

**Minutes of the Joint Forum and NHS Grampian Meeting held on
Tuesday 19th February 2013 at 7.00pm in the NEON Building**

Present:

Aileen Marshall (Chair)	Christine Clerk (Treasurer)
Steven Christie (Vice Chair)	Alastair Kennedy (C&RBoECC)
Gordon Methven (C&RBoECC)	George Littlejohn (C&RBoECC)
Kathy Grant (Community Warden)	Ian Todd (The Moray Council)
Daniel Scott	Elizabeth Scott
Marilyn Kelly	Linda McKenzie
Sheila Hollis (ENAF)	Harry Torry (ENAF)
Cllr Patsy Gowans	Cllr John Divers
Cllr Graham Leadbitter	Catherine Sinclair (Minutes)
Richard Carey, Chief Executive NHS Grampian	Sandy Dustan, Manager, Dr Gray's Hospital

Apologies:

Rebecca Kail
Cllr James Allan

ITEM NO	ITEM DISCUSSED	ACTION
1.	<p>Welcome and Introductions</p> <p>Aileen Marshall welcomed everyone to the meeting, and thanked Richard Carey and Sandy Dustan, NHS Grampian for attending.</p>	
2.	<p>Opening remarks</p> <p>The Chair highlighted recent media coverage and expressed our concerns re Dr Gray's regarding maintaining existing services and maintaining and improving the quality.</p>	
3.	<p>Speakers/Discussion</p> <p>3.1 Update from Last Meeting</p> <p>With regards to the action plan, Richard Carey advised issues are being resolved although some have taken longer than would have been wished.</p> <p>3.2 Pain Clinics</p> <p>There have been issues around recruitment. Out of 4 posts, 2 are filled, 1 is being filled and 1 is advertised. The specialists (who are also anaesthetists) will cover a network of clinics in Grampian. It is hoped to restore pain clinics in Elgin by the end of the year at the latest.</p> <p>3.3 Travel to clinics and late Cancellations</p> <p>Investigation has shown that awkward appointment times are made occasionally but is not a systemic problem. Patient feedback is the best place to raise this, and highlight any specific issues at the time of booking. Staff have been advised to take travel times into account.</p> <p>A discussion was held about patient transport and the possibility of partnership working. Suggestions will be highlighted to Milne Weir, Scottish Ambulance Service, about splitting patient transport service to ARI, with one bus collecting passengers as far as Keith and a second setting out from Huntly (as per Elgin Community Council letter to Elaine Brown).</p> <p>It was also suggested patient transfer ambulances could transport outpatients to appointments as they are rarely full but a place on the ambulance is needs-assessed by a doctor.</p>	RC/SD

	<p>Scottish Ambulance Service tries to examine patient flows and minimise journeys but are subject to budgetary constraints.</p> <p>Cllr Leadbitter advised that due to the cuts in public transport spending, there is an opportunity for the Dial-a-bus service and it would be useful if issues like this could be fed to Moray Council early to help influence the re-design of this service.</p> <p>3.4 Management</p> <p><i>Is Dr Gray's now entirely managed from Aberdeen and is this working?</i></p> <p>Richard Carey reviewed the historic situation. Moray Health Services Trust ran the hospital until Scottish Government abolished trusts. Since 2004 NHS Grampian manages all acute and primary services in each area of Grampian. He feels the collaborative model of working is better than the previous competitive model and should, over time, lead to consistency of standards and more flexibility across the service.</p> <p>Integration of management has been undertaken to facilitate this model. The arrangement has been in place for just over a year and will require longer than that for full integration. Sandy Dustan felt the model is working and has the potential to support Dr Gray's to deliver more services.</p> <p>Management is often said to be out of touch from frontline staff but many have worked in the NHS, often with a clinical background.</p> <p>3.5 Newspaper Articles</p> <p>Over the festive period there were articles calling the hospital extremely dangerous and reporting long waits for beds.</p> <p>Richard Carey agreed the standard of patient care was not met at this time and advised a number of factors came together to create this situation, namely loss of 15 beds to refurbishment, reduced staffing levels over the festive period, a spike in demand and a delay in discharge of patients awaiting social work assessment. (Social work acted rapidly once this issue was raised to Jane Mackie.)</p> <p>The catchment area of the hospital has changed to Moray only, with emergency cases from Banff and Huntly now going to ARI. This is an example of where the collaborative model can be used to address an issue.</p> <p>3.6 Change Fund</p> <p><i>Can any of Moray's £1.8 million Change Fund go to ARI?</i></p> <p>Change Fund money is spent within each Local Authority by its Community Health Partnership and none of it is spent on hospitals. NHS Grampian holds the money.</p> <p>3.7 Geriatrician – Hospital/Community</p> <p>A Nurse Practitioner has been appointed who will help support the development of this service in Moray.</p> <p>3.8 Staff morale</p> <p><i>Staff seem to be under pressure. Why did they feel they had to go to the press?</i></p> <p>Staff are under pressure due to year on year budget cuts, increasing numbers of targets to be met and a growing, ageing population but this is the same in every hospital. There are no special issues in Dr Gray's.</p>	<p>ALL</p>
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	<p>One staff member went to the press and reported a patient suffering a heart attack whilst waiting in a chair for hours. No record of such an incident was found but it was acknowledged that patients sometimes have to wait in chairs in A&E for beds to become available. The media did not contact the hospital before reporting.</p> <p>There are 11,500 full time equivalent or 15,000 staff seeing tens of thousands of inpatients and hundreds of thousands of outpatients a year. In a system of this size there are bound to be issues. A few headlines can suggest the whole health service is in trouble. Generally the service is performing well, although there is always room for improvement.</p> <p>Cllr Gowans said there should have been a move away from targets towards outcomes and expressed concerns about staff in any organisation feeling unable to raise issues or suggest improvements to procedure. There is also a lack of capacity where 1 staff member being off creates an unworkable situation.</p> <p>Richard Carey said if staff cannot raise concerns, unless anonymously or by going to the press, this is a failure of the organisation. A professional person has an obligation to report any issue. NHS Grampian makes use of Datex, an electronic reporting system.</p> <p>There are also Trade Unions active in Dr Grays, including 5 employed by NHS Grampian to aid partnership working. The Trade Unions were never approached with concerns before the staff member went to the press. The Royal College of Nursing also offers monthly meetings with nurses where concerns can be raised.</p> <p>Members of staff were also unhappy that a nurse went to the media as it undermines the public's confidence in the hospital and they see it as an irresponsible action.</p> <p>Under ongoing reconfiguration, there is an opportunity to increase staff numbers, which will decrease bank staff and improve continuity.</p> <p>Sandy Dustan has had positive feedback from staff on changes that have been made. He feels Dr Gray's is a super hospital offering good services. Times are challenging but he believes Dr Gray's can return to being a hospital the community can be proud of again.</p> <p><i>Are efforts being made to improve staff morale?</i></p> <p>There are issues affecting morale, not just local concerns. There have been no pay-rises for the last 3-4 years, pension contributions have gone up etc.</p> <p>Sandy Dustan feels although staff may be stressed, morale is not low.</p> <p><u>New Issues</u></p> <p>3.9 Joint Commissioning Older People's Services</p> <p>There have been suggestions that there has been a change in how the joint budget is put together with money being taken from some services while others (prescriptions and acute services) have been effectively 'ring-fenced'.</p> <p>Richard Carey advised there is a budget allocated to Moray within NHS Grampian. Spending is transparent and accounts are within the public domain. Healthcare partnerships then have to allocate their budget and if spend increases in one area, cuts need to be made elsewhere. The Chair may follow up with an email to Richard Carey if more specific issues and information are available</p> <p>3.10 Prescriptions</p> <p>The prescribing budget is cash-limited and ring-fenced and would be so even if devolved to local control. The budget for Moray is the same as it was previously, when managed locally.</p> <p>Discussion was held on concerns raised by a pharmacist where GPs advised patients to top up prescriptions over Christmas, followed by normal prescribing cycle, leading to excess drugs being dispensed.</p>	<p>AM</p>
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	<p>Drugs in different pack sizes lead to either multiple prescriptions for one person or the patient being advised to rationalise their 'order' leading to over-prescription of some drugs. The issue of not being able to return unused or wrongly prescribed medication was also raised. This is a safety issue. NHS Grampian has started a campaign against excess prescribing and waste.</p> <p>3.11 Telemedicine</p> <p>More telemedicine will be used in future. Grampian is at the forefront of developing telemedicine. Expert tele-support can be given to medical staff on oil rigs e.g. ECGs can be sent down a mobile phone line.</p> <p>Developers are keen to trial innovations in Moray as it has a suitable population size. NHS Scotland has a single entry point and close relationship with Scottish Government, making it relatively straightforward for businesses to engage in Scotland.</p> <p>There is also work ongoing on 'No Delay' a system where a patient sees a specialist via telemedicine and maps out their referral path to avoid the delays associated with the traditional, sequential journey.</p> <p>3.12 Community Planning</p> <p><i>Do Councils consult the NHS as to the health effects of cuts?</i></p> <p>Community Planning should deal with this but there is a need for greater integration of services and joined up thinking e.g. as in health and social care.</p> <p>3.13 Car Parking</p> <p>It had been suggested a car park could be built to ease parking problems at Dr Gray's but since NHS cannot make revenue from public or staff for parking, this is not an attractive economic prospect for a contractor.</p> <p>3.14 Charges between health authorities</p> <p><i>If a specialist at one authority advises another, is there a charge</i></p> <p>Healthcare is free at the point of delivery anywhere in the UK - which can create problems with e.g. health tourism. If there is a referral to a specialist by one health authority to another there will be a fee.</p> <p>3.15 Catering Services</p> <p><i>Is Dr Gray's going to change from freshly cooked to chilled meals?</i></p> <p>There is a review but no decisions have been made yet. (Follow-up email advised there is a proposal in development to transfer of the existing Cook Chill facility in Aberdeen to Elgin, which could bring new jobs to Elgin. This is being discussed with the staff and Trade Union representatives and formal proposals will be brought forward once engagement process completed.)</p> <p>3.16 Signage again – Ward 7</p> <p>The refurbishment is due to finish in July and there will be new signage throughout after that. There was a report of reception being in darkness on Saturday afternoon.</p> <p>3.17 Dental Waiting Lists</p>	
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<p>3.18</p>	<p>Waiting lists in Moray should be non-existent by March this year. There is an expectation of latent demand as private patients return to the NHS. Focus on dental service in Grampian in the last few years has been successful. Private dentists are also returning to the NHS due to decreasing demand for private care in the current economic climate.</p> <p>Thanks to Speakers</p> <p>Aileen Marshall expressed her thanks and appreciation for Richard Carey and Sandy Dustan's time. The meeting was felt to be useful. Richard Carey said they would be happy to attend future meetings as it helped to build trust with the community.</p>	
<p>4.</p>	<p>Date of next ESAF meeting – 19th March 2013</p>	

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