**Community Councils Liaison Meeting**

**Via MSTeams 15/01/2024**

**Attendees :**

Dr Miles Mack, Dingwall Medical Group (Chair)

Manuela Flueckiger, Practice Manager, Dingwall Medical Group (Minutes)

Christine Mackintosh, Marybank, Strathconon & Scatwell Community Council

Sadie Harris, Garve & District Community Council

Bruce Morrison, Ferintosh Community Council

Charles Hepburn, Maryburgh Community Council

Laura Kermath, Community Links Worker

Anne Mackay, Killearnan Community Council

**Guests:**

Fiona Duff, Primary Care Advisor to the Scottish Government

Clare Morrison, Director of Healthcare Improvement & System Redesign at Healthcare Improvement Scotland

Kenny Rodgers, District Manager Mid Ross District

**Apologies:**

Jack Shepherd, Dingwall Community Council

Norma Ross, Contin Community Council

Ron McAulay, Strathpeffer Community Council

Conon Bridge Community Council in abeyance

Everyone was welcomed to the meeting by Dr Miles Mack (Chair), and our guests are being introduced. Apologies were passed on from those unable to attend.

Dr Miles Mack is delighted to have the opportunity to show Fiona Duff and Clare Morrison what we do in this forum, and how we all work together.

And we are grateful for Kenny Rodgers to attend and update the forum on the current position of Ross Memorial Hospital, and what plan are here to move it forward.

With our guests in attendance, we move the agenda items around to start with an update on Ross Memorial Hospital with Kenny Rodgers. RMH is not usually within the remit of this meeting but there is an interest to see how it will develop in the future and the impact it has on the Practice. All attendees agree.

**Update Ross Memorial by Kenny Rodgers**

Kenny Rodgers updates the attendees about the RMH and invites questions when they arise.

About 1 year ago Kenny did have good conversations with some of the community councils, providing an update about Ross Memorial hospital.

There are some concerns regarding its condition, its longevity, and NHS Highland's plans for the Ross. That was really useful feedback because this was taken back to meetings with the health board, to senior people in NHS Highland, who followed that up with some additional support. There's been some good community meetings about the Ross.

And there is certainly a long term commitment now from NHS Highland to the Ross Memorial, which is really important, and it's a very important element of the health and social care system. The challenge now is not just around the condition of the building and but also around the fire compliance issues that we have here and Scottish Fire and Rescue are saying inpatient accommodation can no longer be provide in the current general ward because of the fire compliance issues for sleeping accommodation.

This has been taken to NHS Highland as a problem and they were asked what do they want us to do and the feedback I've had from senior leadership team has been to explore a reconfiguration of existing services at the Ross Memorial site to accommodate those changes and save the services, as it were, for at least the short term whilst we come up with a longer term plan.

A Project team has been set up in April 2023 that includes key people like staff reps, unions, estates and clinical staff.

The plan developed from this Project team is to move inpatients from the old General Ward at the front and move them to the back to the rheumatology unit building which is in significantly better condition than the front and ready to accept inpatients. So there will be the proposal that the five rheumatology beds stay there and are joined by 9 general beds all in one single ward. The outpatient service would be moved to the front of the hospital where the general ward is currently. This is because those are services that don't involve anybody sleeping overnight, and are deemed a safe place for outpatient services.

This means in practice that a layout plan and estate plan have to be laid out which has been developed with the Estates Department over the last four or five months or so. This is now in development, establishing costing and program. However, there is currently no budget for this change and any funding has to be secured first once it is clear what we need.

The change would also require workforce planning changes to integrate rheumatology and general staff in one staff group. This does include working with staff and their unions for an organisational change.

Overall the project is moving forward.

And in addition, a program of redecoration internally and externally has been done, and some of the rotten wood work outside has been removed that folks have seen and raised concerns about in the past. This is now done.

This investment is a measure of a NHSH commitment to the short term future of Ross Memorial whilst a long term plan is developed.

The next step is securing the finances to undertake the reconfiguration work, which is what will be happening the first quarter of 2024.

Questions and comments from attendees are being taken.

A question was raised regarding what services are currently offered at RMH, and what new services are expected to be introduced.

Over the last 18 months the service range at RMH has been growing. Services like Physiotherapy, Dental, X-ray are currently at RMH. New services like Scot cap (pill endoscopy service) and vaccinations have started, and a 5th outpatient room has been opened to accommodate the growth. The engagement with secondary consultants is very good.

The increase of services offered has one negative impact, and this is parking. There are some days that are extremely busy and parking is short.

However, RMH is now 150 years old and it's at a point now where the long term future of the building has to be looked at. Short term repairs are done when required, but a long term plan is needed.

A strategic review is required in line with NHS Highlands Strategic plan of what our future population needs in terms of the demographic, in terms of the workforce availability and crucially, the finances that are available going forward into the future.

NHS Highlands launched “together we care”, which has worked over the winter and there's been some consultation that you may have been involved in around that. The next step is for that to be devolved to the 9 districts. Mid Ross's is one of those districts to start developing with key stakeholders, and that includes our communities.

How that strategic plan should look like from Mid Ross and we were given the toolkit for that on Friday and we'll be expected to progress that and in due course probably in the in the fairly short term.

A question was raised regarding what NHS Highland means with a long-term commitment.

NHSH will always look at where it can be more efficient, but care needs to be provided to people. Futureproofing the Service at RMH for the immediate future is happening now by being on the front foot with what can be controlled and implemented. Positive engagement is happening from the Chief Executive and the Chief Officer.

The status of the Minor Injuries Unit was queried as it appears to be closed at the moment.

The issue with MIU has been staffing. It was difficult to recruit staff with the right qualification and competence to deliver the service. An Advanced Nurse Practitioner was recruited recently and it is

A request is made for a regular update on progress of the Services at RMH, for example every 3 or 4 months, to Community Councils and it is agreed this should be done. Manuela to forward community council contact details to Kenny.

Kenny Rodgers is leaving the meeting

Claire Morrison is introducing herself and her Service:

Working for Healthcare Improvement Scotland and one of their roles is to support the NHS to improve how it engages with the public on decisions and also we have an assurance role as well to assure that and it's and it's just boards in particular engaged people and with service changes and that's all set out in legislation and best practice the planning with people in particular.

They have produced various guidance to support engagement, and to encourage all parts of the NHS to engage with people and for example, for GP practices.

DMG community council liaison appears to be of high quality with an open communication culture

Fiona Duff is introducing herself and her role:

Fiona is advisor to the Scottish government Primary Care Directorate and her background is in primary care, also in Practice Management.

Fiona is looking at positive cases for community engagement by GP Practices, and the development of this group is really good; it’s really innovative. There are a number of patient participation groups across Scotland but not many. It's something she would really like to think about how they could develop.

Patient participation increases mutual understanding of pressures and challenges, and is a positive way to develop services, but also to support the public to think about and understand better why within health and social care things are done the way that they are, and why things are changing when they do.

Claire Morrison is sharing links for more information:

This is some information about Healthcare Improvement Scotland and their role in supporting engagement: <https://www.hisengage.scot/>

Here's the report they produced as a result of that engagement: <https://www.hisengage.scot/informing-policy/gathering-views/principles-for-access-to-general-practices/>

Views on the Community Council Liaison Group are invited by Miles Mack to share with Claire and Fiona.

Sadie-Michaela Harris confirms these conversations shortened the kind of way of getting answers to different things and more quickly. And it saves lots of people time, making information access shorter. Having other relevant Services attend the meetings, like the Links worker, and talk about how we can work together with them to let her know what's going on in each of our communities. This might help with things like social prescribing, because we've got benefits from various different sources and we've started small initiatives in all of our own areas and they the Links worker may not be aware of all of those things otherwise. It’s about joining the dots.

Bruce Morrison is appreciating the DMG initiative by doing more. Making the effort to bring the Community Councils in and giving information and updates, some of which Kenny shared as well. Today’s information was valuable, and we will pass it on to our community.

However, there is no Feedback from the community itself, despite putting posters up, and despite putting a standard agenda item into the meetings. No comments have been received from residents about Dingwall Medical Group. As Community councillors, we need to do more to stimulate some reactions ahead of these meetings. Ferintosh Community Council will take action on this before the next meeting. Keen to utilise Social Prescribing support.

Charles Hepburn confirms Bruce’s sentiment; he feels exactly the same way. He sees so much good work being done by the practice, and he has heard some great comments and great reporting this morning and but likewise, he hasn’t had any feedback through his group at all. Charles feels that as a Community Council they’re not yet contributing fully the way this group deserves to be and to be used. Will try to motivate more comment and feedback. Today’s information sharing was brilliant.

Laura Kermat worked closely with Bruce @ Ferintosh with 1 resident which had its challenges with their needs. It was however a seed planted, and we see where this goes from here. Perhaps come the springtime, when they feel more able and the weather's better and so forth, they'll be able to take up the suggestions made through Bruce and other members of the Community Council to sort help for them with transport and social activities. Support offered can sometimes be a slow burner.

Charles Hepburn is inviting Laura Kermath to attend their community council meeting to introduce the Links services. Laura will get feedback from her manager regarding her remit to do so.

Ann McKay mentions that a few years ago quite a few of their Killearnan residents were taken off the Dingwall practice list due to a boundary change. This did cause issues at the time with the lack of public transport to other surgeries close by, and this is still an issue to this day, especially for the elderly who may have given up driving.

Bruce Morrison mentions the Community Car Scheme which is based around Fortrose and Rosemarkie. Ferintosh has engaged with them and included Ferintosh to the scheme by recruiting volunteer drivers who take local residents to medical appointments, Raigmore, etc. This could be a solution for other community councils. However this particular scheme may be limited to the Black isle. There is a first virtual meeting of some Community transport groups starting in about 2 weeks’ time, facilitated by Garve Development Company.

There is also a community car scheme that's run by CSIR out of Dingwall. There may be more similar schemes. Please report known car sharing schemes to Manuela who will keep a list and forward before the next meeting for Councils to reach out and engage.

A question is asked regarding insurance for volunteer driver and Bruce confirms the car insurance should update that they are a volunteer (not commercial), but it shouldn’t have an impact on the insurance premium.

Sadie is asking Bruce to send a link for this meeting. Bruce will send this via Manuela.

Claire Morrison is delighted to hear about the value of engaging with the whole community rather than with individuals, which links back to what she said right at the very beginning, that the work done historically has always been very much about the patient participation group. That's why she was so interested to hear and to learn about what we're doing. Claire thanks the group for enabling her to do that and she has picked up a couple of things from all of the very useful observations. As the group builds that trusting relationship, she is sure that the communities will then also understand the value of engaging ahead of these meetings as well; it’s something that will evolve over time. And from this really good start that’s described today, she would also be very interested to hear more about how the Community links worker and social prescribing.

This is the final link from Claire Morrison - their Gathering Views work when they seek people to be involved in individual pieces of work on particular topics. They currently share these opportunities via NHS boards so you might see them via NHS Highland media channels, but happy to share them directly with your group too:

<https://www.hisengage.scot/informing-policy/gathering-views/>

Claire Morrison is leaving the meeting.

Return to the Agenda:

**Minutes 17/07/2023**

The minutes were confirmed by all attending.

**Terms of Reference**

We try and keep the focus of these meetings on the general practice side of it, but all are well aware that health spreads into other areas and that if we can coordinate.

**Update from Links Community Worker**

Laura confirms they do receive referrals steadily and it is a broad range of age groups. She couldn't say that it's predominantly the older generation. It really is a broad range from age 18 upwards.

**Update from the Practice**

DMG had a new doctor joining, Dr Rachel Alonso, who's relatively recently finished her GP specialty training and she's seems to be settling in really well to the team and I'm sure she's going to become a very valued member of the GP team and bring lots of new ideas and fresh thoughts to where we're going from there. She's there and predominantly to replace Dr Louise McLarty.

DMG has also employed a new Practice Nurse, Rebecca Sutherland. She will join us for 2 days/per week, having worked in the intensive care department at Raigmore prior to joining us.

DMG is keen to mitigate the effects of period poverty and has Period Products available for free at the Practice. They can be requested discretely at Reception, or, if they prefer there are products available in the Toilets. We would welcome for you to share this information to your community members if that's helpful to them.

Miles Mack mentioned some work for veterans Health that we were starting to get involved in, and we're getting a little bit further on. It is established that this is to support patients who've got a history of military service and their families. We’re particularly keen to support people who have suffered medically or physiologically from their war service, and to make sure that any veteran has access to the sort of help and support they need longer term. This is a group of people who tend to be extremely robust and they may not necessarily come forward when they need support. So we're looking to see if we can identify who these people are and make sure that we meet their needs and the NHS is committed to being particularly receptive to the medical needs.

And then lastly, continuity of care, we talked a bit about this before, which is important to us at DMG. It's important that the experience that our patients have at the Health Centre is as good as it possibly can be. And one way we think that that could be improved is actually if there's a reasonable chance of seeing the same doctor on a regular basis.

As a Practice we are particularly keen to see whether we can do better than that.

Miles Mack has had some roles outside the practice, and one of those roles is working with the Chief Medical Officer of Scotland. At a senior leadership team event he suggested that continuation of care, based on our experiences in Dingwall, should be taken on as a bigger project. He is pleased to say that this has been accepted and hopefully he will be part of a small group to work across Scotland on that.

We've seen quite a lot of respiratory illnesses coming through the Practice, but we seem to be settling into a reasonable pace of dealing with that.

We're trying to improve our appointment system to make sure that patients are able to be seen when they need to be seen, but at the same time we still have the planned appointments.

If you do see any posts on Facebook, particularly about the veterans, please do put post it on your own community and pages, because that really helps us to get out to people who wouldn't necessarily be following us online.

**Action list update**

Manuela is looking at the action list, please make sure you send updates if anything is completed. Not all postcode requests have come in yet. If anyone still wants them, please forward the relevant postcodes for your area.

The community councils that have requested the lists are done, so you've got your patient numbers. We just have to think about a plan to explore the possibility of a text message from us to patients within your Community councils as we discussed last year. However, only the ones we have created lists for can be used for communication like this if we go ahead with this.

No response as of yet from Highland Council regarding the cycle path.

**Next meeting**

The next meeting will be face to face again at the Health centre, most likely in the middle of April.

If there's anything the community councils are particularly interested in, we can look for guest speakers on projects that affects your council. Let Manuela know if there is anything particularly interesting for you.

Thank you very much for your time and thank you very much for all the work you do linking us with your communities and let's keep up the good work.

Thank you for your attendance.

Dr Miles Mack

Senior Partner, Dingwall Medical Group

**Dingwall Medical Group Values Statement**

*“Dingwall Medical Group aspires to meet the primary care medical needs of individuals and the local community, providing excellent patient care, as part of the primary care team****.***

*We are committed to train the next generation of doctors, clinical and non-clinical staff and maintain a high-quality educational environment. We wish to promote a safe, secure and rewarding environment for all who work within and visit Dingwall Health Centre and provide accessible services for our patients whilst reducing our environmental impact on climate change.”*

We believe these values should underpin our actions and look for help and guidance if our actions and our values are seen to diverge.

Dr Miles Mack on behalf of Dingwall Medical Group, March 2023

**Action list**

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| **Action** | **Who** | **Completed** |
| Postcodes of Community Councils sent to Manuela Flueckiger | Community councils | Some received |
| List created with community council population vs number of patient for each community council in line with Postcodes provided. | Manuela Flueckiger | In process, some postcodes received and done |
| Explore text messaging from DMG to community council patients with info to volunteer services | Manuela Flueckiger | Would need postcodes (see above) to ensure the correct patients are contacted |
| Send a joint letter to Highland Council regarding the cycle path debris removal – await response | Bruce Morrison | 23/03/2023 |
| Community Councils to share current activities with Laura Kermath | All | ongoing |
|  |  |  |

**Completed actions**

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| --- | --- | --- | --- |
| **Action** | | **Who** | **Completed** |
| Review wording of Terms of Reference to ensure communication flow is both ways | Miles Mack  Manuela Flueckiger | | Completed |
| Create poster highlighting the liaison work for community councils to use on social media and/or on notice boards | Manuela Flueckiger | | Completed |
| Invite Links worker to next Liaison meeting | Manuela Flueckiger | | Completed |
| Ron McAulay to pass on trike contact @ Dingwall academy to other community councils | Ron McAulay | | Completed |
| Manuela Flueckiger to share CC and Laura Kermath contact details with all for contact | Manuela Flueckiger | | completed |
| Send Dentist Helpline phone number to all Community Councils | Manuela Flueckiger | | Completed |