

# Aberdeen City Intermediate Care Project Newsletter

May 2008 Issue 3

## **Aberdeen Community Hospital at Woodend**

Plans to create Aberdeen Community Hospital at Woodend are now well underway. A work plan and outline timetable has now been developed. The planned changes in Westview will be implemented gradually over the next 12 months. The changes in the main block and south block will be implemented during 2009/10.

Staff Awareness Sessions are being scheduled to take place in June to outline the work plan.

## **Woodend Blueprint**

In January the Woodend Blueprint Working Group held a Workshop to begin to create a picture of Woodend over the next 10-15 years. A Workshop report was written and has been distributed widely. Funding to up-grade the ward accommodation at Westview has recently been agreed by the Asset Investment Group (AIG). Work to make plans to up-grade the wards in south block is underway and a bid to fund this element of the project will be presented to AIG later in the year.

Jackie Bremner  
Service Planning Lead

## **Community Geriatrics Update**

The development of community geriatrics in Aberdeen city has advanced since the last newsletter. Consultant geriatricians are now fully linked with all GP practices within the city and meetings have taken place in order

to develop working practices. As GP surgeries link with nursing care homes, the linked geriatricians will be able to provide support to the GPs in these areas. Some joint GP/geriatrician/pharmacist reviews of patients and their medications have already taken place and this is likely to become the norm. In addition, psycho-geriatric services are similarly linked with GP practices and hence care homes, so further useful links between these services (primary care, geriatricians and psycho-geriatricians) are likely to be agreed in order to provide more optimal care for all elderly patients within Aberdeen.

Community geriatric services are also being further advanced in Aberdeenshire.

Dr Donald Newnham  
Unit Clinical Director

## **Rapid Access Assessment Clinic Pilot**

This pilot project is based at Woodend Day Hospital and provides rapid multidisciplinary assessment aiming to prevent crisis hospital admission. The mainstay of the assessment is physiotherapy, occupational therapy and medical assessment. Other AHPs may be involved if appropriate. It is not intended to duplicate the services of our Rapid Response or community AHP colleagues but rather to see patients who are likely to require admission if not sorted out quickly.

Patients are seen within 36 hours of referral and often on the same day. We have capacity for two new patients daily and provide feedback on the same day by secure e-mail followed up by a more detailed letter.

The project started on 4 February 2008 and initially involved three GP practices - Carden Medical Practice, Rubislaw Place Medical Group and Holburn Medical Group. Four more practices - Calsayseat Medical Group, Gilbert Road Medical Practice, Northfield Medical Practice and Bucksburn Medical Practice are now involved.

To date we have seen fifteen patients and two of these required immediate hospital admission. A further two were admitted later. All the other patients have continued to attend the Day Hospital.

So far our outcomes are promising but we need to recruit more patients to the project.

Julia Foy  
Consultant in Elderly Medicine

### **Rosewell House Replacement**

Construction work is progressing for Aberdeen City Council's exciting new residential care facility for older people in Aberdeen which has been partly funded by NHS Grampian.

The development will meet the varying and complex care needs of 60 older people, with state-of-the-art facilities to make possible a comprehensive range of rehabilitation, respite and long term services under one roof. A 'turf-cutting' ceremony held on site last September celebrated the official commencement of works, and the building is now approximately half way through the construction programme. The building is due for completion in autumn 2008.

The rehabilitation services this new home will provide are based on two existing joint health and social care projects at Croft House and Smithfield Court, both of which have supported many people leaving hospital to eventually return to their own homes and independent living, rather than into long-term residential care. Stakeholder engagement played a role during the design phase of this project, with NHS

Grampian/CHP workers actively involved in making decisions about the design of the building, and advising on equipment needs.

Kathy Southwell  
Aberdeen City Council

### **Aberdeen City Community Nursing Workforce Redesign**

A Pathway team to take the redesign forward has been implemented in Torry and commenced in January for a period of 6 months. To date the team has been working towards organising referral processes, communications, and workload allocation, defining their roles and responsibilities with the District Nursing Sister for the Torry Medical Practice patients.

The compilation of communication documents, to enable a safe transfer of information has been challenging, however the use of Vision IT system has greatly reduced the need for faxes and telephone calls. It all takes time to become familiar with these new systems and the nurses involved have been extremely conscientious in ensuring this is completed satisfactorily.

The Pathway is proving to be a valuable experience for all involved and is providing the opportunity to review the practices we currently employ, thus enabling each team member to reflect on the reasons as to why we undertake certain procedures/interventions and in which mode we deliver them. It has also allowed us to determine if the skill mix is right for the team for the types of care undertaken.

To this end we have decided that we require the assistance of a Clinical Support Worker Nursing (higher level) to join our team. This will free up some of the trained nurses' time in attending double visits and enable us to explore the skill requirements as determined by the patient caseload.

The implementation of the re-design will be a lengthy process, however, the next few months will see further progress as we take on more clients in the pathway area. There are obviously some concerns about the changes that are taking place but we will be carrying out a series of information updates for staff.

Exciting times lie ahead for all community staff as we make these changes to ensure we can continue to provide the same high level of care against the increased demand for our services.

Frances Dunne  
Project Manager

### **Workforce Re-Design**

Over the last 3 months the development of plans for the workforce has moved on at pace. This has been mainly due to the development of the high level Workforce Plan which was developed during two Workshops held in February.

These Workshops gathered together key stakeholders who will be involved in delivering Intermediate Care Services. This group focused on the key Workforce issues which will potentially impact on the service as a result of introduction of an increased range of Intermediate Care services. The first Workshop looked at 'Broad Workforce Themes' for the Intermediate Care Services and the second looked in more detail at the planning process. A short report has been developed summarising the issues that were discussed at the Workshops.

The report looks at both the Supply and Demand for staff which impacts on the future Intermediate Care Services. This will result in a list of key actions which will be agreed and taken forward following the next meeting of the Care Models and Workforce Working Group. This group will also identify the main risks associated with the Workforce Plan. The report will indicate a direction of travel rather than quote number, professionals, grades etc as this cannot be

done until we are fully agreed on bed numbers and patient specialty within the various wards. We hope to do this in the near future.

Gerry Lawrie and Margaret Bruce  
Workforce Planning a HR

### **Stroke - Early Supported Discharge Services**

Evidence suggests that appropriately resourced Early Supported Discharge (ESD) services provided for a selected group of stroke patients can reduce long term dependency and admission to institutional care as well as reducing the length of hospital stay. No adverse impact was observed on mood or subjective health status of patients or carers` (The Cochrane Library 2008, Issue 1)

The Stroke Managed Clinical Network is interested in determining the regional need for a specialist stroke ESD service in order to inform service planners and the intermediate care project of future service requirements.

A project team from the Acute Stroke Unit and the Mobile Stroke team at ARI have completed an audit which aims to identify the need, in terms of location, referral criteria, and staffing resource for an ESD Team for the Acute Stroke Service

The results are currently being evaluated and a report will be available as soon as possible.

Thérèse Jackson  
Consultant Occupational Therapist in  
Stroke

### **Early Supported Discharge Service - Lanarkshire Visit**

During April a team of 8 clinicians and managers visited the team who deliver the Early Supported Discharge service in North Lanarkshire. The aim of the visit was to learn from them how and why the service

was developed, how it works in practice and what impact it has had in relation to improved patient care and reducing the length of stay in hospital.

The visit was very worthwhile and has provided us with a wealth of information which will help us to shape the development of an early supported discharge service in Aberdeen, hopefully over the next year.

### **Care Home Alignment**

During 2007 all care homes with nursing in the city were aligned with one or, for some, two general practices. This means that one practice is visiting each care home regularly and seeing the residents who are registered with the practice. We hope that this will improve working relationships and improve medical care in the care home sector. Before the alignment some practices had to visit patients in up to 15 different care homes across the city each day. Patient choice means that although residents are encouraged to register with the care homes aligned practice they are free to register with the GP of their choice.

Progress with implementation of the alignment is now well underway. During February 2008 75% of care homes (with nursing) had more than 50% of their residents registered with their aligned practice. 50% of care homes had over 80% of their residents registered with their aligned practice.

### **Tor Na Dee**

The Tor Na Dee site has now been re-developed and includes a 74-place care home which opened in March 2008. During April 37 patients were transferred from ARI, Woodend and Royal Cornhill Hospital to the new care home. The second floor of the care home is scheduled to open in June 2008.

In August 2008 a 16-place rehabilitation unit for younger adults (16-65 years) will open

on the Tor Na Dee site. The Craig Unit will be for patients who require a period of rehabilitation which helps them to develop the skills required to live independently following an acquired brain injury, stroke or a spinal injury. Work to develop agreed admission criteria is nearing completion. Discussions about the contractual arrangements are underway. Care will be delivered by Southern Cross who owns the facility and the adjacent care home. Rehabilitation services will be provided by an 'in reach' NHS Team and general medical services by Camphill Medical Practice.

### **Community Health Village**

The aim of the Health Village project is to create the hub from which the city diagnostic and treatment services will be delivered, enhancing and progressing plans where appropriate, to shift the balance of care away from the acute hospital setting to community based settings. This will also create fit for purpose facilities close to the city centre for the delivery of specific services provided currently from Woolmanhill Hospital, Denburn Health Centre and other buildings including the Westburn Centre and Square 13, which are subject to disposal in the next few years.

The outline Business Case is nearly complete and will be presented to the NHSG Board in Summer 2008. Discussions are underway with Aberdeen City Council regarding the possible procurement of the preferred city centre site at Frederick Street. The first edition of the Village News newsletter was distributed widely in March 2008.

Jackie Bremner  
Service Planning Lead