

Who am I?

Dr Hamish D. Greig

GP Out of Hours, Angus.

Formerly a GP Principal in Brechin, 22yrs

Prev Chair of The Scottish Association of

Community Hospitals (SACH)

Why am I here?

- The Scottish Association of Community Hospitals (SACH) has a long track record of promoting Holistic, Integrated, Extended Primary and Intermediate Care.

What is the Scottish Association of Community Hospitals?

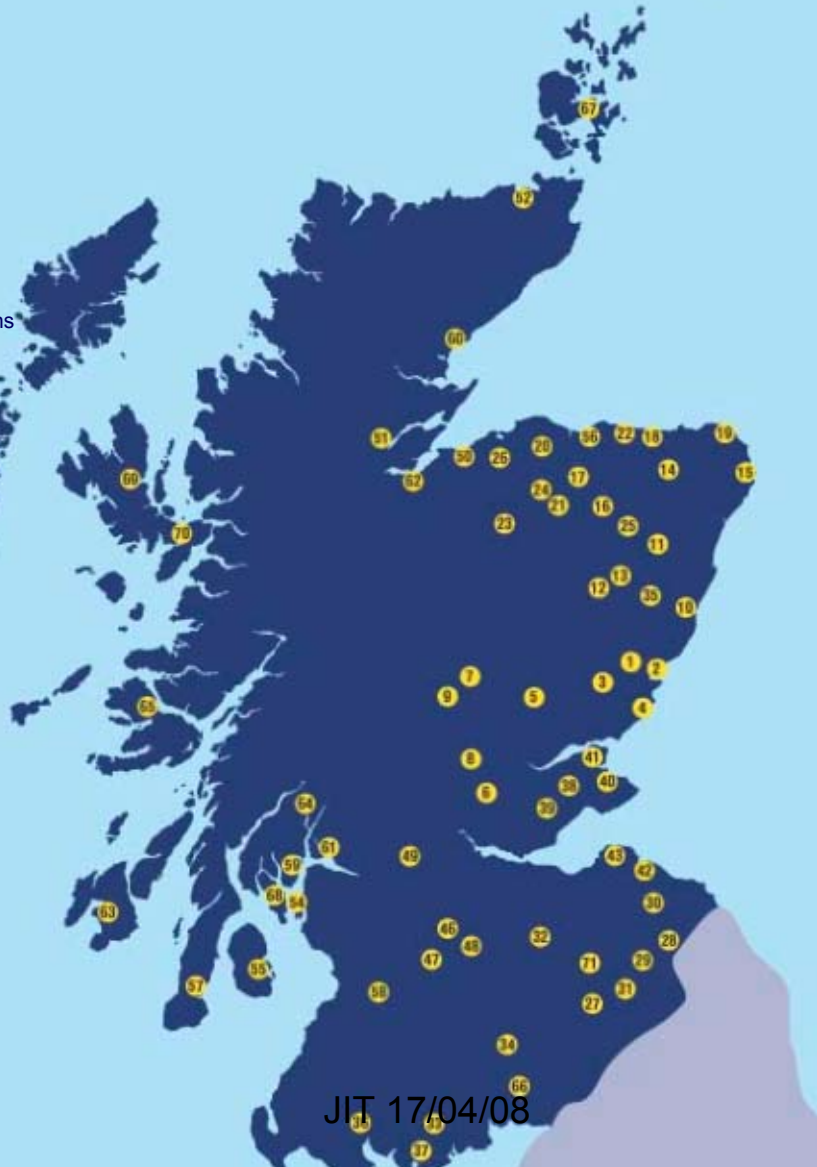
A Scottish National Organisation with an interest in the clinical care of patients using Community Hospitals;

- Not just hospitals -Thrombolysis; Immediate Care; Ultrasound, Cardiac Assessment etc
- Multidisciplinary - not just GPs – Nurses; AHPs; Anyone!
- Multiagency – not just Health –SWD; Voluntary sector;
- Patient centred.
- Community Focussed.
- Principally interested in the excellence of care for patients in their locality

Location of Scottish GP Community Hospitals



- 1 Brechin Infirmary, Brechin
- 2 Montrose Royal Infirmary, Montrose
- 3 Forfar Infirmary, Forfar
- 4 Arbroath Infirmary, Arbroath
- 5 Blairgowrie Community Hospital, Blairgowrie
- 6 St Margaret's Hospital, Auchterarder
- 7 Irvine Memorial Hospital, Pitlochry
- 8 Crieff Community Hospital, Crieff
- 9 Aberfeldy Community Hospital, Aberfeldy
- 10 Kincardine Community Hospital, Stonehaven
- 11 Inverurie Hospital, Inverurie
- 12 Aboyne Hospital, Aboyne
- 13 Kincardine O'Neil War Memorial Hospital, Torphins
- 14 Turriff Cottage Hospital, Turriff
- 15 Peterhead Community Hospital, Peterhead
- 16 Jubilee Hospital, Huntly
- 17 Turner Memorial Hospital, Keith
- 18 Chalmers Hospital, Banff
- 19 Fraserburgh Hospital, Fraserburgh
- 20 Spynie Hospital, Elgin
- 21 Stephen Cottage Hospital, Dufftown
- 22 Campbell Hospital, Portsoy
- 23 Ian Charles Hospital, Grantown-on-Spey
- 24 Fleming Cottage Hospital, Aberlour
- 25 Inch & District War Memorial Hospital, Inch
- 26 Leancoil Hospital, Forres
- 27 Hawick Cottage Hospital, Hawick
- 28 Coldstream Cottage Hospital, Coldstream
- 29 Kelso Hospital, Kelso
- 30 Knoll Hospital, Duns
- 31 Sister Margaret Cottage Hospital, Jedburgh
- 32 Hay Lodge Hospital, Peebles
- 33 Castle Douglas Hospital, Castle Douglas
- 34 Moffat Hospital, Moffat
- 35 Glen O'dee Hospital, Banchory
- 36 Newton Stewart Hospital, Newton Stewart



- 37 Kirkcudbright Hospital, Kirkcudbright
- 38 Adamson Hospital, Cupar
- 39 Glenrothes Hospital, Glenrothes
- 40 St Andrews Memorial Hospital, St Andrews
- 41 Netherlea Hospital, Newport-on-Tay
- 42 Belhaven Hospital, Belhaven
- 43 Edington Cottage Hospital, North Berwick
- 44 Uist and Barra Hospital, Isle of Benbecula
- 45 St Brendan's Hospital, Isle of Barra
- 46 Lockhart Hospital, Lanark
- 47 Lady Home Hospital, Douglas
- 48 Kello Hospital, Biggar
- 49 Victoria Memorial Cottage Hospital, Kilsyth
- 50 Town and County Hospital, Nairn
- 51 Ross Memorial Hospital, Dingwall
- 52 Dunbar Hospital, Thurso
- 53 Davidson Cottage Hospital, Girvan
- 54 Lady Margaret Hospital, Millport
- 55 Isle of Arran War Memorial Hospital, Isle of Arran
- 56 Seafeld Hospital, Buckie
- 57 Campbeltown Hospital, Campbeltown
- 58 East Ayrshire Community Hospital, Cumnocht
- 59 Dunoon & District General Hospital, Dunoon
- 60 Lawson Memorial Hospital, Golspie
- 61 Victoria Infirmary, Helensburgh
- 62 Royal Northern Infirmary, Inverness
- 63 Islay Hospital, Bowmore
- 64 Mid Argyll Hospital, Lochgilphead
- 65 Dunaros and Salen, Aros
- 66 Lochmaben Hospital, Lockerbie
- 67 Balfour Hospital, Kirkwall
- 68 Victoria Hospital, Rothesay
- 69 Portree Hospital, Isle of Skye
- 70 Mackinnon Memorial Hospital, Isle of Skye
- 71 Borders General Hospital (GP ward), Galashiels

“Our Vision”

- "To develop Intermediate Care as a natural part of Quality Primary Care within a seamless healthcare system for Scotland..“

10/1/2000

Scottish Association of Community Hospitals 2008

- Intermediate care has its origins in the National Beds Inquiry (2000)[1],- prompted both by demographic forecasts and concern over inappropriate use of hospital beds together with the emerging concern about delayed discharges. It was envisaged as short-term, intensive and flexible care, involving cross-professional working. Care was to be provided on the basis of a comprehensive assessment, resulting in a structured individual care plan involving active therapy, treatment and opportunity for recovery. (DH, 2001)[2]

[1] Dept of Health (2000) *National Beds Inquiry (NBI). Shaping the future NHS: long term planning for hospitals and related services*. London: Dept of Health

- [2] HSC 2001/001: LAC(2001)1 *Intermediate care*

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- **What do we mean by Intermediate Care?**

- *To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge, prevent premature or unnecessary admission to long term institutional care, and maximise independent living.*
 - *(NSF for Older People – Standard 3) [1]*

- *[1] Dept of Health (2001), National Service Framework for Older People, London: Dept of Health*

Whitehills Hospital, Forfar



Scottish Association of Community Hospitals 2008

Whitehills Health & Community Care Resource Centre
Forfar, Angus

Whitehills Hospital, Forfar



Scottish Association of Community Hospitals 2008

Intermediate care services from SACH Stock take.

In the SACH we continue to use the wider definition developed by the Oxford and Anglia Intermediate Care Project in 1997 :

Scottish Association of Community Hospitals 2008

“Intermediate care can be described as those services which do not require the resources of a general hospital but are beyond the scope of the traditional primary care team.

This includes :

- Intermediate care which substitutes for elements of hospital care (substitutional) .**

and

- Intermediate care which integrates a variety of services for people whose health needs are complex and in transition (complex care)”.**

(MEL (1999)10). Oxford & Anglia. RCPLondon.

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- Older People (With Mental Health Needs)

.....” They may be ill-served by a stay in an acute general hospital because of: -

- Multiple moves
- Unrecognised pain
- High levels of stress and anxiety
- Inappropriate medication

.....which can all result in “challenging behaviour”.”

OPMH – IC Report v8 14/11/05

Scottish Association of Community Hospitals 2008

How might these problems be avoided?

This will mean addressing issues such as:-

- Preventing admission through flexible, responsive, services
- or through having appropriate expertise available in A&E departments;
- smoothing the patient pathway through acute care by providing enabling environments and skilling up staff;
- and facilitating discharge by being more proactive in planning and co-ordinating services across organisational boundaries.
- Provision of alternative facilities for admission which are more appropriate to their needs.

OPMH – IC Report v8 14/11/05

Scottish Association of Community Hospitals 2008

How might these problems be avoided?

Provision of alternative admission facilities

- Prevention of admission schemes
- Hospital at home schemes
- Intermediate care beds
 - » (Nursing) Care homes
 - » **Community Hospital Beds**
 - » Intermediate care in acute setting
- Early supported Discharge Schemes
- Community Rehabilitation Schemes

OPMH – IC Report v8 14/11/05

Scottish Association of Community Hospitals 2008

– **For older people (with mental health needs)
successful intermediate care will include:**

- A focus on care at home, where possible. Where not possible, care should be provided in homely environments with familiar care staff.
- Services able to respond quickly and flexibly to recognise and respond to changing individual needs.
- the ability to offer a safe place to manage a crisis while at the same time offering assessment and problem solving.
- Staff awareness of the important role of carers and their needs, as part of the holistic care provided.

OPMH – IC Report v8 14/11/05

Scottish Association of Community Hospitals 2008

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Services in Community Hospitals

- Acute admissions – GP responsibility
- Palliative Care – “Local hospice Care”
- Community Casualty Units – Grampian Network
- Community Maternity units – Montrose RI
- Therapeutics e.g. Chemotherapy, or Thrombolysis or Haemodialysis e.g. Banff
- OP – One stop shops eg Brechin Plastics Surgery
- Diagnostics eg X ray, Exercise Treadmill & Ultrasound
- Day Hospital service
- Resource centre – Social Work, Community services etc

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Services

- Prevention of Admission and Early supported Discharge
- But related to admission to Secondary or Tertiary Care

- If a patient cannot be managed at home but does not require the services of the consultant led unit then Community Hospital care is appropriate.
- Either Urban or Rural
- It may be Specialist eg Hospice care
- Or High Technology eg Ultrasound or Oximetry

Scottish Association of Community Hospitals 2008

**Intermediate care at a community hospital as an
alternative to prolonged general hospital care for
elderly patients: a randomised controlled trial.**

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* Corresponding author

11/04/08

JIT 17/04/08

18

SACH 2008 H. Garåsen et al

Conclusion

Intermediate care at a community hospital compared to ordinary prolonged care at a general hospital, reduced significantly the number of readmissions for the same disease to the general hospital

and increased significantly the number of patients being independent of community care after 26 weeks of follow-up, with an insignificant increase in the number of days in institutions and without any increase in mortality.

Regarding morbidity and mortality after 26 weeks of follow-up, the results favours alternative intermediate care at primary level.

Helge Garåsen et al 2007

Scottish Association of Community Hospitals 2008

Davidson Cottage Hospital , Girvan - Ayrshire & Arran

26 bed GP Community Hospital – OOH by A-DOC

- Scottish Health Care Award 2004 for Palliative Care Services
- Nurse led admissions for Palliative Care patients
- Designated Palliative beds; Extended facilities; Carer accommodation.
- GP Cover OOH and weekends facilitating 24hr care by an integrated team
- New Build 2009

SACH Making it Work 3

Aviemore May 2008

- **Alloa Community Hospital and Health Centre – 47,000 population. Rural**
- **3 GP practices with nursing and dental services**
- **45 in-patient beds for frail older people as well as community mental health and social work teams.**

SACH Making it Work 3

Aviemore May 2008

- **Alloa Community Hospital and Health Centre**
- **"Community hospitals like this are absolutely critical to the success of the Forth Valley healthcare strategy and will help us to achieve our aim of providing more care closer to people's homes"**

SACH Making it Work 3

Aviemore May 2008

- **Pitlochry Community Hospital and Health Centre**



SACH Making it Work 3

Aviemore May 2008

- **Pitlochry Community Hospital and Health Centre**
 - Atholl Medical Practice
 - 9 en-suite rooms for Inpatients
 - Therapy services for Outpatients
 - Residential unit for Patients with Dementia
 - Base for Out of Hours & SAS – Ambulance service

SACH Making it Work 3

Aviemore May 2008

Nairn Integrated Primary Care Centre & Community
Hospital

- Lodgehill & Ardersier Medical Practices,
- Fully integrated primary care team, comprising of district nurses, health visitors, midwives, school nurses, physiotherapists, occupational therapists, speech and language therapists, chiropodists, Hydrotherapy
- Social work, dentistry, community mental health incl alcohol services, child health, voluntary agencies,
- In-patient beds, day hospital, out patients, accident / emergency and ambulance service.

SACH Making it Work 3

Aviemore May 2008

- Nairn Integrated Primary Care centre and Community Hospital



SACH Making it Work 3

Aviemore May 2008

Nairn Integrated Primary Care Centre & Community Hospital



SACH Making it Work 3

Aviemore May 2008

Nairn Integrated Primary Care Centre and Community
Hospital

- “The new facility will be a one-stop shop that is capable of delivering a truly integrated, seamless, service to patients.”

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Aviemore May 2008

Community hospital

- Extension of Primary Care
- Increased care in the Community
- GP Medical Input
- Integrated ic Ext Primary Care team
- POA/ESD Teams

Care of the Elderly

- Outreach of Hospital
- Consultant team
- Often Long stay
- May have AHP teams attached
- Referral often required to access care

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Aviemore May 2008

Rural & Remote

- Services often more Acute
- More Immediate Care
- More Palliative Care
- More Acute Medicine
- Different Casemix
- Generalist specialists

Less Rural Hospitals

- Selected casemix
- Less acute cases
- More slowstream
- ? More Rehab and step down care
- Services may be specialist led

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Aviemore May 2008

Mid Argyll Community Hospital & Integrated Care Centre



SACH Making it Work 3

Aviemore May 2008

Mid Argyll Community Hospital & Integrated Care Centre

NHS Argyll & Highland

- Perhaps the Best example of the GP Community Hospital Genre
- Integrated Care with the Primary Care team – Indivisible
- Immediate Care – Retrieval service – Synergism with Ambulance service and Police – 2nd on-call GP
- Distance from DGH measured in time – depends on weather & season
- Intermediate care Fellows and Course

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Aviemore May 2008

St Andrew's Primary Care centre and Community Hospital



NB Dialysis unit

KEY

- PRIMARY CARE OFFICES AND OPEN PLAN OFFICES
- OPEN PLAN OFFICES
- PHYSIOTHERAPY
- DAY SURGERY & ENDOSCOPY
- RENAL DIALYSIS
- IN-PATIENTS
- DAY ASSESSMENT

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St Andrew's Primary Care centre and Community Hospital



NB

40 in-patient beds

Renal Dialysis unit

26 consult. Rooms

Day Assessment

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Aviemore May 2008



St Andrew's Primary Care centre & Community Hospital

Primary care services including three GP practices

In-patient facilities, 12 elderly care beds and 24 GP community beds

Diagnostic and treatment centre: out-patients, X-ray, physiotherapy, minor and diagnostic day surgery, echocardiography, endoscopy, dermatology treatment facilities and satellite renal dialysis unit

Day-based assessment and rehabilitation centre for physically frail elderly, mentally frail elderly and patients suffering from mental illness

Minor injuries unit with treatment rooms, phlebotomy and primary care emergency services

Dental, orthodontic and podiatry care

Fife Council social work services

Scottish Association of Community Hospitals 2008

Aberdeenshire Community Hospitals – "Shire"

10 Hospitals within 1 CHP that work as a network
providing complementary services to the local area

Guiding Principle:-

"Care should be delivered locally whenever it is safe
and feasible to do so"

Challenges for Aberdeenshire CHP












- Local Change
 - Intermediate Care Audits x 2
 - 25% of patients in Acute bed could be cared for in an alternative setting
 - 40% shift in Outpatient activity
 - Changing routes of admission - Emergency Care Centre
 - Assessing the impact of changes in Acute Sector bed configuration and usage
 - Our own ambitious plans to develop the capacity of primary and community care services

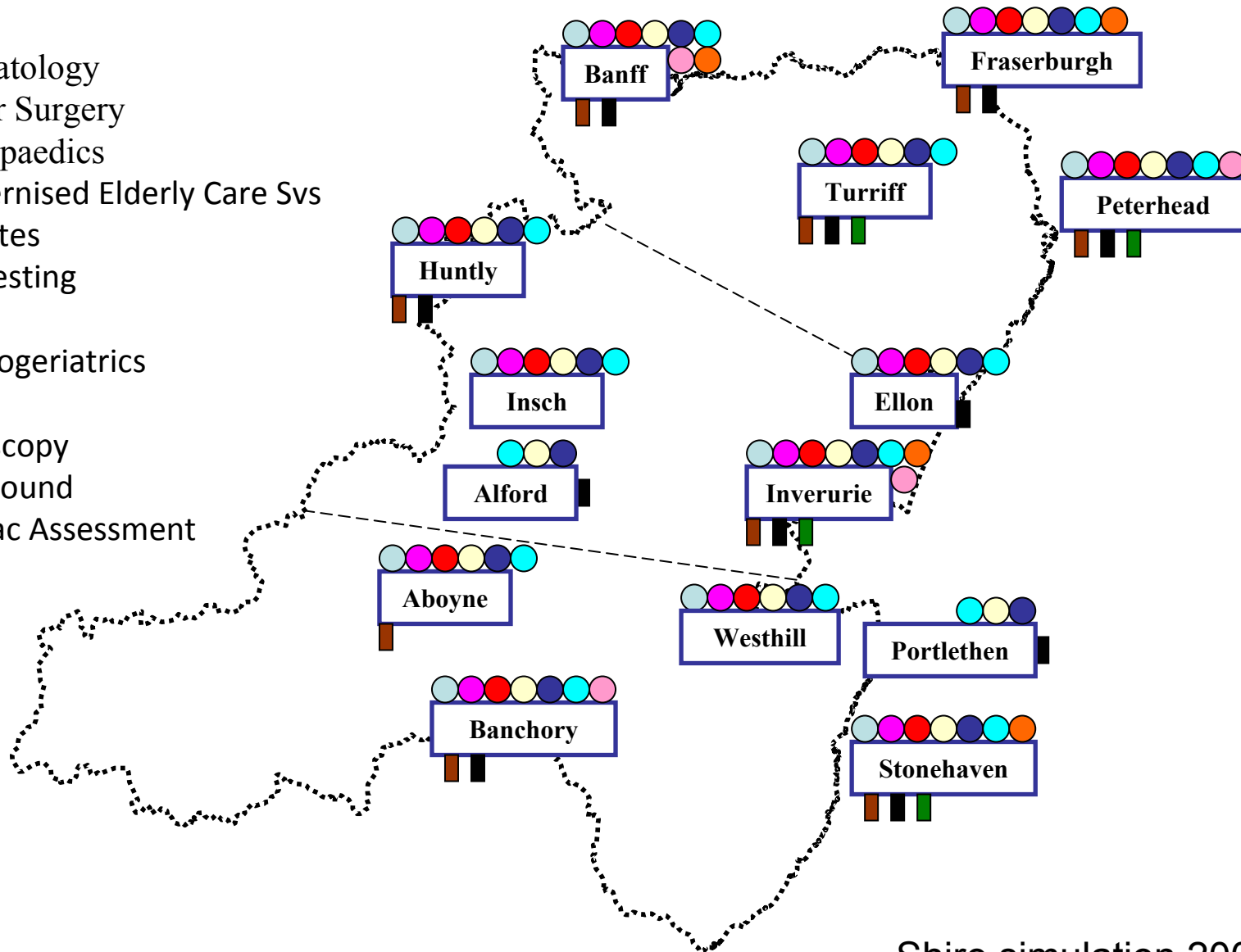
Scottish Association of Community Hospitals 2008

Aberdeenshire Community Hospitals – "Shire"

- **Endoscopy** – Upper & lower GI endoscopy - 4 centres
- **Ultrasound Scans** – Accredited GP Service – General & Gynae / obstetrics - an extension of clinical skills – Course provided locally by CHP, SACH & accredited provider with NES & GHB support. ~2000 scans done in the last year
- **Cardiac assessment** – ETT + Echo +/- Holter monitor
- **Chemotherapy** – oral Chemo clinics for Bowel CA
- **A&E** – all linked via Telelink to Aberdeen - Network

Key:-

-  Dermatology
-  Minor Surgery
-  Orthopaedics
-  Modernised Elderly Care Svs
-  Diabetes
-  INR Testing
-  ENT
-  Psychogeriatrics
-  Endoscopy
-  Ultrasound
-  Cardiac Assessment



Shire simulation 2007

Scottish Association of Community Hospitals 2008



Inverurie Community Hospital, Aberdeenshire.

Cardiology, Ultrasound & Endoscopy in addition to a full complement of OutPatient clinics

Care of the Elderly MI and GP Beds

Hospital acquired Infection Award

Scottish Association of Community Hospitals 2008

Aberdeenshire Community Hospitals – "Shire"

Key Aims

- Keep people healthy, active and engaged with friends, family and the wider community
- Early Assessment, Diagnosis and Treatment
- Provide Right Services at Right Time
- Promote Self Care
- Support People at Home Whenever Possible, or if not.....

Shire simulation 2007

Scottish Association of Community Hospitals 2008

Aberdeenshire Community Hospitals – "Shire"

Key Aims if not ...provide care :-

- Somewhere Local, and in as Homely an Environment as Possible
- Avoid Crisis or Deal with it Effectively
- Prevent Unnecessary Admission to Hospital (ensure necessary admission)
- Maximise the use of the Community Hospital
- Provide early supported discharge for complex cases

Shire simulation 2007

Scottish Association of Community Hospitals 2008

Aberdeen City Community Hospital – **“The Links Unit”**

An Urban Intermediate Care unit.

- 21 beds -with 3 designated for Terminal/Palliative care
- Nurse led with GP Support – comprehensive service
- POA - stable patients – do not require Greater expertise than GP
- ESD patients from ARI stable & need Rehab.
- Themes – Leadership – communication – teamwork & Professional respect

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NHS Highland – Royal Northern Infirmary - an Urban
Community Hospital -1999

- 30 beds – “dynamic unit” –serves >60,000 pop.
- Managed by all 11 practices in Inverness
- Management option primarily for the frail elderly who would otherwise need a DGH bed.
- Full complement of nursing and AHP Rehab staff
- Both Direct admissions & Step down from Raigmore Hosp.
- 91% Bed occupancy –with or despite POA & ESD team

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NHS Lothian

Leith Community Treatment Centre, Edinburgh

- Provides extended Health care services for local people in the centre of their Community
- Diagnostic services, Outpatients incl Paediatrics
- Rehabilitation Assessment for the Elderly
- Dietetics, Community Dentistry, Midwifery, Physio
- Co-located Social Work, CPN, Voluntary Services, & School Nursing -----No Inpatient Beds – QD!

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“The Leith Community Treatment Centre in Edinburgh provides health care for local people in the centre of their community.”

SGHD Examples of Practice

Challenges for Community Hospitals /Intermediate Care

- Urban models that include Inpatient Care – Dundee?
- Redevelopment of old sometimes poorly suited Estate
 - ✓ Re-Developments are occurring at Girvan, Nairn, Pitlochry, St Andrew's & Angus.
 - ✓ New Developments at Alloa, Falkirk. Dundee
- Training & CPD esp. Remote & Rural areas
 - ✓ – Ultrasound Courses – SACH supported by NES
- Challenges of new practices/Contracts e.g. Out of Hours for GPs
 - ✓ Does this represent a limitation on admissions?
 - ✓ Or do we regard it as an opportunity or driver to enhance the roles of other staff?
 - ✓ How do we ensure patients in the community receive their care as close to home as possible?
 - ✓ Whole system approach is required –"no man is an island"

PROVISION OF INTERMEDIATE CARE AND COMMUNITY HOSPITALS 19.10.2005 Early Day Motion

Johnson, Boris - **this House recognises**

1.the valuable work carried out by Community and Cottage Hospitals in providing intermediate and step-down care;

2.notes that the cost of treating a patient in a local Community Hospital is often significantly lower than the cost of treating one in a district general hospital; further notes that delayed discharge as a result of lack of capacity at the Intermediate care level continues to plague the NHS, leading to a shortage of acute beds;

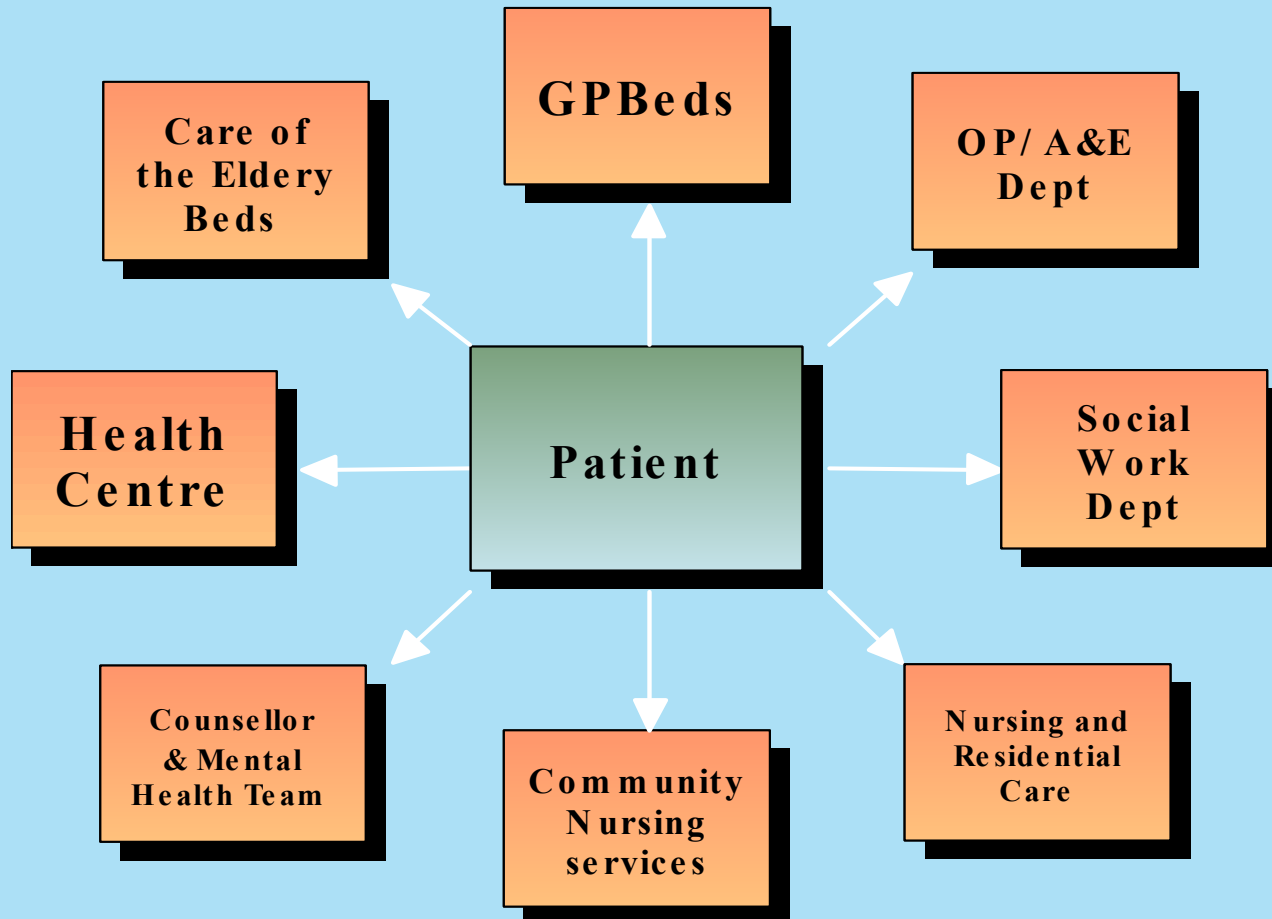
3.further notes that many Community Hospitals in Oxfordshire, such as Townlands hospital in Henley-on-Thames, are threatened with closure; and calls upon the Government to ensure that these proposed closures are forestalled

4.and that Community Hospitals are placed back at the heart of community care.

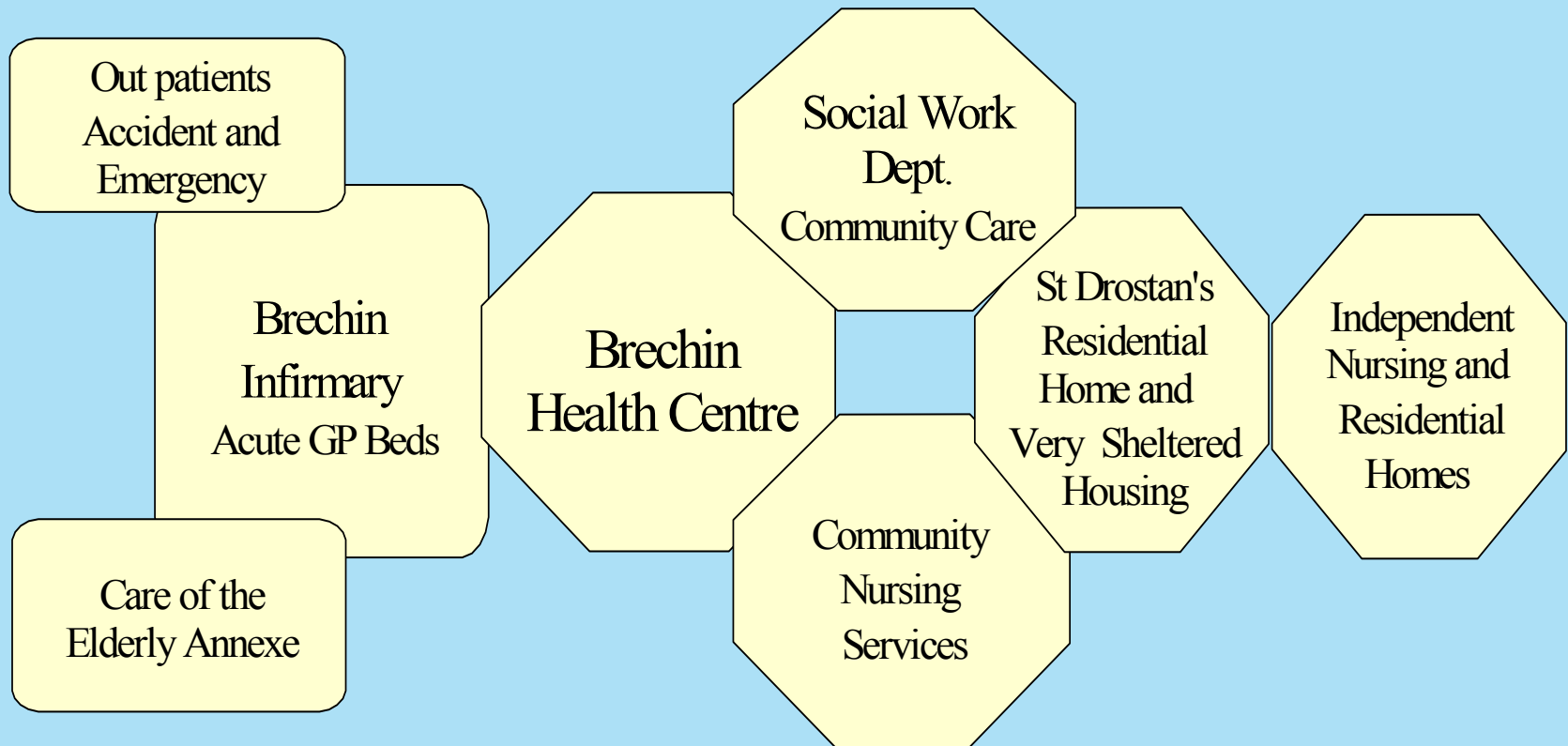


Crieff Medical Centre

Brechin Integrated Primary Care Team Map



Integrated Primary Care in Brechin



SACH Making it Work 3

Aviemore May 2008

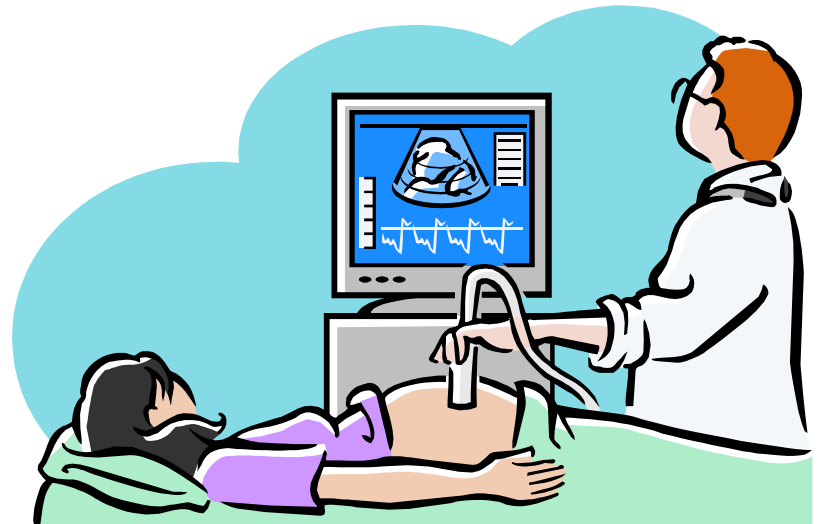
Mid Argyll Community Hospital & Integrated Care Centre





SACH /Univ Portsmouth ULTRASOUND COURSE

- Theoretical & Practical course with support for supervised practice to obtain Univ Portsmouth Certificate. RCGP/RCR
- The Golf Hotel, Carnoustie. 28th-30th August 2007
- In cahoots with Dr Budgie Hussain & team, Univ.of Portsmouth.



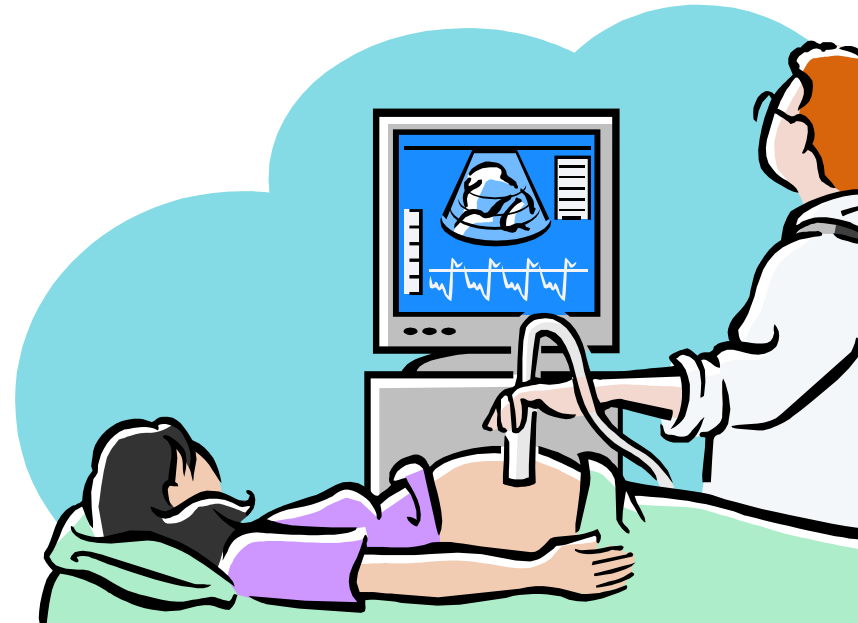


SACH /Univ. Portsmouth ULTRASOUND COURSE

SACH Accreditation
Community Hospital &
Intermediate care
(CHIC)

University of Portsmouth
Accreditation

To RCGP/RCR Working
Group Guidelines.





CHIC

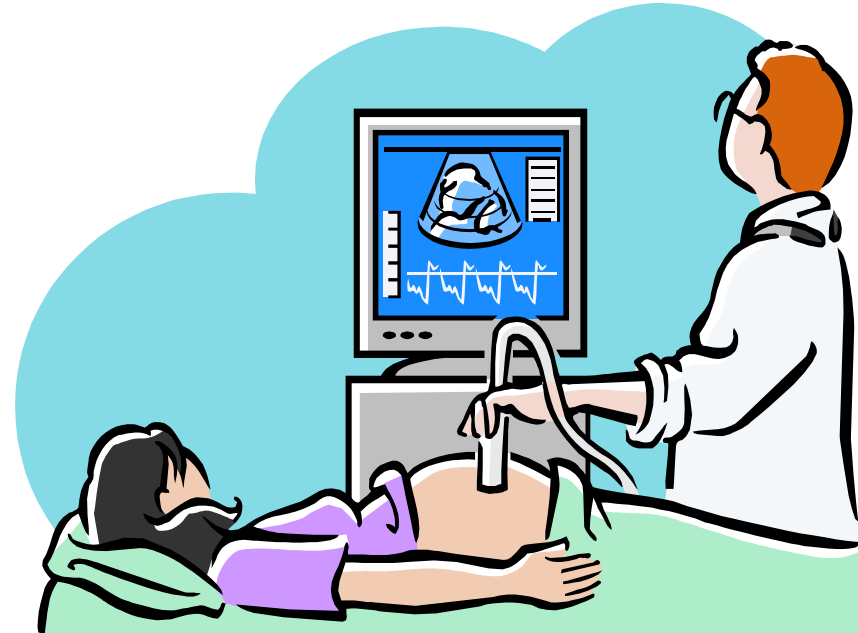
SACH /Univ. Portsmouth ULTRASOUND COURSE 2007, Carnoustie.

NHS Education of
Scotland (RESS)
application for support
successful.

Thanks!

Course fees covered

Hotel £150 per 24hrs full
board + conference
facilities.



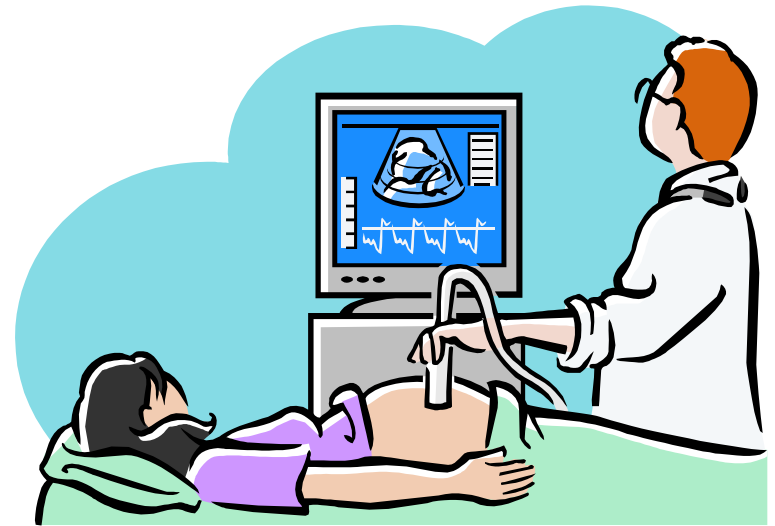


CHIC

SACH /Univ. Portsmouth ULTRASOUND COURSE 2007, Carnoustie.

What to do?

1. Register your interest
ic hgreig@nhs.net
2. Inform Alison
Stevenson The Golf
Hotel of your
intentions re
accommodation,
quote the US course

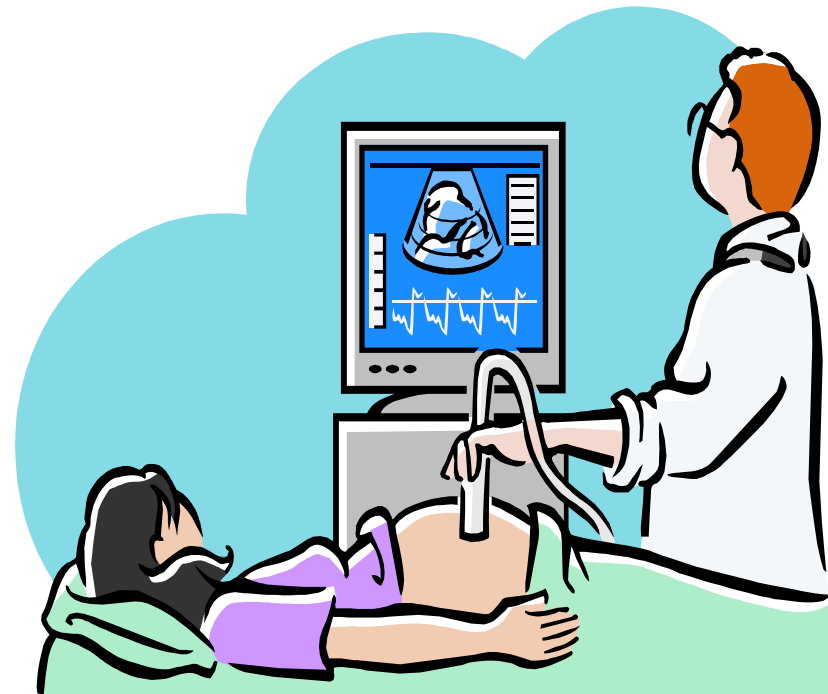




SACH /Univ. Portsmouth ULTRASOUND COURSES.

Origins

- UK - Chichester courses
- “Fund holding”
- Shift of Resources 2ry to 1ry care. (J.I.F)
- Scotland- Nairn & Ardeonaig 1994-5
- “Delivering For Health”

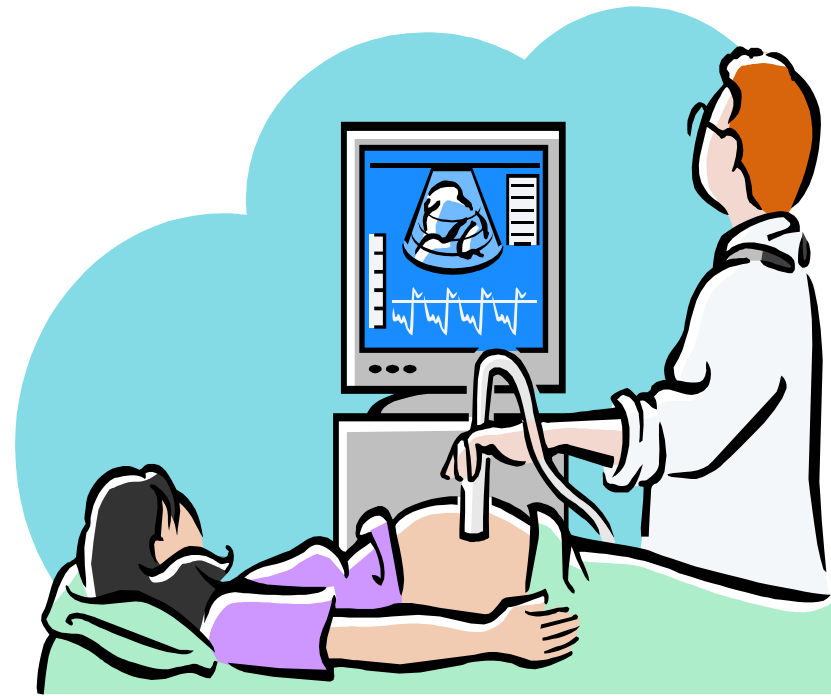




SACH /Univ. Portsmouth ULTRASOUND COURSES.

Origins

- “Delivering For Health”
- Balance of Care
- Increased access to diagnostics esp US
- Remote & rural areas
- Intermediate care
- Awareness of greater use in Europe.

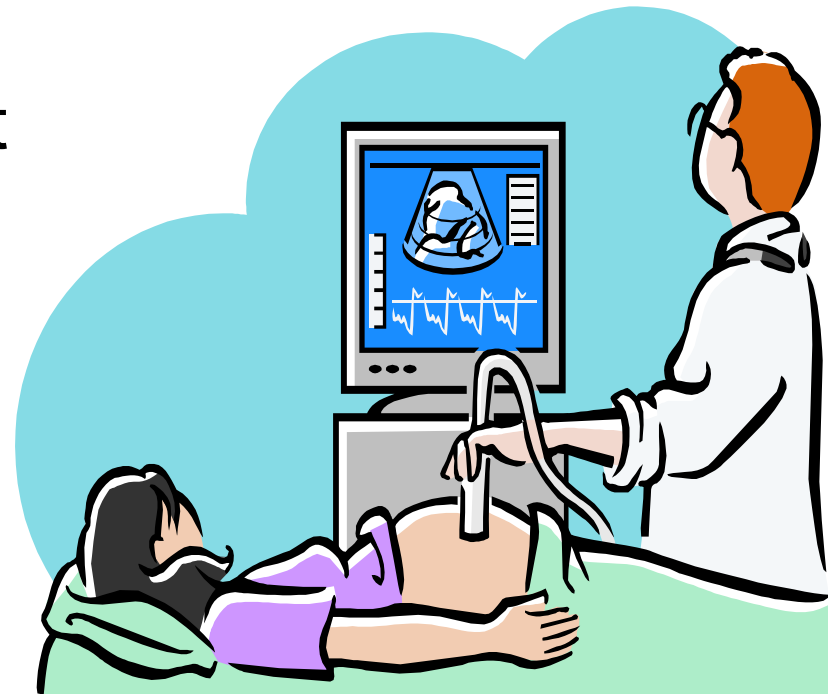




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NHS Education in Scotland

- Educational Grants for professional development
- GPwSi Concept
- Project Application 11/05 successful to run US courses esp Remote & Rural
- Nairn, Huntly, Turriff & Troon, Inverurie, Carnoustie, Peterhead.

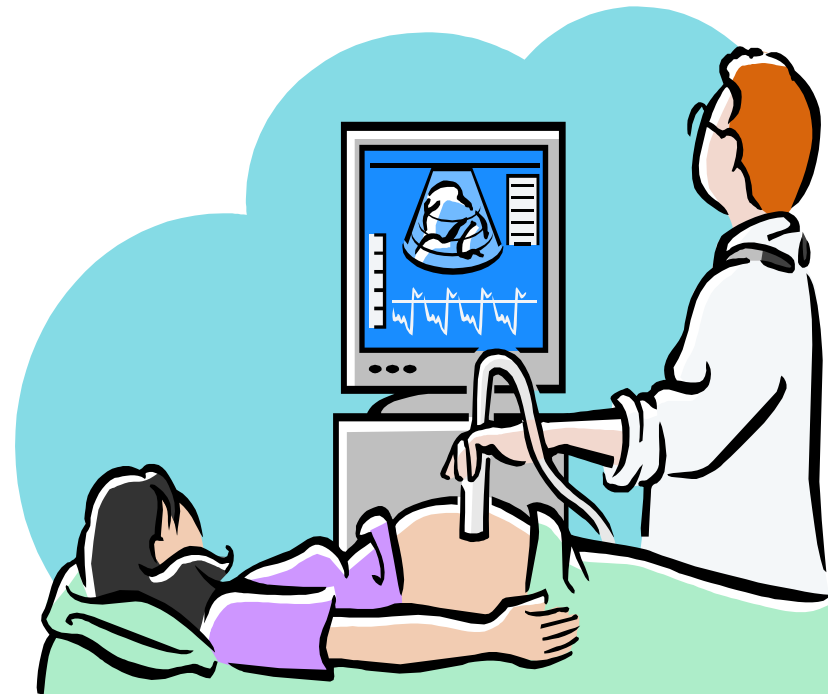




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NHS Education in Scotland

- 3 day course + Log book
- 30 GPs + 4 A&E/urology
- 25+ Accreditations 2006-7
- ****Star NHS Grampian
- 3 Stonewalls – NHS Highland, Tayside & Ayr & Arran – ?silo mentality



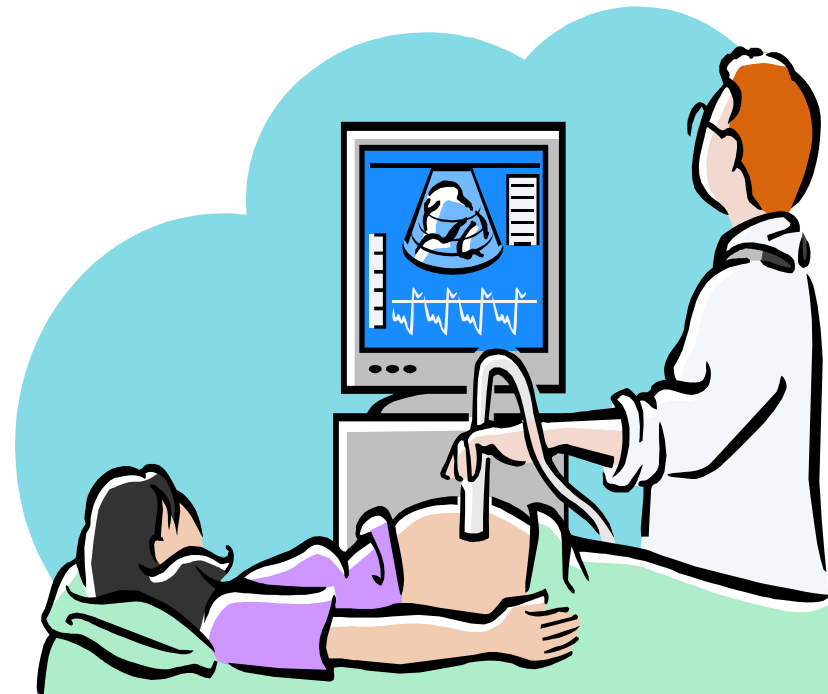


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NHS Education in Scotland

Telemedicine

- Remote supervision
- Already demonstrated - Peterhead '95, Nairn'98
- Enables Service delivery Governance & Education
- New initiative (GP) but no progress yet.





SACH /Univ. Portsmouth ULTRASOUND COURSES.

Aberdeenshire “The Shire”

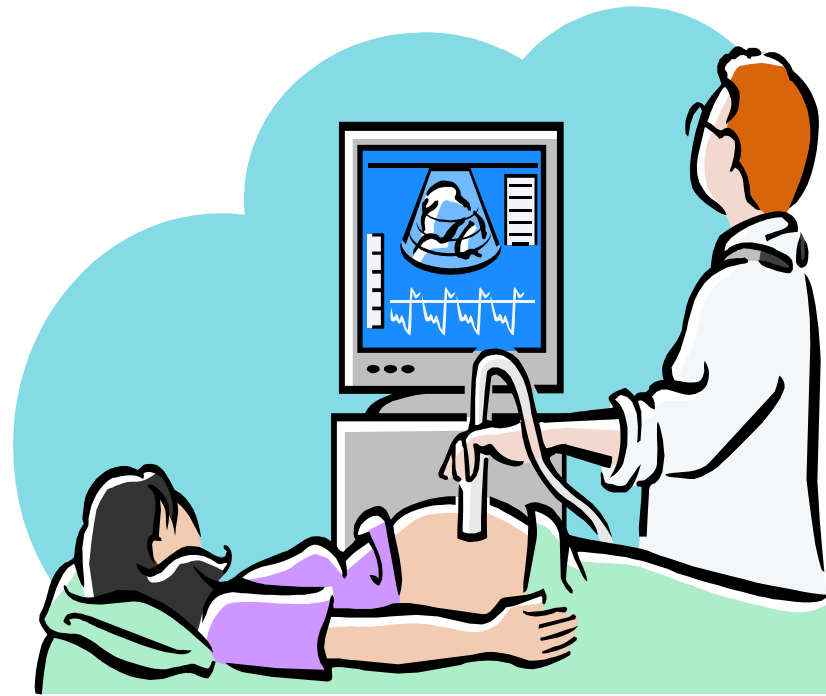
More than 15 GPs

Accredited

Courses and supervised
practice in conjunction
with Grampian Radiology

11 centres across the region
with Ultrasound available

>1500 scans done by non
radiographers



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Aviemore May 2008

Shire
Ultrasound
Scans 2006-7

Area	Scans	Area	Scans	Area	Scans
Fraserburgh	161	Alford	171	Cumiestown	39
Turriff 1	163	Huntly	146	Mintlaw	73
Turriff 2	167	Banchory	240	Inverurie	88
Peterhead	226	Banff	57	Ellon	71
Subtotals	717		614		271
Total					1602

