UNCONFIRMED MINUTES OF THE MEETING OF DUNFERMLINE & WEST FIFE COMMUNITY HEALTH PARTNERSHIP COMMITTEE HELD ON THURSDAY 12 SEPTEMBER 2013 AT 2.00PM WITHIN CONFERENCE ROOM 4, LYNEBANK HOSPITAL, DUNFERMLINE

NOT YET ENDORSED

Present:
Moira Adams, Chair
Susan Archibald, Non-Executive Board Member
Cllr Peter Lockhart, Fife Council Member
Dr Alan McGovern, Clinical Director, DWF
Andrew Hepburn, Optometry Representative
Dr Anne Woods, GP Representative
Karen Baxter, AHP Representative

Susan MacLeod, Nursing Representative
Lawson Rennie, Carer Representative
Lorna Sherriffs, APF Representative
Isobel Vernolini, PPF Representative
John Winton, Non-Executive Board Member
Cllr Helen Law, Fife Council Member
Kenny Murphy, Voluntary Sector Representative

In Attendance:
Ann Hatton, Head of Clinical Governance, DWF
Val Hatch, Depute General Manager, DWF
Andrew McCreadie, Assistant Director of Finance, NHS Fife (Item 53/13 only)
Belinda Morgan, Head of Health Improvement & Inequalities, DWF
Margaret Pirie, Chair Learning Disability Management Team, DWF
Fiona Forrest, Lead CHP Pharmacist, DWF
Lisa Milligan, Service Manager, PCES
Angela Heyes, Equality & Human Rights Lead, NHS Fife

NO HEADING ACTION

35/13 WELCOME AND INTRODUCTION

Moira Adams welcomed all to the meeting. The following membership update was provided -

- Dr Woods, GP Representative and Karen Baxter, AHP Representative have been confirmed for a further term. Pharmacy, Education and Dental Representatives are still being sought.

Moira Adams then brought to the Committee’s attention.

- Participated on the Panel for the Alison Scott Memorial Award 2013. This is an annual award and the recipient for 2013 was Rachael Daniels, Lead Podiatrist at Queen Margaret Hospital/Specialist Podiatrist, Integrated Community Assessment Support Service (ICASS) to study the effectiveness of podiatric care for the treatment of plantar fasciitis.
• The proposal to transfer Glenrothes Primary Care Emergency Service Primary Care Centre to Kirkcaldy, Victoria Hospital was not approved at the NHS Fife Board meeting on 27 August 2013. A note of thanks was given to all staff involved in this piece of work.

• Attended the Queen Margaret Development Project Consultation Events in Lynebank Hospital, Carnegie Library and Queen Margaret Hospital. The presentations on display were very good and provided lots of information.

• NHS Fife has been awarded the Investing in Volunteers Award for Public Partnership Forum participation; congratulations to all involved were noted.

36/13  APOLOGIES FOR ABSENCE

Apologies were received from Susan Manion, General Manager; Pauline Small, Associate Nurse Director; Cllr Alice Callaghan, Fife Council Member and Anne McGovern, Non-Executive Board Member.

37/13  DECLARATION OF MEMBERS’ INTERESTS

There were no declarations of interest noted.

38/13  MINUTES OF PREVIOUS MEETING HELD ON 11 JULY 2013

The minute of the previous CHP Committee meeting was confirmed as an accurate record.

39/13  MATTERS ARISING

No matters arising were noted.

40/13  GENERAL MANAGER’S REPORT [Susan Manion]

Item removed from agenda.

41/13  HEALTH & SOCIAL CARE PARTNERSHIP / INTEGRATION [Susan Manion]

Moira Adams reported that the next meeting of the Health and Social Care Partnership Shadow Board will take place on 20 September 2013. A session on Health and Social Care Partnership was held at a recent NHS Fife Board Development Session.

42/13  MODERNISING CHILDREN’S SERVICES [Val Hatch]

Val Hatch provided the following verbal update on Modernising Children’s Services.

Dr Dunhill was commissioned by the Integrated Children’s Board to review the
delivery and governance arrangements for Child Health Medical Services across NHS Fife. A number of Dr Dunhill’s recommendations along with further developments are underway, these include:

- the development of an Integrated Outpatient Unit at Queen Margaret Hospital [now established and operating];
- Doctors from Acute and Community working closer together and moving towards an integrated service;
- completion of the integrated pathways for ASD/ADHD. The pathways have been recognised nationally and have also supported the achievement of the Child and Adolescent Mental Health HEAT target;
- the first Advanced Nurse Practitioner for Children with Exceptional Needs is now working with colleagues in Acute and Community to shape this provision;
- the Support Needs System, an information sharing system which enables early identification, assessment and monitoring of children with support needs.

The two principle areas from Dr Dunhill’s recommendations were also highlighted:

- NHS Fife will develop a plan for Children’s Health Services;
- NHS Fife to consider forming a co-managed combined acute medical services with community.

The Committee noted that a full report will be brought back on progress to a future meeting.

**43/13 UPDATE ON THE WORK OF THE NHS FIFE EQUALITY & HUMAN RIGHTS STRATEGY GROUP [Angela Heyes]**

The purpose of the report is to update the Committee on the work of the NHS Fife Equality & Human Rights Strategy Group. The Group’s Service Action Plan and Business Programme were included for information.

- **Clinical Governance:** The Equality and Human Rights Strategy Group reports to NHS Fife Board via the D&WF CHP Committee and for assurance via NHS Fife PFPI Standing Committee.

- **Staff Governance:** Foundation training in Equality and Human Rights is available to all staff; relevant information pertaining to Equality and Human Rights is provided for the Local Partnership Forum and the Area Partnership Forum as required. Equality Impact (EQIA) training is provided to all staff who undertake EQIA’s as part of policy development or service change.

- **Financial Governance:** A triage system has been instigated for community language interpreting to ensure all face to face interpreting assignments are assessed for the use of either face to face or telephone interpreting. The number of face to face assignments have reduced and telephone
interpreting increased, resulting in a more efficient service which is patient centred. The savings for the first year is approximately £120k.

In February, a SMS text phone was set up and a register for British Sign Language users, 60 users registered. This is proving very successful and improving care specifically around appointments and arranging interpreters.

- **Information Governance:** The Equality and Human Rights Group aims to ensure all data in relation to Equality and Diversity is stored in line with data protection guidelines. Caldicott approval was received for the SMS text phone.

- **Equality & Diversity:** A Working Group has been set up and is Chaired by the Equality and Human Rights Non Executive Board Member for NHS Fife to ensure that the service and employee equality outcomes are implemented using the quality model – PDSA.

An internal audit was carried out in November 2012 and reported back to the internal audit committee and was graded B; the two recommendations from the audit have been implemented.

- **Service User & Public Involvement:** The new model of public engagement has been implemented and is to be evaluated in November 2013.

- **Risk Management:** An Equality and Diversity Risk Register has been developed and is reviewed quarterly by the Equality and Diversity Strategy Group.

Discussion was held on the SMS Text Service as well as the integrity of storing information, there was assurance that all information collected was anonymous and received from Information Services Department.

The Committee **Noted** the content of the report.

**44/13 PRIMARY CARE EMERGENCY SERVICE ANNUAL REPORT [Lisa Milligan]**

Lisa Milligan presented the ninth annual report to the Committee, which provides an overview of the work of the service and highlighted the following areas of good practice:

- **Service Delivery:** 2012/13 was a busy year for the service with 93,044 patient contacts – 37,596 of which were seen across the four centres and 11,538 home visits. The breakdown of age group profiles across Fife showed under 10’s; young adults (20-30) and the combined over 70’s as main user groups.

- **Winter Planning:** Detailed planning is undertaken to ensure full coverage over the winter period. The Winter Plan is submitted and approved at
National level. A review of the Winter Planning was undertaken at NHS Fife and National level, PCES had no significant improvement areas identified. There was no significant adverse weather over late November, December and January which has in previous years presented PCES with additional pressures.

- **Staffing**: There have been no significant changes to staffing. There is a multi-disciplinary team which includes two salaried GPs directly employed who are supported by over 193 local sessional GPs.

- **Staff Development – Urgent Care Practitioners [UCPs]**: The service has an established workforce of UCPs to support the clinical service with a funded establishment of 11.8 whole time equivalents [WTE]. The UCPs have been professionally developed to a high standard to support their role and functions within the service and work within established protocols and Patient Group Directives.

  - **General Practitioners [GPs]**: Induction for ST1s has been developed and introduced in 2012 and has continued in to 2013. Further developments for ST3s include one trained mentor and sessions being allocated at the start of their year.

- **Operational Framework**: The service operates from Queen Margaret Hospital, Glenrothes Hospital and St Andrews Community Hospital for 118 per week and Victoria Hospital for 62 hours per week.

- **Involving People**: The service is accessible to all in Fife. Contact is through NHS 24 and where appropriate directly to PCES through a Professional to Professional route by Pharmacists, District Nurses etc. A variety of contact and communication methods are utilised to ensure patients and PCES service users have ready access to information. The Stakeholder Group also has public representation which has been expanded to represent all CHP areas within Fife.

- **Complaints**: 16 were received during 2012/13, of which five were upheld, a further 3 partially upheld and 8 were not. All complaints were fully investigated and reported through the NHS Fife Complaints Department. None of the complaints were unresolved.

- **Risk Management**: 5 incidents were inputted into the DATIX system (a web based incident recording system). These varied in nature including verbal abuse, car accident/damage and medication incidents.

- **Business Continuity**: this is reviewed and updated annually.

- **Finance**: The PCES budget for 2012/13 was £4,387,512. NHS Fife cost per head of population for providing out of hours care is £11.70. PCES closed the year with an underspend of £66,328, due to vacancies and efficient manning of rotas.
• **Organisational Development**: PCES Management Team recently engaged the support of NHS Fife’s Organisational Development Department to support their ongoing work to look at the way forward for PCES in the longer term.

• **Review of Service**: The PCES Management Team and CHP Leads have focussed on key factors to influence the decision making and changes required, including: clinical incident reporting; clinical safety/patient outcomes; equitable access to care provision; efficiency of service provision and improved patient pathways of care.

• **Future Challenges** – PCES will look towards considering the development of salaried GP posts, alternative skill mixes and utilising the skills of UCPs to undertake home visiting to augment the existing multi-disciplinary team.

The Committee **Noted** the content of the report.

---

45/13 **QUEEN MARGARET DEVELOPMENT UPDATE [Ann Hatton]**

The purpose of the paper was to update the Committee on the developments at Queen Margaret Hospital (QMH) focussing on the Primary Care Resource Centre.

The Queen Margaret Development Project Board has been established since November 2012 and meets on a monthly basis. The Queen Margaret Project Team meets monthly to drive the process and ensure progress is maintained. Updates from each of the eight workstreams are received.

The following progress to date was highlighted:

• **Older People’s Service** - Wards 5, 6 and 7 will be decanted into level 3 of phase 2 to allow essential repair works to be undertaken. This will be for a period of 5-6 months. Communication with the families regarding this change is being given priority.

• **Children’s Services** - The model of care has been agreed taking account of emerging opportunities within Children’s Services. Funding has been identified in the capital plan 2013-2014.

• **Sexual Health Service** - This service successfully relocated into QMH in April 2013. In line with National Guidelines the service is called “Sexual Health Fife” and is providing an increased range of services, including services transferred from Carnegie Clinic.

• **Community Services** - These services include Podiatry, Nutrition & Dietetics, Speech and Language Therapy, Diabetic Services, Children’s Physiotherapy and Occupational Therapy, Clinical Psychology, Children & Adolescent Mental Health Services, Family Nurse Partnership, Learning Disability Out-patients, Dental Services and others supported by
administration services.

Children’s Occupational Therapy and Physiotherapy will be relocating into the existing footprint of Therapy & Rehabilitation at QMH. Some works are required to accommodate these services and this is currently being accelerated to meet the needs of the service.

- **Equality Impact Assessment Outcomes:** The findings of the Equality Impact Assessment Outcomes were collated and reported to the Queen Margaret Development Project Board in May 2013. The recommendations are to be considered by the appropriate Workstreams. The full report and EQIA is available on the NHS Fife website.

- **Communication, Involvement and Engagement Action Plan:** The current period of active Public/Patient/Staff Involvement will continue until 30 September 2013.
  - The period of active involvement has been advertised in the local press, in leaflet distribution and on the NHS Fife Website.
  - Three Open Events have been held; one morning, one afternoon and one evening in Lynebank Hospital, Carnegie Library and QMH. Personal Invitations were sent to local Politicians, Councillors and electronic notification to community councils
  - Update information with the opportunity for people to ask questions and make comments has been held with Clinical Services Management Team, DWF CHP General Practice and Primary Care Group, Public Partnership Forums, Area Clinical Forum, Area and Local Staff-Side Forums.
  - Patients using the specific Services at Carnegie and Abbeyview have been given the opportunity to comment via a touch screen and paper questionnaire on each site.

Communication and information to support the involvement to date consists of:
  - Queen Margaret Development Newsletter
  - Information Leaflet
  - Services Information booklet
  - Comments Card
  - Information Display Panels and comment cards – display panels are in Carnegie and Abbeyview Clinics as well as Carnegie and Duloch Libraries.

- **Next Steps:** The next steps of the Primary Care developments include, complete the period of active public involvement; consider any comments received; prepare paper for November CHP Committee and commence with the site development plan

Discussion took place on many aspects of this work and in particular the signage and the need for it to be consistent across all sites; car parking and public engagement / feedback process.
Moira Adams noted thanks to Ann Hatton and the staff involved for the work on the consultation process.

The Committee noted the progress made and ongoing work as detailed in the paper.

46/13 PRESCRIBING/MEDICINES MANAGEMENT [Fiona Forrest]

The paper updated on the current situation with regards to prescribing within NHS Fife, and more specifically, GP prescribing with the CHP. It outlined the national and local context and the progress being made towards improving safe and effective medicines management within Fife.

**National Context:**
- medication is by far the most common form of medical intervention, 80% of over 75 years take a prescription;
- NHS Fife, in line, with other territorial NHS Boards, spend approximately 10% of their budgets on prescribing;
- The Scottish Government Quality and Efficiency Support Team leads the Prescribing Efficiency and Productivity Workstream; its aims are to improve the safety and efficiency of prescribing within the NHS;
- in January 2013, a report by Audit Scotland “Prescribing in General Practice in Scotland” identified key points. As a result of this report, NHS Boards were asked to; continue to work with GPs to reduce unnecessary medicines waste and improve overall prescribing efficiency and consider a business case for employing additional prescribing support staff as part of an invest-to-save initiative, where a Board has high prescribing spend and below average numbers of prescribing support staff.

**Local Context:**
- the reasons for the high cost per patient for GP Prescribing in NHS Fife was noted as complex;
- “Safe and Effective Medicines Management” is one of five priority workstreams of “Getting Better in Fife”. This workstream is led by the recently established Pharmacy and Medicines Management Programme Board;
- there are four Improvement Charters for the Pharmacy and Medicines Management Board. Implementation of this work within the CHP is led by the D&WF prescribing support team which provides prescribing advice and support to all prescribers within the CHP and 21 GP practices.

The progress to date was outlined in the report and includes:

- reducing harm from medicines;
- establishing a Fife-wide system for dealing with medicines safety alerts;
- Polypharmacy reviews (a national priority);
- Antibiotic prescribing (national target);
- Reducing medicines waste in two strands; “Only Order What You Need” public campaign (local) and repeat prescribing;
• Reducing variation in prescribing within NHS Fife and compared to other Health Board areas. The end of financial year 2012/13 position for NHS Fife was approximately £180k underspent, there have been significant improvements but despite this NHS Fife still has one of the highest prescribing costs. The CHP position was an approximate underspend of £400k;
• an Action Plan has been developed for 2013/14 which will deliver further prescribing efficiencies within Primary Care. A key challenge for its delivery is to ensure ongoing engagement with secondary care colleagues to maximise prescribing efficiencies across the organisations.

The Committee discussed repeat prescribing, availability of drugs within Community Pharmacies and self management.

The Committee noted the national and local priorities for prescribing; the recommendations of the Audit Scotland report on GP Prescribing; the progress made locally to develop and implement the Fife-wide Prescribing Action Plan and supported the need for ongoing engagement with secondary care to deliver the plan.

HEALTH INEQUALITIES TEAM ANNUAL REPORT 2012/13 [Belinda Morgan]

Belinda Morgan provided the annual update on the work undertaken by the DWF Health Inequalities Team.

The role of the Health Inequalities Team is to improve health and wellbeing and reduce health inequalities through targeted prevention and early intervention activities. The information contained within the report demonstrates the achievements and progress made during 2012/13 to improve outcomes for the local population.

The Team are involved in a range of activities some of which provide direct support to individuals making behavioural changes or by providing secondary prevention models. The Team work with Community Planning Partners to address many of the wider issues or determinants of health that are impacting negatively on an individual’s ability to maintain or promote their own health.

There is devolved responsibility from NHS Fife for the performance delivery of Child Healthy Weight and Keep Well. These are reported as part of the Balanced Scorecard performance management system which is discussed by the CHP Committee on a quarterly basis.

The current context aim is to improve health and wellbeing by moving resources upstream, targeting health improvement emphasising preventative care and supporting the integration of service across the care pathways to ensure these goals are met.

The Health Inequalities Team are meeting all the required HEAT targets, taking forward work in communities, working more closely with our community planning partners, involving ourselves in the early years agenda and
establishing ourselves within team and services to lead on reducing health inequalities.

Moira Adams commended the Service for a good, comprehensive report

The Committee **Noted** the content of the report.

48/13 **BALANCED SCORECARD 2013/14** [Ann Hatton]

The Balanced Scorecard report provides a progress report for each of the relevant HEAT Targets. For 2013/14 there are 37 targets across Fife, of which 25 relate to D&WF CHP. Of these 25 objectives, progress was reported as: 0 target achieved early [blue]; 13 on track [green]; 4 not on track but within agreed tolerance levels [amber]; 6 not on track and not within agreed tolerance levels [red]; and 2 have not yet reported.

Discussion took place on the impact of delayed discharges and the measures being taken to address.

The Committee **Noted** the update report and progress made against the Balanced Scorecard Target.

49/13 **UNCONFIRMED PATIENT FOCUS PUBLIC INVOLVEMENT PROGRESS REPORT** [Isobel Vernolini]

Isobel Vernolini provided the following update:

- 13 requests to be involved in activities;
- PPF Reference Group Membership has reduced to 11 members;
- Attendance at the Primary Care Resource Centre Public Events held in Queen Margaret and Lynebank Hospitals;
- the wealth of information available on the Queen Margaret Project development work was highlighted;
- information provided on a Spiritual Care Event being held at St Margaret’s Church on 26 September 2013 at 2pm;
- Harry Dunn, Vice Chair of the PPF Reference Group has resigned from his position. The relevant recruitment process will be undertaken and a replacement appointed in due course.

John Winton reported on an excellent presentation on Patient/Staff Care in the Acute Sector.

The Committee **Noted** the content of the report.

50/13 **THE UNCONFIRMED MINUTE OF THE LOCAL PARTNERSHIP FORUM 8 MAY 2013** [Lorna Sherriffs]

Lorna Sherriffs highlighted the good work around Management of Attendance, noting the average sickness rate for D&WF CHP for the period of April 2013 to July 2013 as 3.64%. Val Hatch also highlighted that it is hoped the Staff
Seasonal Flu Programme will commence early October 2013.

51/13 THE UNCONFIRMED MINUTE OF THE CLINICAL GOVERNANCE GROUP
16 JULY 2013 [Dr McGovern]

Dr McGovern highlighted the Care Service Inspection Report for Hill Street Service. The visit focussed on Quality of Care and Support; Quality of Staffing; and Quality of Management and Leadership. The inspection was graded as a 6 which is the highest score available and reflects the excellence in standards across the three themes.

Dr McGovern sought permission to bring this to the attention of the NHS Fife Clinical Governance Committee, the Chair agreed to this request.

52/13 THE UNCONFIRMED MINUTE OF THE HEALTH & SAFETY GROUP 16
JULY 2013 [Dr McGovern]

Dr McGovern highlighted that the C Difficile rates remain low with Fife being the third lowest mainland Board for the period January – March 2013.

53/13 CHP FINANCE REPORTING

53/13/1 Income & Expenditure: Draft Financial Report for the 4 Months to 31
July 2013 [Andrew McCreadie]

The Income and Expenditure position for the CHP for the four months to 31 July 2013 is showing an underspend of £172k against Managed Clinical Services and an underspend of £37k within PCES. Prescribing is showing an underspend of £283k.

In line with previous years, expenditure is monitored against budgets throughout the financial year. The breakdown of over and underspends against budgetary areas were highlighted and discussed.

The CHP identified cash releasing savings of £300k, plans identified to date are £149k of which £29k cash releasing savings have been delivered at Period 4.

53/13/2 Capital Programme Expenditure Report 31 July 2013 [Andrew McCreadie]

The specific allocation for D&WF in 2013/14 is £726k. Other CHP general allocations bring the total allocation to £896k. The total expenditure against the specific allocation for the period is £24k and relates to Lynebank roof works.

The Lynebank Decentralisation of Boilers Project was highlighted, works are due to commence in October 2013.

Thereafter, the Committee Noted the contents of the report.
54/13 ITEMS FOR INFORMATION:

The Committee noted the following items for information:

- The Unconfirmed Minute of the DWF Clinical Services Management Team 20 August 2013.
- The Minute of the Learning Disabilities Management Team meeting 9 July 2013.
- The Unconfirmed Minute of the Child Health Management Team 18 July 2013.
- The Unconfirmed Minute of the Child Protection (Health) Steering Group 12 July 2013.
- The Unconfirmed Minute of the Queen Margaret Project Board 02 August 2013.

55/13 FUTURE DATES:

- Date of Next CHP Committee Development Session: Thursday 10 October 2013 at 2.00pm in Conference Room 4, Lynebank Hospital, Dunfermline.

- Date of Next Formal CHP Committee Meeting (in public): Thursday 14 November 2013 at 2.00pm in Conference Room 4, Lynebank Hospital, Dunfermline.