NHS Highland

- Area: 12,507 square miles
- Population: 299,000
- Budget: £655m
- Staff: 11,000
- 1 DGH – Raigmore
- 3 RGH – Oban, Caithness, Belford
- 2 Mental Health Hospitals
- 20 Community Hospitals
- Extensive range of community services – GPs, Dentist, Pharmacist, opticians, nurses etc
20% population scattered over 94% area

So what is it like being here?
Stunningly beautiful...........
is that enough?

Opportunities for outdoor pursuits.......
Is that enough?
Strategic Plan - Drivers

People/Users – tell us
Want to stay at home in community. Want to choose and have more info

Epidemiological
More people living with one or more long term condition from middle age or younger

Demographics
Aging and falling population increasing complex health and social care needs

Workforce
Some key professions will imminently have significant gaps in workforce

Clinical
Increasing numbers of new treatments and drugs and specialisation

Financial
Short to medium term funding of public service will be extremely challenging

Culture
– operating as a single health and care service, focus on person centred care meeting need Public expectations

Quality
We relentlessly pursue the highest quality of care – eliminate harm, waste and variation

Technological
– Opportunities in information recording – shared IT systems, Telecare and Telehealth

Major Shifts in Health & Care policy
e.g. personalisation, early intervention, prevention, co-production

Legislative
e.g.
Children’s Act, Community Empowerment, Self Directed Support

Reasons why we have to change NHS and Social Care Services

Highland
NHS
16/02/2016

Safety
Quality
Person Centred Care
Happy and fulfilled staff
Cost – Value for Money
How do we maintain interest, enthusiasm and passion?

An Approach to Building Sustainability of Health and Care Services in Remote and Rural Areas

Proposal to Cabinet Secretary for Health and Wellbeing

- GP vacancies crisis point
- Locum service unsustainable, find one! quality and cost
- Acknowledgment by communities and politicians difficulties
- West Coast depopulation trend and demographic profile
- Alternative arrangements required- 21st century health and care model -TEAM
- “Bench Test” new models- action learning
Being Here - Work streams

Recruitment and Retention

Community Resilience Engagement

Training And Education

Test new models, Action Research Evaluation

Conferences Networking Communications Strategic Planning

Infrastructure - Transport

Transport Options

Strategic Development
Arighyll and Bute

West Lochaber

Mid Argyll

West Lochaber

- Single handed, isolated GP Practice vacant, no candidates 2 + years
- Practice population 1200
- Opted in practice
- GP recruits do not have experience / skills to provide profile rural care
- Community Hospital “Triple duty service risk of collapse

- Single handed GP in each practice (Acharacle, Arisaig, Mallaig, The Small Isles and Lochaline) 7 GPs
- There was only one of those GPs remaining in post
- 11 GPs have come and gone - 24/7 commitment, deskilling, isolation
- Community identified & support need for change
West Lochaber - Initiative

Isles of Eigg Muck & Rhum
- Pilot model based on Rural Support Team approach
- No resident Dr or Nurse on Small Isles or Acharacle
- Multi professional
- GP input from Skye Drs
- Community Resilience
  - First responder
  - Community Health care worker (Nuka Model)
  - Tele health, diagnostic support

Argyll and Bute

Mid Argyll Initiative – 9000 catchment
- Single GP practice within Community Hospital Hub
- Merge 2 practices
- “Non bypass” triple duty GP
  - Primary Care, A&E, Community hospital acute inpatients
- Multi professional team
- Community Resilience
  - First responder
  - Tele health, remote diagnostic support
GP Recruitment and Retention

• Rural Microsite – possibility of Scotland wide portal

• Media work
  • Marketing with partners
  • GP Marketing campaign – Orchid
  • Rural Support Team- new model
  • Not just about recruiting!
  • Retention

GP Recruitment and Retention

• Campaigns
  – Bill Boards- Leeds
  – Adverts on Buses – Liverpool
  – National TV and Radio
    • You and yours
    • Country file
    • http://www.bbc.co.uk/news/uk-scotland-highlands-islands-29953606
  – Media, Face book, You tube
**NHS Highland**

**Make a different kind of house call**

Challenge yourself

Become a rural G.P.

Visit: www.nhshighland.rural.scot.nhs.uk

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**NHS Highland**

**Take your career from inner city to out of this world**

Challenge yourself

Become a rural G.P.

Visit: www.nhshighland.rural.scot.nhs.uk
Training and Education

- GP Intermediate Refresher rural training programme in Argyll and Bute
- Community Health Aid modules
  - UHI
- Training Workshop – Why Rural?
  - Rural Scotland, not only Highland
  - Multi professional, team based
  - Skills and competencies
  - Rural School aspiration (proposal)
  - Focus on rural experience in training
  - Targeted admission policies
  - Rural track, high quality placements
  - Locally accessible continuing education
  - Rural passport
  - Branding and marketing
Non Bypass Hospital
GP Intermediate Refresher training

<table>
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<tr>
<th>Time</th>
<th>Monday 05/01/15</th>
<th>Tuesday 06/01/15</th>
<th>Wednesday 07/01/15</th>
<th>Thursday 08/01/15</th>
<th>Friday 09/01/15</th>
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<tr>
<td>AM 9.30</td>
<td>ALS (Advanced Life Support)</td>
<td>Paediatric Emergencies</td>
<td>Oncology monitoring and complications</td>
<td>Renal Update</td>
<td>Acute Coronary Syndrom</td>
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<td></td>
<td>Glenda Critchley, Resuscitation Officer Sharon Aird, Resuscitation Officer, SGH</td>
<td>Dr Mary Ray, Consultant Pediatrician, RAH</td>
<td>Dr Derek Gross, Consultant Oncologist</td>
<td>Dr Conal Daly, Consultant Renal Physician</td>
<td>Cardiac Failure, Atrial fibrillation</td>
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<tr>
<td>PM 1.30</td>
<td>ALS (Advanced Life Support)</td>
<td>Obstetric Emergencies</td>
<td>Near Patient Testing/Non invasive ventilation</td>
<td>X-ray Interpretation</td>
<td>ATLS Update</td>
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<td>Maureen Boyd, Resuscitation Officer, RAH Fiona Clement, Resuscitation Officer, Yorkhill</td>
<td>Karen McAlpine Lead Midwife</td>
<td>CPAP, BiPAP and ABG (blood gas)</td>
<td>Dr Robert Shaw Consultant Radiologist</td>
<td>Lt Colonel Pete Davies Consultant in Accident and Emergency</td>
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<td>Dr Richard Price, Consultant Anesthetist</td>
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Progress – Argyll and Bute

- Mid Argyll – Practice merger
  - 4 new GPs recruited in past 18 month
- Kintyre – single Primary Care OOH, single GP practice led Community Hospital
  - Additional 1.5 GPs recruited
- Islay- merged 3 Practices under a principal practice model, improved cover for Community Hospital
  - 3 salaried GPs plus Rural Fellow, improved multi disciplinary team working and skills development
Progress – Argyll and Bute

- Local refresher training programme for triple duty Drs – skills development and maintenance (3 courses – 49 GPs)
- Creation of attractive, professionally fulfilling posts, improved work/life balance
- Remuneration

Progress - West Lochaber

- Establishing Rural Support Team model
- No resident Dr or Nurse on Eigg
- Multi professional
- Skye Drs
- Community Resilience
What are the remaining challenges?

- Cost/time to train up new advanced practitioners
- Recruitment and retention – do practitioners need to work across in/out of hours?
- Skills depletion of OOH practitioners given low volume of activity
- Boat transport in rough seas – are we gonna need a bigger boat?
- Still need to develop first aiders/community responders
- Still need more advanced practitioners
- Still need more local training options and opportunities for rotation to develop experience
- Still need a ‘bank’ of experienced advanced practitioners
Community Resilience

- First Responders
- Community learning
- Nuka approach
  - Self care
  - Wellness
  - Community Health Aids
  - Health Panel
  - Relationships
- Rural Parliament
- Interreg/Leader funding
- HIE links
- Community Empowerment Bill

Evaluation and Action Research

- Evaluation – UHI, good progress, 2nd round of fieldwork
  - User feedback
- Literature Review update
- Health Economist
- Embed as norm
- Applies rest of Scotland
Share and Spread

- Seminars & Conferences
- Networking
- Join up work
  - Northern Peripheries Project
  - National Education Scotland
  - RCGP
- Training
But what about the future Dr Cameron?
Use and build on all of our assets

What next

Strategic Planning – core service priorities

- What we do and our Vision
  - Person centred care
  - Better Health, Better Care, Better Value

- Why Business as Usual is not an Option
  - Doing same thing = Same results
  - Evidence- myth busting

- Context for the plan – Key drivers and policy 20:20 Vision
- What will we look like in 2019/20 – Future Models of Care
What we will look like in 3 years

• GP services will continue to be provided locally. However we due to mergers and federations, there will be fewer GP practices.

• Most hospital treatments will not require a stay in hospital, with hospital beds only for those needing more complex medical care - less beds

• With more care delivered in the home, and with more support for carers (especially family and friends), nursing and care home beds will be used for those who need a higher level of care.

• Re-ablement will be the aim for everyone.

• A single point of contact and a single Health and Social Care team will provide more services in your home, all day, every day.

What we will look like in 3 years

• More people will choose self-directed support to design and deliver services that meet their personal needs and objectives.

• There will be more expectation, support and referral for keeping yourself healthy and using everyday social and leisure pursuits to help keep you healthy - https://portal.livingitup.org.uk/page/about-us#

• We will become used to using technology to support care at home, by allowing, for example, remote monitoring of care and chronic conditions, enabling remote consultations with trained staff.

• Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals.
What next – Being Here

Operational Planning and Delivery
– Single Health and Social Care 1st April
– Locality Planned, Locality Delivered, Locality Owned
– Community Engagement & Involvement
– Community resilience - co production
– Quality & “Care”: continuous improvement, “relentless”
– Workforce planning, capability, capacity - empowerment

Being Here, Why Rural?
Why not?