

Aberdeen City Intermediate Care Project Newsletter

November 2008 Issue 4

GP Practice and Care Home Alignment Experiences

As many readers are aware the alignment of GP practices with Care Homes (with nursing) has been a significant project. Whilst the majority of homes are now aligned, it is acknowledged that some work is still to be done. To help us continue progress we recently issued a brief questionnaire to aligned GP practices and homes to seek views on their experience to date and suggestions for further improvement.

We had a good response rate with 85% of homes responding and 61% of GP practices responding. Overall feedback was extremely positive about alignment.

Particular comments of note are as follows:

- On a scale of 1-5 (no improvement – considerable improvement), 67% recorded improvements from alignment at “3” and above
- Key areas of improvement included continuity of care, prescribing management, communication and relationships, trust, workload planning

Clearly the positive experiences we had all hoped for from alignment are coming to fruition. There are of course still areas where improvements can be made. From the homes perspective these included, set times for GP visits, practice knowledge on relevant legislation.

From the GP practice perspective the following areas for improvement were highlighted – provision of clinical supplies direct to homes, encouragement to homes to better explain alignment option and benefits, staff turnover in homes, a request for one point of contact for issues which may be of relevance to all homes.

For both GP practices and homes, “Anticipatory Care” is largely not yet a feature of care planning.

A number of specific issues raised by individual homes and/or GP practices will be followed up on an individual basis by the city Primary Care Team. In addition, a number of actions, relevant to all parties will also be taken forward over the coming months, including:

- A project to pursue easy Care Home access to clinical consumables
- Protected Learning Time (PLT) event (or lunchtime event) on Anticipatory Care

Shona Smith
Primary Care Development Manager

Workforce Plan

The workforce changes which are likely to be introduced through the development of Intermediate Care Services in Aberdeen City are varied and wide ranging. Core to the future workforce requirements will be the agreed model of care and in particular the agreed service level. These changes affect clinical and non clinical staff alike although not all the changes highlighted in the Workforce Plan will apply to all staff groups.

Underpinning the workforce development redesign is the need to ensure that cultural and behavioural changes are addressed as a simultaneous process.

These changes will need to be assessed against the 3 criteria of Affordability, Availability and Adaptability.

Two workshops were held during February 2008 to gain a joint understanding of the overall Workforce implication of this project and allowed an opportunity to think more widely about the issues and achieve a level of consensus.

Using all the knowledge and information collected an Action Plan was developed identifying key issues which will need to be concluded to support the development and redesign of the city Intermediate Care Workforce: For each action a lead person has been identified and timescales set.

Margaret Bruce, HR Manager and Gerry Lawrie, Workforce Development and Re-Design Manager

Rosewell House

As reported in previous editions of the Newsletter the Rosewell House development is now due for completion at the end of January 2009.

It is hoped that the 20 residential care places and the 20 respite places will be operational in February/March 2009. The 20 rehabilitation places are scheduled to be in operation in April 2009.



*Jackie Bremner
Service Planning Lead*

Craig Court

A development plan for the funding and commissioning of the 16 place Rehabilitation Unit in the grounds of Tor Na Dee are currently being discussed by NHSG, Aberdeen City Council and Aberdeenshire Council. It is hoped

that a funding solution to bring this important new facility into use can be agreed soon. The 16 places will include 10 rehabilitation places and 10 long stay places for adults between the age of 16 and 65 years following an acquired brain injury, a stroke or a spinal injury.



*Jackie Bremner
Service Planning Lead*

Supported Discharge (ESD)

During recent months the city ESD working group has been developing plans to develop and introduce a ESD service in the city for patients who have had a stroke or an orthopaedic event and elderly people 65 years and over generally.

If funding can be agreed it is hoped that this service will be available early in 2009. Initially the service will be available to patients who have had a stroke or an orthopaedic event and later in 2009 the service will extend to cover all patients over 65 who fulfill the referral criteria.

The service will be similar to the well established service in North Lanarkshire. This service saw 265 patients in 2007/08 saving 2871 bed days.

A recent audit of stroke patients in Aberdeen suggested that at least 25% (possibly up to 40%) of stroke patients could benefit from early supported discharge creating an average bed saving of about 8 days for each patient. An audit of orthopaedic patients in wards 46/47 is to take place during November.

*Jackie Bremner
Service Planning Lead*

Westview Plans

The Asset Investment Group (AIG) agreed capital funding of £837,815 in April to cover the up-grading work and equipment costs for the 4 wards in Westview. The up-grading work will concentrate mainly on the creation of appropriate therapy facilities. The up-grading work will commence this month and will continue over the coming months. One ward will be up-graded at a time, starting with Beech Ward. Work to plan all of the ward and staff movements is now underway. The staff changes are being implemented using the NHSG Organisational Change Policy.

*Jackie Bremner
Service Planning Lead*

Up-grading South Block

The Woodend Blueprint Working Group recently agreed that plans for appropriate up-grading of the south block wards should assume that Aberdeen Community Hospital will be based in South Block for up to 10 years. A small group is to meet later this month to agree the nature and extent of the up-grading work to be undertaken during 2009/10. The work will take account of previously identified essential backlog maintenance, a recent HAI audit, staff views and the views of representatives from the Aberdeen City Older People's Consultation and Monitoring Group, on behalf of the older people of Aberdeen.

*Jackie Bremner
Service Planning Lead*

Community Nursing Redesign

As reported in previous issues of the Newsletter the city Community Nursing Re-design Project is now underway with a pathfinder established in Torry. It is hoped that the re-designed service will be rolled out across the city over the next year.

The re-design of district nursing involves the creation of a number of local direct delivery teams (DDT's) based in communities throughout the city. Practice Attached Teams (PAT's) will continue to exist and will link General Practice

with the DDT's ensuring patients throughout the city receive nursing care suitable to their needs.

*Frances Dunne
Service Manager*

Community Based Pulmonary Rehabilitation

A sub-group of the city Planned Care Group has for some months now been working with the Respiratory MCN to develop plans to establish a community based pulmonary rehabilitation service for the city similar to the service now being delivered in communities in Aberdeenshire. Recent SPARRA data shows that about 50% of patients who are identified as 'high risk' and are subject to recurrent hospital admissions have COPD. Evidence suggests that access to good pulmonary rehabilitation can improve care of people with COPD.

Catriona Cameron a Senior Physiotherapist based at the city hospital has been released from her clinical duties part-time to plan for this service if funding can be identified.

*Jackie Bremner
Service Planning Lead*

Health Village Project Up-date

On the 29th September 2008 the NHS Grampian Asset Investment Group (AIG) considered the Outline Business Case (OBC) for the Village.

AIG acknowledged the need to make progress and agreed that this project will be taken forward as a priority in light of the need to replace Denburn Health Centre and Woolmanhill Hospital.

Following consideration of the OBC, the Asset Investment Group agreed to appoint a design team, to maintain the impetus of planning and development, whilst clarifying the funding and procurement method. The approval is subject to the availability of the preferred site. This should be confirmed during October/November 2008.

The Asset Investment Group instructed the Community Health Partnership to present to NHS Grampian Board, at the October 2008 meeting, a summary of progress to date with the Health Village and to inform the Board that the

OBC complete with preferred funding source and procurement method will be presented to the Board in December 2008.

The preferred site for the Village is the Frederick Street site in the centre of Aberdeen. NHS Grampian has entered into a phase of positive negotiation with Aberdeen City Council regarding the process for the procurement of the Frederick Street site.

Jackie Bremner
Service Planning Lead

Rapid Access Assessment Clinic Pilot

The pilot project covered in an earlier issue of the Newsletter is now well underway. 11 city practices are now participating in the Rapid Access Assessment Clinic pilot operating from the day Hospital at Woodend Hospital. To date about 66 patients have attended the clinic. Of these patients about 65% have been assessed and returned to the care of the primary care team avoiding the need for hospital admission. The pilot is to be formally evaluated when the first 100 patients have used the services offered by clinic.

One limitation of the service that the working group is now exploring is ways in which the service could be available within both normal working hours and 'out of hours'.

Jackie Bremner
Service Planning Lead

CHP Management Structure

During recent months the city CHP has been involved in work to consider the re-design of AHP services and how allied health professionals (AHP's) and nursing staff can best deliver services within the wide range of intermediate care services that will be available within the city.

Following a series of workshops a number of key principles have been agreed.

Services will be:

- patient focused
- safe

- constructed around patient pathways not institutions or disciplines

Staff will work:

- in multi-professional/multi-agency teams where appropriate
- together and learn together where appropriate

There will be:

- clarity of role, function and relationships in all parts of the pathway
- clear professional leadership
- appropriate and sensible rotation
- good team networks and communication

The changes are required to:

- Cope with demographic change and the increase in people living with long term conditions
- Meet public expectation
- Work within the finite available resource
- Cope with potential and actual workforce shortage
- Maximise the use of everyone in the team through multi-agency/multi-professional team working and appropriate skill mix
- Reduce for patients the number of transitions between clinical teams

Further work is now underway to develop the appropriate intermediate care management structure to support these new ways of working. Three main patient pathways have been identified and will form the backbone of the management structure – they include Specialist Rehabilitation (Grampian), Aberdeen Community Services and Out-Patients (Aberdeen Community). Consultation on this emerging structure will take place over the next 2 – 3 months.

Jackie Bremner
Service Planning Lead

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