed update on progress since the last meeting.

- The implementation plan which had been updated recently and would be uploaded to the Teams chat.
- Much of the plan is on hold because of the pandemic and consideration will be given to the priorities for the rest of this year whilst not losing sight of other work.
- A network meeting was held yesterday with all Realistic Medicine Leads, the national team and some program managers. All the projects funded through the Value Improvement Fund last year were described which are all in progress now.
- Realistic Medicine Leads should be receiving a list of the projects and which boards they are in and details of relevant projects will be shared with ACF.
- Realistic Medicine Leads had looked at some of the challenges in their areas and SL had highlighted how staff had put a lot of work into compiling bids for the Value Improvement Fund only to be unsuccessful. The feedback tends to be that bids are good but the field is very competitive with only a limited amount of funding available for projects. One other board had been successful in securing support from other means within their board so SL plans to speak to them for advice.
- There is a Value Based Health and Care Strategy currently in development and there were some workshops around developing the initial thoughts about the strategy. SL had attended one for Realistic Medicine Leads. It was unclear what the timescales for the strategy are, but the work ties in with the development of the Clinical Strategy and the new health and care campus. SL will keep ACF updated on the progress.
- There are plans for another Realistic Medicine annual conference and SL will update ACF as more details are available. It is not clear if it will be held in person, remotely or a combination of both.
- Colleagues from Public Health Scotland had attended the last steering group meeting to talk about the Atlas of Variation. Work is progressing to see which areas might be of particular interest and to see if there are clinical teams or departments who wish to look at the maps for their particular area and focus on any unwarranted variation.

### **9. Greener practice and sustainability – Environmental impact of healthcare**

AMcD reported that ANMAC had agreed some actions mainly around trying to reduce single use plastics used in lots of clinical areas. It was agreed to set up a meeting with Jamie Watt who is the lead for recycling for the board. AMcD will meet with him soon to speak about the domestic recycling at the hospital site as staff are very keen to have a process in place for the clinical departments within the hospital and the community.

DSh reported that the draft Scottish Climate and Sustainability Strategy had been published in the last two weeks and Lawson Bisset chairs the Shetland group which feeds into that. The group had held their first meeting and the plan is to have primary care and secondary care representation on that group. There are three projects which have been progressed in the last few months:

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- Inhalers: work has taken place with the Shetland and Orkney pharmacy groups to update the Grampian inhaler guidance which has been presented to ADTC. This should then be disseminated in order to highlight excellent clinical care for patients plus the message around the environmental carbon footprint of the inhalers being advocated to use on the board's formulary.
- Waste: A meeting had been held with Jamie Watt around waste systems in primary care. Progress has already been made developing good pathways, but a big challenge is getting busy clinical practitioners to implement the toolkits and put into place the things that these advise. One way to disseminate the information is through the regular cluster newsletter.
- Active travel: Monica Farkas, Active Travel Co-ordinator came to speak to the Greener Practice Group with a view to engaging with primary care to make staff aware of what they offer and what they can do eg. delivering training on using ebikes and encouraging staff members to use ebikes.

WB reported that Area Dental Committee had not met for approx. six months ago and had not yet discussed the sustainability agenda.

#### **10. Urgent and Unscheduled Care Collaborative**

AMcD explained that this is an extensive project across the Health and Social Care Partnership with 4 priorities identified for NHS Shetland as a result of the self-assessment. Due to current workload pressures for colleagues in social care and primary care, it was difficult to progress the project work at this time so the Chief Exec approached SGov on behalf of NHS Shetland and NHS Orkney, to request this work be paused temporarily whilst recognising this is a key priority. Neither board has the capacity to engage at present and EMT are looking at planning to review the situation at the end of September and work has begun to agree who will be taking forward the program working towards the priorities for the urgent and unscheduled care redesign.

#### **11. Feedback from National Area Clinical Forum Chair's meetings**

AMcD advised members that the national ACF Chairs Group is currently without a Chair so has not met recently.

#### **12. Feedback from Board Standing Committees**

AMcD reminded members that the Board Meeting scheduled for 30<sup>th</sup> August had been cancelled as the board moved to a more governance light footing for a short time. The next Board Meeting will now take place on 20<sup>th</sup> September 2022.

#### **13. Feedback from Professional Advisory Committee**

**AMC** – DSh said AMC were due to meet next week so would have an update for the next ACF meeting.

**ADC** – WB said that ADC had not met so there was no update at present.

**ANMAC** – AMcD said the group had been reviewing several policies, mostly from the maternity department. They had received a presentation from the learning disabilities team about an information leaflet for parents they plan to produce regarding faecal smearing. There was a discussion about the workforce tools from a nursing and midwifery point of view in readiness for the implementation of the Safer Staffing legislation. Dr Kirsty Brightwell and Dr Pauline Wilson are working on the self-assessment for the medical workforce. The group had discussed the Redirection Policy which the GP Sub group, the Consultant Group and AMC would also be considering. ACF welcomed feedback from these groups on their thoughts about the policy.

**HCS** – there were no representatives from present from the group

**APC** – there were no pharmacy representatives present at the meeting

#### 14. **Antimicrobial Resistance**

TM explained to members there had been a request for some information about what the organisation's plan is around microbial resistance. Whilst there is no clear plan at present, there is an opportunity for colleagues to inform what the board does and establish a resource in an antimicrobial role within the board similar to other areas across Scotland.

Members discussed what is currently in place including control of infection and the Antimicrobial Management Team, but there is a limit in terms of providing processes, quality improvement methodologies or quality improvement programs that will have a significant impact on the use antimicrobials in Shetland.

The role of Antimicrobial Champion had been explored but the postholder would need to be someone with a prescribing role, be suitably experienced, ideally involved in prescribing antimicrobials on a daily basis, works within either acute or primary care but has an understanding of both. Most of the suitable staff within the organisation are nurses in ANP roles who are in small numbers and already pretty saturated in terms of.

In response to a question about Antimicrobial Stewardship, TM said ideally the role would be a multidisciplinary resource because it involved not only pharmacy, but also medicine and nursing.

TM explained the next step for the pharmacy team is to draft a business case in consultation with Prof Hawkey which will be submitted EMT in the next month or two to consider what an antimicrobial pharmacist role would look like. It is currently possible to produce high quality hospital reports not to produce primary care reports or illustrate how the board compares to other areas.

The business case will be submitted in the next month or two, and will set out the role as providing support to the wider hospital pharmacy service with a portion of time to deliver antimicrobial activities including the primary care surveillance and reporting. It would include provision of training for non-medical prescribers and supporting medical staff in the delivery of a quality improvement projects and audits across both secondary and primary care.

ACF was invited to comment on how the organisation should structure delivering this priority, encourage behaviour change and express what the resource is that would benefit clinical practice most with respect to antimicrobials.

AMcD acknowledged that ANPs could be a solution but capacity would be problem and in primary care the challenge is that ANPs may working by themselves and not necessarily able to observe anyone else's prescribing practice. There isn't a huge amount of non-medical prescribers in the acute site.

DS agreed to add this to the agenda for AMC for discussion and provide feedback to TM on the things that could potentially be useful. **ACTION: Dr Shah**

TM asked for an initial endorsement from ACF that having an antimicrobial pharmacist resource would be of benefit and vital in understanding prescribing data whilst acknowledging that this post will require resource. In order to support the Prof Hawkey

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model of microbiologist input, this will need some on-island resource that can provide some continuity and challenge within acute the environment where there is a large amount of antimicrobial prescribing.

Members discussed whether the resource could be provided through giving somebody a portfolio role in cluster in order to be able to support a small team of people focus on this in the longer term. TM said within antibiotics there were lots of things to target and for antimicrobial use, it would be course length, course length in females where uncomplicated UTI for example. The hope was to have medicine, pharmacy and nursing work with labs to understand the resistance rate that might be within the community for some treatment choices. If the decision was to have a resource in the hospital, which was a hospital pharmacist, they must involve general practice and it would also need some time from a general practitioner to support this. DM said he could raise the issue and play whatever role was required.

**ACTION: Dr Murphy**

DM agreed to speak to Lisa Watt regarding funding for PQL roles within practices to lead quality improvement work.

**ACTION: Dr Murphy**

In response to a question from AMcD, WB said there was not a great deal of prescribing within the dental service and that it was a limited formulary for dental antimicrobials.

TM asked if ACF would be supportive of the business case being presented to EMT requesting resource to have pharmacy time and to do this work in the longer term. Members gave their support to the proposed business case. AMcD added that if any greater level of detail was required around what would be helpful to PACs as clinicians, the assumption was that what was being designed as part of the business case would support clinicians so whatever was proposed would have the support of ACF as it would be an improvement on the present position.

## **For Information**

**15. NHS Circulars – for information**

**16. Any other business**

**17. Date and time of next meeting:** The next meeting would take place on Thursday 29<sup>th</sup> September 2022 at 4pm on Teams.

There was no further business and the meeting closed at 5.10pm.