

MIDCENTRAL DISTRICT HEALTHBOARD

Minutes of the Clinical Council meeting held on Wednesday 5 October 2020 at 5.15pm, Day Stay room, Arohanui Hospice

CLINICAL COUNCIL MEMBERS PRESENT

- Dr Simon Allan (Chair)
- Fiona Bradley
- Sophie Loveridge
- Tim Dunn
- Celeita Williams
- Jane Ayling
- Dr Garry Forgeson
- Dr Nicola Pereira

IN ATTENDANCE

- Judith Catherwood, General Manager, Quality and Innovation
- Jodie Hickey, Committee Administrator

1. APOLOGIES

- Apologies were received from Council Members, Raeleen Toia, Gail Munro (ex-officio), Dr Nader Fattah and Dr Don Baken

Meeting opened with Karakia

2. LATE ITEMS

Jane Ayling raised that a General Practitioner has recently experienced some frustrations with the referral process from a specialist at MidCentral DHB. The General Practitioner has previously followed the guidance for referring a patient but had again received a letter to run more tests some of which were not relevant to the original complaint. What the GP wanted was for the patient to be seen.

It was also noted that the specialist service can only accept referrals where they have the capacity to see patients, demand was above that in some specialities.

Currently MidCentral DHB has a pathways project that is hoping to improve the referrals process.

Fiona Bradley advised that the MidCentral DHB Community Pharmacy Commissioning policy that was previously brought to the Clinical Council had

now been signed off and gave a quick overview of the changes the policy brings.

It was resolved that:

Jane Ayling to draft a letter to the CMO and Clinical Executives to advise of the issue and come up with a plan to improve communication and accessibility issues between general practice teams and specialists.

Simon Allan to include the challenges with the referral process in the October Clinical Council news buzz.

3. CONFLICT AND/OR REGISTER OF INTEREST

None raised

4. WORKPLAN

Simon Allan, ran through the work programme and gave revised dates for items to be brought back to the Council.

It was resolved that:

Jodie Hickey, Clinical Council Administrator would send out updated workplan to members.

5. ROUND TABLE

Simon Allan, advised that the summary of feedback from the survey, encompassed the main issues faced by the Council.

It was suggested that the TOR's need reviewing to reflect the Councils' purpose now.

At Simon's request, Judith Catherwood advised there was work currently been done on the Clinical Governance Committee Sub Structure and how this might be changed for the future. This had been attended by Simon Allan and a number of Senior Medical Staff that were nominated by the CMS as well as the professional leads from the DHB. Judith discussed the current structure of Clinical Governance Committees and the future options being considered. Currently looking at options:

It is proposed the Clinical Board is disbanded, and instead replaced with a series of (approx. five) robust clinical governance committees over a range of significant enterprise areas. There would also be a series of professional governance groups leading on credentialing, professional governance, research and clinical effectiveness. The clinical governance structures within the Clusters would be retained and supported by these enterprise committees. There would cover facilities, digital, clinical equipment/new procedures, patient safety and quality improvement.

There would need to be a map developed to ensure there was a clear view of how each of the areas work, which committees are set up for each function and who the members were, and how they interconnect.

It has been suggested that a Clinical Council member sit on each committee and each be co-chaired by a Senior Clinician and a Senior Executive. This would link the Clinical Council with all clinical governance decisions whilst retaining the Council's independence.

The purpose is to make it very clear to the clinical community as to where they would go with any issues that arise and to ensure people are empowered to make decision and changes in their own teams and areas. It would also highlight more clearly where the Clinical Council sits in these arrangements.

6. WORKSHOP

Clinical Council members advised that they would like to talk about Council's aspirations and brain storm ideas in one large group.

Members advised that they would like to ensure that they are adding value and discuss how had the Clinical Council members made a difference. More work needs to be done on making themselves known in the clinical communities.

It was suggested that a framework be developed to guide presenters attending the Clinical Council. Presentations need to be strategic and meet the Clinical Councils goals. This would also ensure that groups attending have a clear expectation of what the Clinical Council can do for them.

The OLT appeared to be unclear about the role and value of the Council, a framework would allow them to be clear as to why they are approaching the Council and the outcome they would be seeking. Clinical Council members advised they would also like to meet the OLT members prior to the end of the year.

More collaboration with the Consumer Council was preferred, so both could develop a focus on common goals and work together to achieve milestones.

Clinical Council members agree that they have formed a strong alliance with primary care but this needs to be continued with other providers e.g. MASH and ACC etc.

It was suggested that an induction process be developed to ensure new members learn and adapt to expectations of the Clinical Council and feel supported in their role.

Members would like to see important items/initiatives/goals brought back to the Council more often to ensure follow up and further discussion if required. Members would like to spend more time at each meeting, discussing important items with presenters or clinical groups, reflecting on the action list and less time receiving presentations.

There is frustration from the members that changes meet a lot of resistance, a lot of challenges and barriers exist when trying to make simple changes.

Financial restraints need to be taken into account when trying to implement changes.

Clinical Council members advised that they would like more input into the Agendas.

Members to choose projects/initiatives to drive that will have the most impact and continue to promote themselves in the clinical community to ensure they are aware of clinical initiatives that might require their attention. IT remains a key focus of the Clinical Council.

It was resolved that:

Jodie Hickey, Clinical Council administrator to send draft presenters framework created by Consumer Council to Clinical Council members to use as a basis to form their own.

Jodie Hickey, Clinical Council administrator to send list of OLT Members to Clinical Council. Jodie to organise a meet and greet with the OLT for Clinical and Consumer Council members.

Jodie Hickey, Clinical Council administrator to include 6 monthly Joint Consumer and Clinical Council meeting on the 2021 meeting schedule.

Jodie Hickey and the Clinical Council members to develop draft induction process.

7. WORKSHOP SUMMARY

Members advised that they would like the November Clinical Council meeting to reflect on workshop ideas and develop the presenter's framework.

Framework to include purpose, priorities and plan as main headings.

It was resolved that:

Clinical Council members to send key themes/priorities that they would like to discuss at the November Clinical Council meeting through to Jodie Hickey, Clinical Council administrator.

Judith Catherwood, General Manager Quality and Innovation, Simon Allan, Clinical Council chair and Jodie Hickey, Clinical Council Administrator to develop a draft framework to be brought back to the November 4 2020 Clinical Council Meeting for further development.

8. MEETING FREQUENCY

Members agreed to continue with 4 weekly 2 hour meetings.

It was resolved that:

Jodie Hickey, Clinical Council administrator to create schedule and send placeholders out to members.

9. HEALTHPOINT DISTRICT PROPOSAL

Jane Ayling gave an overview of the proposal including what HealthPoint, Health Navigator and Health Pathways were.

Clinical council members endorsed the paper. In particular members were of the view that they did not support Clusters doing this separately but instead as proposed this was something the DHB did in partnership with THINK Hauora.

It was resolved that:

Clinical Council member's endorsement be sent to Dr Nader Fattah and Chiquita Hansen.

10. MINUTES

It was resolved:

- That the minutes of the previous Clinical Council meeting September 2 2020 be **approved** as true and correct.

8. DATE OF NEXT MEETING

Clinical Council meeting
Wednesday 4 2020
Daystay, Arohanui Hospice

Meeting Closed with Karakia at 7.15pm