

CAITHNESS

Briefing



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NHS Highland's redesign project across Caithness

Modernising services in Caithness

WELCOME to this first edition of our Caithness-wide newsletter. We hope it offers a useful summary of some of the work which has been ongoing in the area and explains why some of the changes have been necessary.

For a number of years it has been very clear that we have to change the way some services are provided. Well-documented recruitment and retention difficulties have forced us to think and work quite differently to ensure that we maintain safe local services.

Some of our hospital buildings also need to be upgraded and we need to modernise clinical pathways to reduce the length of time people

spend receiving hospital care.

These are important changes and so during the year we have taken a number of steps to raise the profile of local services and new ways of working.

As the management team for the area we are committed to improving our communications and see this newsletter as a further step.

We are happy to attend local meetings or meet or speak with anyone to discuss local services, concerns or ideas. We would also be grateful for any feedback and our contact details are on the back page.

Michelle Johnstone, Dr Paul Davidson, Pam Garbe, Mike Flavell

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People want to be independent

WORK is ongoing to reduce the number of people who fall at home and end up in hospital as a result.

Falls prevention classes are under way in Bayview House, Thurso, and Pulteney House, Wick.

'Right Call for a Fall' has been piloted as part of a joint project with Scottish Ambulance Service, British Red Cross and NHS Highland and has reduced emergency admissions.

And there is now an out-of-hours emergency response for people who have fallen, but are not injured, using Scottish Fire and Rescue Service first responders.

The redesign has also been a catalyst for the Pultneytown People's Project in Wick to become a care-at-home provider, something which is key to supporting more people to be looked after at home.

A group working on health and wellbeing has developed a 'hub' based in Dunbeath to support older people in the community.

NHS Highland has appointed four generic health and social care workers to work across Caithness.

A single point of contact (01955 606915) has also been implemented, and health and social care coordinators appointed in east and west Caithness.

These changes are all helping to keep people independent.

Local improvements to palliative care

AN assessment and rehabilitation service is to be based in Wick Town and County Hospital. It will include two palliative assessment beds with input from Highland Hospice via a video conferencing unit which has been installed.

A staff training and development programme is also under way and it too is being delivered through video-conferencing with Highland Hospice.

Another positive development is the provision of improved access to clinical advice during the out-of-hours period for local care homes through the Highland Hub.

Support for general practitioners

THERE are seven GP practices in Caithness, two in Thurso (Riverbank and Halkirk), two in Wick (Pearson and Riverview) and the others are in Castletown/ Canisbay, Lybster and Dunbeath.

Due to difficulties in recruiting and retaining GPs, NHS Highland has taken on the responsibility for delivering and managing GP services in three of the practices, Riverbank, Riverview and Lybster.

Recognising the challenges

NHS Highland and the practices are taking actions to support future sustainability. Some of the solutions will require new ways of working, including greater use of nurse practitioners and clinical pharmacists (see below). These developments will allow GPs to focus on providing medical care that only they can deliver. A number of the practices have already appointed nurse practitioners and are developing other innovative services.

New roles for clinical pharmacists

ONE part of NHS Highland's work to support GP practices is the development of new roles for clinical pharmacists. The aim is to reduce GP workload and also to improve the quality of care for patients.

Two GP practices in Caithness (Riverbank and Riverview) now have an advanced pharmacist practitioner. These pharmacists have taken over medication reviews at the practice. They are also providing clinics where doses of medicines can be adjusted, and undertaking other medicines-related activities.

Another benefit is that they have enabled many patients to be transferred to an NHS serial prescription. A serial prescription can last for six or 12 months and means the patient can collect their medicines each month directly from their community (high street) pharmacy without having to order a repeat pre-

Clare Morrison is the lead clinical pharmacist in the north and has been leading the way in Scotland to bring in new roles for pharmacists. Here she explains some of the benefits.

scription.

NHS Highland has also developed a more specialist primary care clinical pharmacist role across Caithness and Sutherland. These pharmacists support patients with more complex medicines needs which tend to be frail older patients. This includes residents in care homes, people receiving care at home and patients who have had a fall.

The pharmacist helps patients to get the greatest benefit from their medicines while reducing the risk of adverse events.

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Board chair praises care-at-home staff

New resources targeted at mental health

TWO mental health support workers have been appointed with one working in east Caithness and the other in west Caithness.

They will work alongside the existing three community psychiatric nurses and all will work in both the community and hospital settings.

A memory clinic (every three months) and a cognitive stimulation therapy group (weekly) have also now been established in Wick and Thurso and new dementia specific carers group meets monthly in Thurso.

Respite provision has increased, including with three beds available across Caithness, with one each in Bayview, Pulteney and Seaview.

Combating loneliness...

BEFRIENDING Caithness is a free service which is being offered to older people in the area who are feeling isolated or lonely.

They accept referrals from health professionals, voluntary organisations, families, friends and also self referrals.

The work supports NHS Highland's Reach Out Campaign, which was launched earlier in the year as part of the board's commitment to combating loneliness.

NHS HIGHLAND chair David Alston recently spent a day shadowing a care-at-home team in Wick and has praised the quality of staff and pledged to further develop the service.

"I learnt a huge amount and I was really impressed by the professionalism of all the care at home staff," he said.

"The experience made real to me the vital role of care-at-home workers, particularly in medicine management."

Mr Alston joined Wick-based care-at-home worker Sarah Dunnet and her team as they visited clients in their homes.

Starting at 7am, the care-at-home workers carry out a range of tasks from personal care to getting people out of bed in the morning.

However, it was the profession-

alism of the staff that impressed Mr Alston the most.

"What struck me was how professional Sarah was in being aware of the other things that were going on with the clients," the NHS Highland chair explained.

He added: "She was always looking out for them, and noticed even the slightest deterioration in their health. Sarah and her team have a real passion for caring, and that became more apparent as the day went on.

"There is as yet no established career progression within the profession and I think that needs to be addressed.

"We really have to look at the emergence of new professions because they are doing jobs that, not too long ago, we only thought could be done by nurses."

Delays for care home

THE REVIEW over the last few years has confirmed that Dunbar and Wick Town and County hospitals are not acting as community hospitals but rather have patients who now require a care home placement.

However, the waiting lists for local care homes are long and this is a cause for concern.

I have been in discussion with the local councillors and the Care Inspectorate to look at the options for transforming a community hos-

Mike Flavell updates on the ongoing dilemma of how to make best use of community hospitals

pital into what is known as a 'transitions unit'.

This would provide a more homely environment and allow more a more appropriate staffing model to be put in place. This is subject wider discussion and would need to be considered as part of the overall use of both hospitals.

Caithness General gets multi-million pound upgrade

THE ROSEBANK Wing was converted into an acute assessment unit in February 2015. Patients with medical problems are assessed and treated in the unit before being discharged or admitted to the hospital for ongoing management and investigations.

Work started on creating an Ambulatory Care Unit in was completed in September 2015.

The unit provides renal dialysis, chemotherapy and medical infusion services. Additional capacity for day case surgery has been provided. A new multi-purpose room which includes telemedicine facilities for consultations has been created.

The unit was completed following significant redesign of the east wing of Queen Elizabeth Assessment and Rehabilitation Ward.

It also involved the relocation of occupational therapy and some physiotherapy services. As part of the new arrangements chronic pain service and cataract surgery transferred to theatre suite and the Occupational Therapy Department has been upgraded.

Another key feature of the up-

There had been very little change in the layout of the hospital since it opened in 1986. Yet there have been substantial changes to standards, services and demand over the past 30 years. An independent review of hospital facilities in the county, carried out by Buchan Associates in 2014, confirmed that the existing facilities and service requirements were significantly mismatched. This prompted a multi-million redesign and upgrade which got under way in 2015 and should be completed by 2029. Hospital manager Pam Garbe reports.

grade was to improve bed spacing to meet infection control and health and safety requirements.

A stepped approach to this has taken place with number of beds across medical and surgical wards reduced by six in June 2015 and a further six beds in August 2015.

Meanwhile, more space has been created in the existing Bignold Ward to prepare for the next stage of the redesign (below).

When the work is completed by 2020 the hospital will be fit for the next 20 years or so.

For a number of years there have been ongoing challenges with recruitment to consultant posts including running a one in three rota. Here Dr Paul Davidson, clinical lead for Caithness General, explains the need for change.

Hospital's clinical model comes under the spotlight

THE timing and scope of the review was sparked by the loss of two consultant surgeons in November 2014, leaving only one substantive surgeon in post, and the loss of all substantive consultant physicians by May 2015.

Therefore, the service has been kept going by using a large number of locums at a very high cost.

"Related to these changes, in February 2015 NHS Education Scotland (NES) raised concerns around the training environment for junior doctors which led to their eventual withdrawal in August 2015.

While these events all happened over a short period of time, they reflected long standing challenges.

Medicine and surgery is constantly evolving and therefore models of care and ways of maintaining clinical skills in a rural general hospital setting has to change.

For instance, modern standards of post-operative care require an intensive care capability for major surgery to take place.

Caithness General has never had that capability and so for several years now major surgery has been undertaken in Raigmore Hospital. This is to ensure the best outcomes for patients. For all these reasons work is ongoing to agree what the best model of care is for the future.

Next steps by end of 2016

- Relocating day case surgery (Bignold Ward) to the second floor
- Relocating inpatient beds in Queen Elizabeth Wing to the revamped Bignold Ward for rehabilitation

Next steps by end of 2017

- Expand Emergency Department, by relocating out-patients department to management/administration corridor
- Relocate maternity services
- Relocate ambulatory care unit to a new purpose-built area at the back of the hospital
- Relocate endoscopy unit to surgical suite

Keeping the show on the road...

THE senior management team at Caithness General Hospital has had to take a number of operational decisions in order to maintain the range of safe clinical services in the hospital while at the same time trying to reduce reliance on locums.

This has included:

- The appointment of three rural practitioners (see box on right)
- Additional appointments to physicians and surgeons to Raigmore to support rotation to Caithness General
- The appointment of two advanced nurse practitioners.

Enhanced role for specialist doctors

RURAL practitioners (RPs) are not common roles in Scotland but have been developed in Highland over the last decade or so in response to our particular circumstances.

RPs are what we describe as 'specialist generalists'. They are GPs with enhanced skills in emergency, resuscitation and anaesthetics.

They have particular advantages in small hospital settings when the volume of work, especially out of hours, is low and variable.

RPs can assess and stabilise patients who come to an Emergency Department with trauma, medical or surgical condition.

One of the benefits of the RP skill set would be that you would not have to have on call for surgeons or physicians.

If this model is fully implemented, out-of-hours surgery would not be carried out, which is primarily the case at present.

IN response to local feedback and in a bid to raise the profile of the Caithness General Hospital a separate website has been created to feature services and vacancies at the hospital.

You can find it at <http://www.cgh.scot.nhs.uk/>

In the course of the next few months it is planned to expand the website's content to cover wider services and job vacancies in Caithness.

We are also working in partnership with Caithness Chamber of Commerce to look at opportunities to improve marketing and recruitment.

In February, a leaflet was sent to every home in Caithness as guide on how to access local services.



Maternity service under review

THE local maternity service is consultant-led but there are no neonatal or paediatric services available in

Caithness. There are both local and national maternity reviews under way.

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management team

THE new area manager for Sutherland and Caithness is Michelle Johnstone, who was appointed in the summer. Michelle has vast experience in a variety of roles within healthcare and has worked in both acute hospital and community settings.

Dr Paul Davidson is one of our most senior doctors in NHS Highland.

Reporting to the board medical director, Paul is associate medical

director (primary care) for NHS Highland and provides advice to the board.

His responsibilities also cover two other very important jobs: he is the clinical lead for Caithness General Hospital and he also works clinically in the hospital as a rural practitioner.

Previously, he was the clinical director for NHS Highland's north and west operational unit.

In April 2016 Pamela Garbe was

appointed as the hospital manager for Caithness General and Town and County Hospitals in Wick.

Prior to this Pam was the associate lead nurse for NHS Highland's north and west operational unit and is project lead for the redesign of Caithness General Hospital.

Mike Flavell, who was previously team lead for physiotherapy for Caithness, took up post as NHS Highland district manager Caithness in 2013.

Contact details



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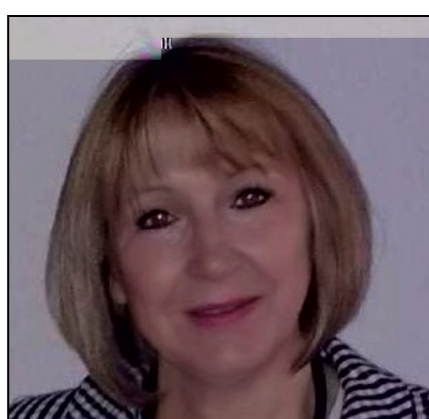
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