

# Full circle

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Lead - Kintyre

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Lead - Kintyre



# Demographics - Kintyre

- NHS Highland –HQ Raigmore Inverness  
Argyll and Bute CHP
- Area 400sq miles, remote and rural; 4 inhabited islands
- Population 8650
- One main town – 6000 pop
- Deprivation – Kintyre 3/4; parts of Campbeltown 5
- Community hospital OOHs- local GPs
- Consultant care Oban (86 miles); Glasgow (135miles)

# Need for developing a new service model

- Recruitment and retention
- Maintenance of skills
- Former Argyll and Clyde Health Board – shift from double and triple nursing
- Ageing workforce
- QOF with GP contract



# Supporting documents

- The Kerr Report (Scottish Executive, 2005)
- Hall 4 (Scottish Executive, 2005)
- GIRFEC (Scottish Executive, 2005)
- Delivering care: Enabling health (Scottish Executive, 2006)
- Visible, accessible and integrated care (RoNIC) (Scottish Executive, 2006)
- Better health, better care (Scottish Government, 2007)



# Change

- Pre redesign
  - 10 midwives; 3 HVs; 1 ScN; 13 DNs
  - 4- double duty community nurses/midwives
    - 1- triple duty nurse/midwife/health visitor
    - 6 midwives – integrated within hospital
- Post redesign
  - 6 Midwives (5.04WTE)
  - 2 Health visitors (2WTE)
  - 12 Community Nurses (9.04WTE)



# Redesign midwifery services-

## Midwife led

- Shift from staffing unit to community based care
- On-call
- Single duty service
- Development of autonomous practitioner
- Increased flexibility
- Increased user satisfaction
- Increased job satisfaction



# Service evolution

- Safe/competent/confident service
- Midwives with special interests
  - Midwife scanning
  - Examination of newborn
  - Health visiting – assistant course
  - Health promotion - Kintyre schools – primary/secondary
  - Teen wise
  - Public health network – JHIP
  - Island relief- undoctored

# Need for developing a new service model – community nursing services

- Recruitment and retention
- Maintenance of skills – lack of specialist skills
- Poor structure professional progression
- Ageing workforce
- Lack of workforce flexibility
- QOF with GP contract
- Anticipatory care-LTC



# Aims of community nursing service redesign

- Service needs led
  - effective and efficient and fit for purpose in 21<sup>st</sup> century
- Flexible model addresses local challenges
  - Increased demand
  - Changing pattern of service need
  - Responsive to need - EQUITY
  - Future sustainability



# Addressing challenges

- Pooling skills from all community nurses – skills register
- P&PDPs identified transferable skills - cross boundary working across all disciplines and individual disciplines
- Needs led / pts and communities
- RoNic - Kintyre with Mid Argyll pilot site
- Makes transition towards generic CHN role smoother



# Future

- RoNIC
- Community nurses with special interests
- Increased integration / skill mix
- More public health initiatives –collaborative working to embed care in communities
- Better evaluation:
  - impact on patient care; professional satisfaction; public health impact (ie PND; imms rates; breast feeding; teenage pregnancy; alcohol/smoking; LTC; mental health)

