

# Welcome & Housekeeping

David Park  
Chief Officer



# OVERVIEW OF THE DAY

# Who I Am






## **Norman Sutherland, RN, MBA**

- HGHCP Director (Healthcare)
- Associate Director (Healthcare Planner)
- NHS Head of Capital Projects/Planning
- NHS Hospital General Manager
- NHS Clinical/FM Services Manager
- NHS Modernisation Consultant
- Clinical Professional





# Introductions

-  Who you are
-  What you do
-  Who you're representing



# Introductions

- ✚ AHP's?
- ✚ Doctors?
- ✚ Elected representatives?
- ✚ Managers?
- ✚ Members of the public/Service users?
- ✚ Nurses?
- ✚ Private care sector?
- ✚ Social care staff?
- ✚ 3<sup>rd</sup> sector?
- ✚ Any other groups/stakeholders?
- ✚ Local? Visitor?










# What we do?

-  Service design
-  Capacity planning
-  Facility briefing
-  Accommodation scheduling
-  Master planning
-  Option appraisal
-  Business case support & review
-  Technical liaison
-  Contractor and 3<sup>rd</sup> sector support
-  Facilitation





# Higher Ground HCP's Objectives/Role:

-  Ensure that effective services planning is at the heart of all facility developments
-  Provide independent challenge to/on behalf of Boards
-  Reduce the “opportunity cost” associated with poor/short-term decisions (locally and nationally)
-  Develop and share accumulated learning
-  Reduce risk and optimise the value of investment
-  Strengthen the evidence base/business case process
-  Support development of the “Strategic Assessment” – the first formal stage in the Scottish Govt.’s business case development process





# The Strategic Assessment:

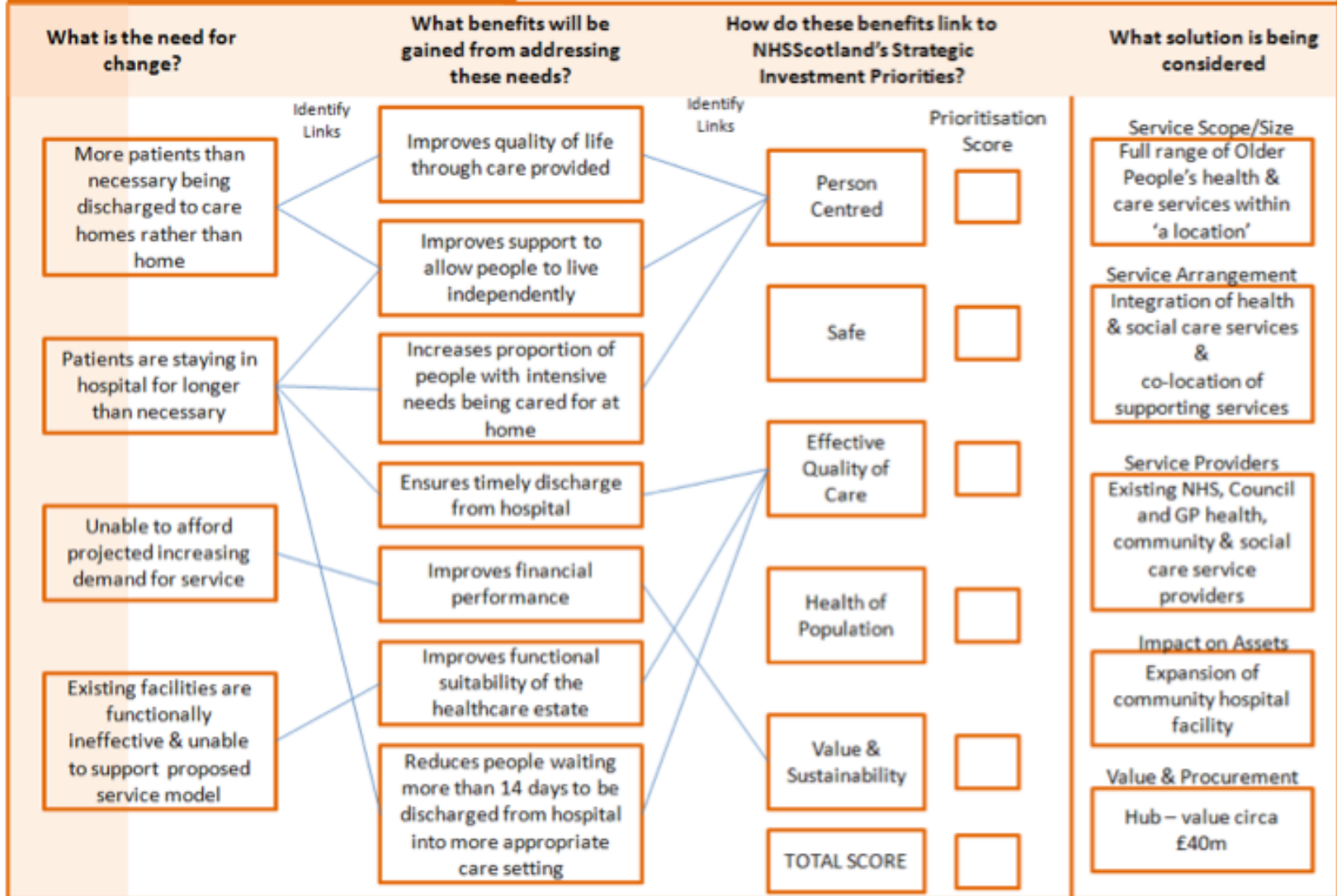
- ✚ What are the current arrangements?
- ✚ What is the need for change? (No more than 5 drivers)
- ✚ What benefits will be gained from addressing these needs? (Up to 7 key benefits)
- ✚ How do these benefits link with NHSScotland's Strategic Investment Priorities?
- ✚ “The strategic assessment cannot be prepared in isolation or based on a single viewpoint”
- ✚ “The expectation is that the information provided will be high level in nature but formed from a wider understanding and appreciation of the case for change and investment need”.





# PROJECT: A Care Village

**What are the Current Arrangements:** Older People's Health & Care services in 'a location' currently support 100 community beds, 75 care home beds in 4 locations, and 5 separate GP practices. They are all run at capacity.

















# The Strategic Assessment:

- ✚ What are the current arrangements?
- ✚ **What is the need for change? (No more than 5 drivers)**
- ✚ **What benefits will be gained from addressing these needs? (Up to 7 key benefits)**
- ✚ How do these benefits link with NHSScotland's Strategic Investment Priorities?
- ✚ “The strategic assessment cannot be prepared in isolation or based on a single viewpoint”
- ✚ “The expectation is that the information provided will be high level in nature but formed from a wider understanding and appreciation of the case for change and investment need”.





# Agenda

-  Welcome & Introduction (1015 – 1030)
  -  Overview (1030 – 1045)
  -  Setting the Scene (1045 – 1130)
  -  Group Work: The need for change (1130 – 1200)
  -  Plenary Session (1200 – 1245)
  -  Lunch (1245 – 1330)
  -  Group Work: Anticipated benefits (1330 – 1400)
  -  Plenary Session (1400 – 1445)
  -  What Happens Next? (1445 – 1500)
  -  Close (1500)
- 
- 

# Ground Rules

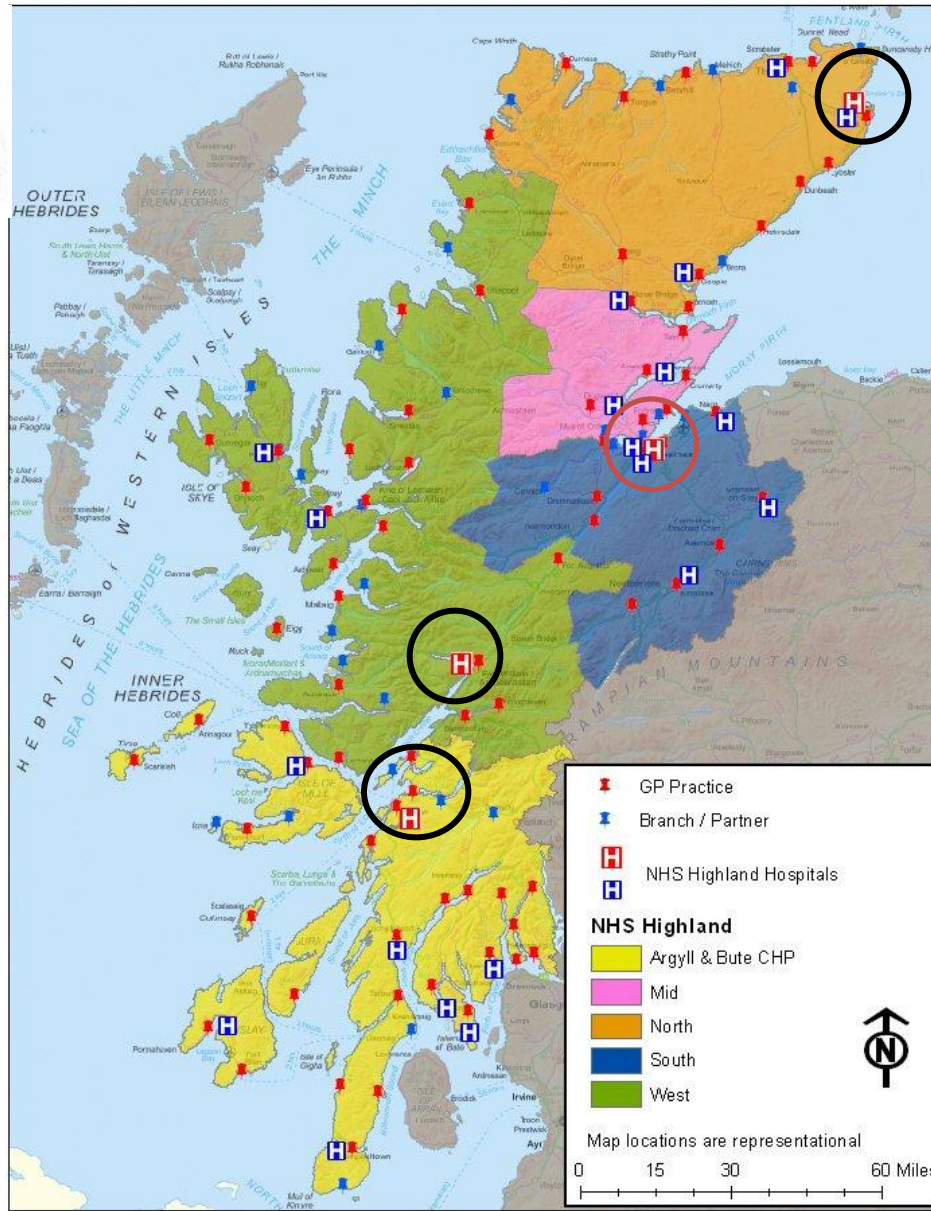
- Respect everyone's opinion – whether you agree with it or not
- Recognise that we are all here to deliver the best outcomes we can
- Don't get “bogged down” with detail – be prepared to “park” issues if necessary
- Keep to time – which is limited
- Only speak when you have a microphone
- (Please complete the feedback templates)
- Respect and recognise my independence



# Lochaber Re-design Scene setting | Strategic

Tracy Ligema

Multi-million  
upgrade for  
Caithness  
General



Rural General  
Hospitals

Replace the  
Belford  
2022/23

Strategic importance



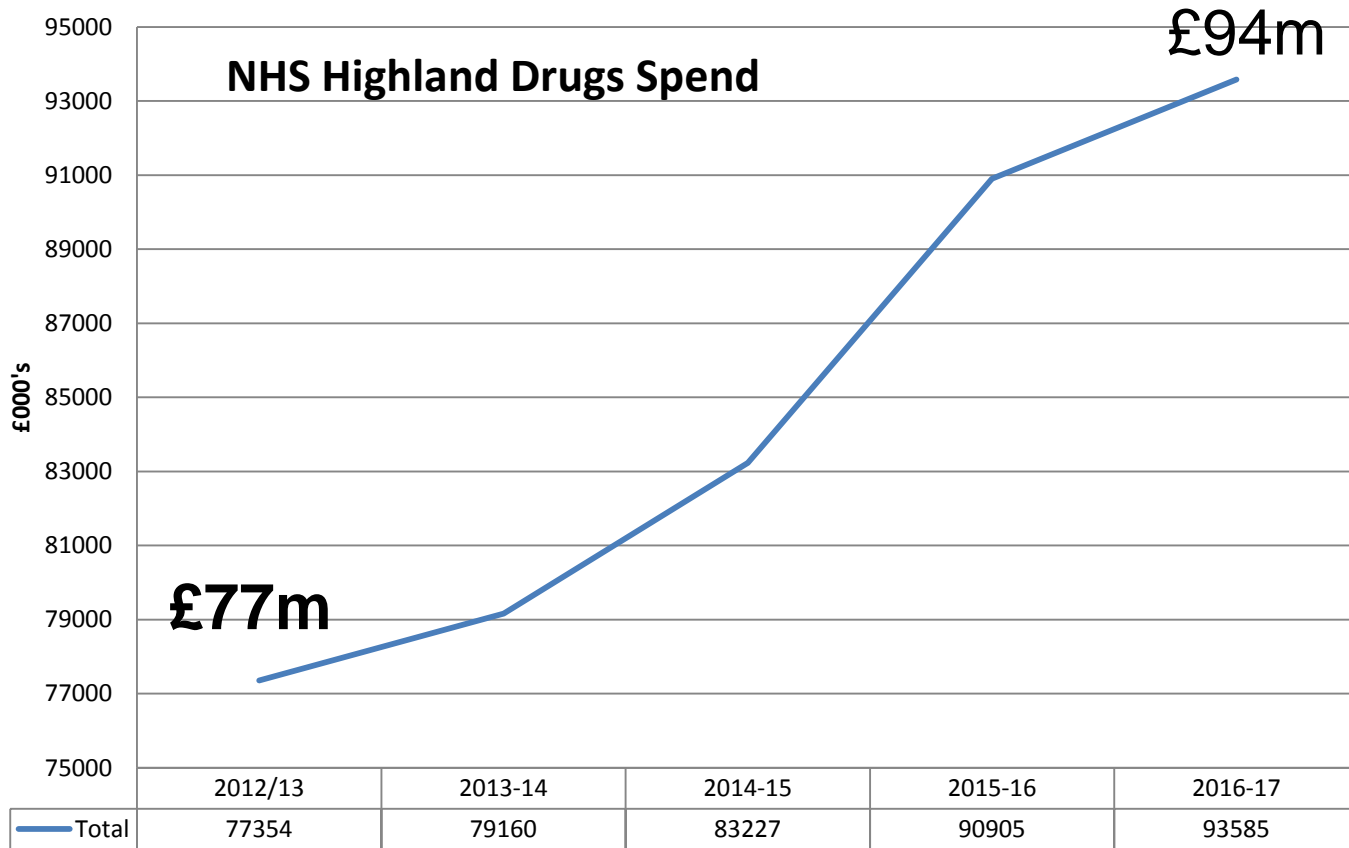


- Demographics
- Workforce sustainability
- Maintaining skills
- Rising costs
  - Targets and standards
  - New drugs and therapies
  - Adult Social Care
  - Locums
- Expectations
- Geography
- History





# Rising Costs



2017/18

**Reported £15m deficit** on £810m integrated budget

£34m on locum and supplementary staffing

30 consultant posts and 21 GP posts vacant.

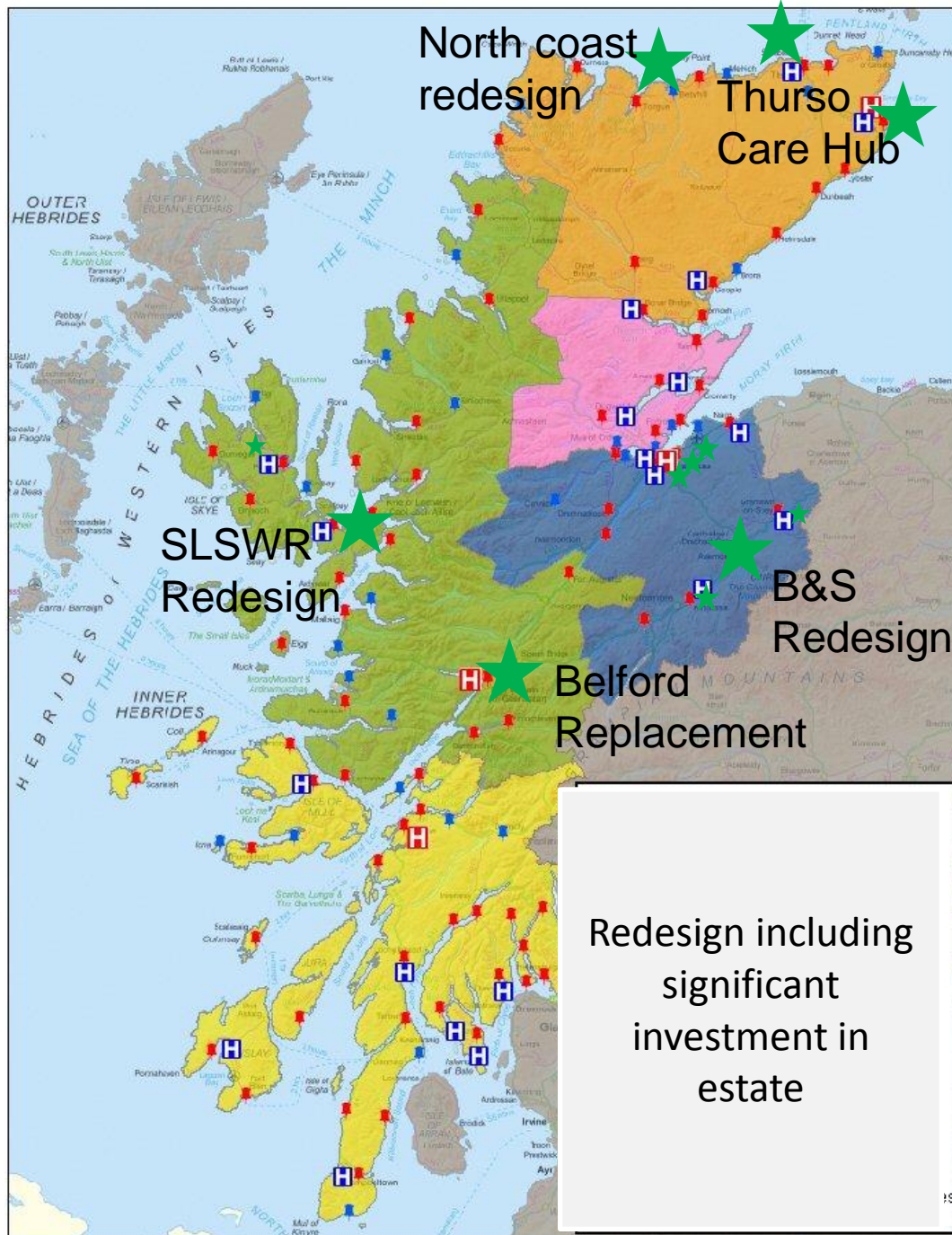


Responsibility to break even



AND

significant redesign and  
investment



North coast  
redesign

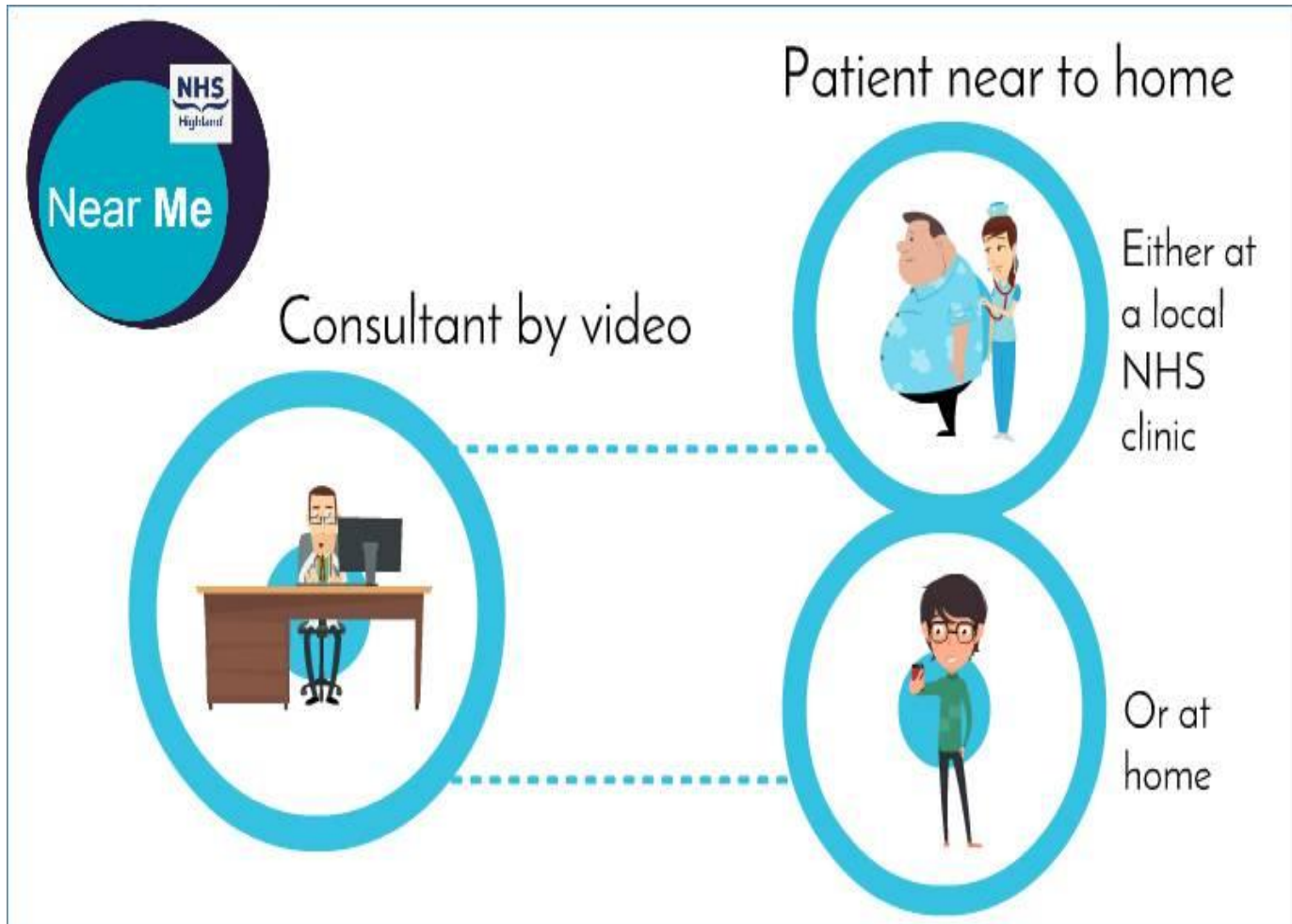
Thurso  
Care Hub

SLSWR  
Redesign

Belford  
Replacement

B&S  
Redesign

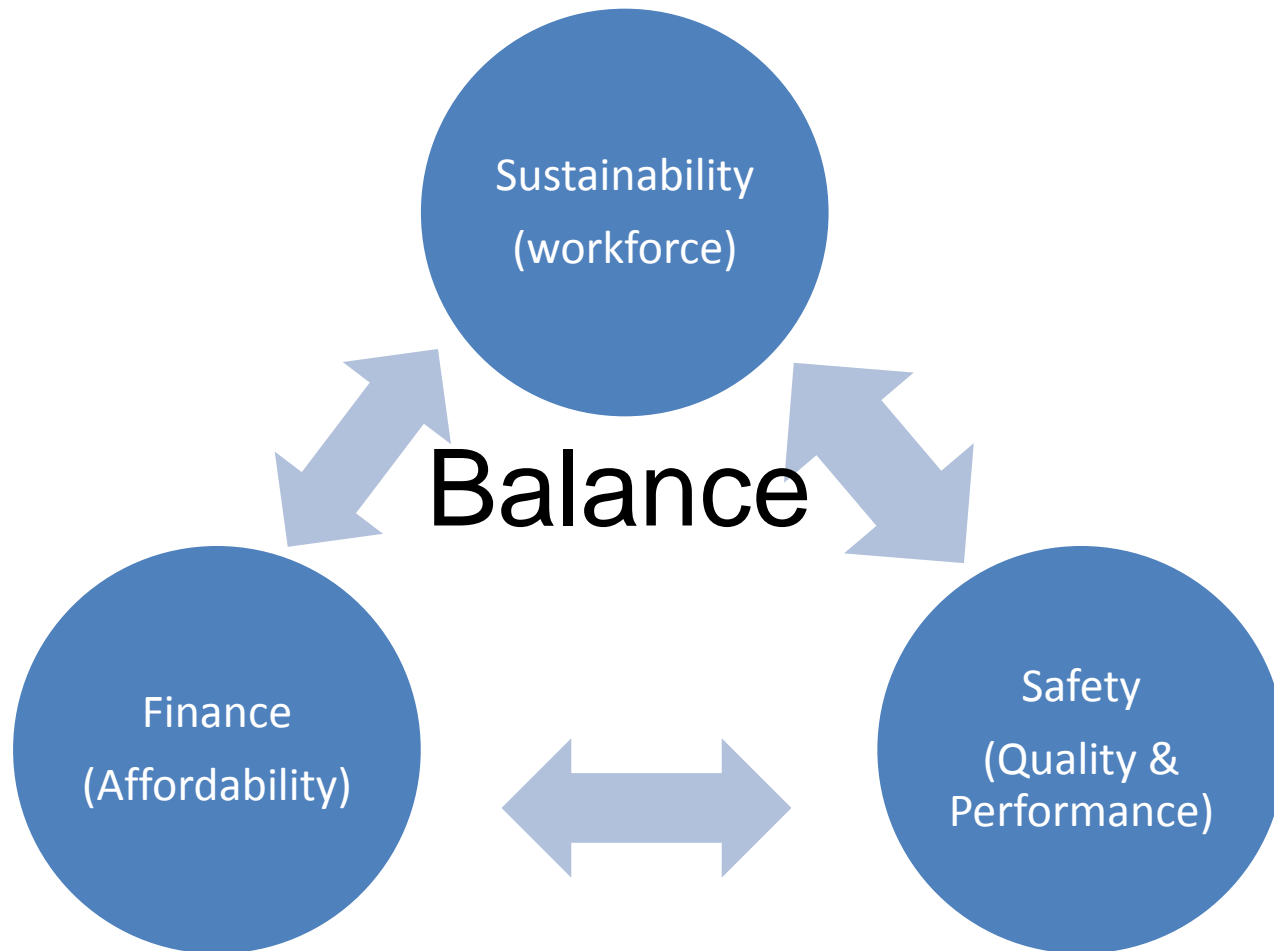
Redesign including  
significant  
investment in  
estate





# What else ?





# **Lochaber Re-design Scene setting | Local**

**Ross Mackenzie**  
**Area Manager, West**



## Belford 50:150 - International Rural Medical Conference & Birthday Party!

150 years: Surviving, Thriving, Sustaining & Being Here! 22-25 Oct 2015

News ▾ Register Call for Papers Scientific Program ▾ Speakers ▾ Exhibitors & Sponsors Social Testimonials

### Generalism is our specialism

by Patrick Byrne on [15 Mar 2015](#) in [News](#)

If you admit unselected patients on-call, this is the MUST attend international conference of 2015.

Belford Hospital in Fort William ("The Belford") is a very small hospital. We have 34 acute beds and 8 day-case beds. There is an Accident and Emergency department that sees approximately >11000 patients a year – because of the hospitals location at the foot of Ben Nevis. The three acute specialties of Surgery, Medicine and Anaesthesia have 24/7 consultant cover (these consultants also cover A&E).



By virtue of the size of the hospital and the relatively small number of specialties represented, it is recognised that the consultants cannot pretend to be masters of every medical and surgical discipline and as such all of us do 'a little bit of everything' as well as having specialist interests.

With particular reference to Accident and Emergency, the traditional boundaries between specialties can be completely blurred. Unlike some hospitals with a profusion of "middle grades", all consultants (in any specialty) tend to be very "hands on" and physically present

# Lochaber has been pioneering in terms of integration of health and social care

Delivered extensive re-design

Improved access to acute care



## **Set up Combined Assessment Unit**

To improve patient assessment, stabilisation, diagnosis, transfer and discharge.

## **Combined Assessment Unit**

Traditional wards were closed and reopened as a  
Combined Assessment Unit (CAU),  
Combined Step-Down Unit (Ward 1), and  
Day Case Unit (DCU)

Revolutionised patient care



2010

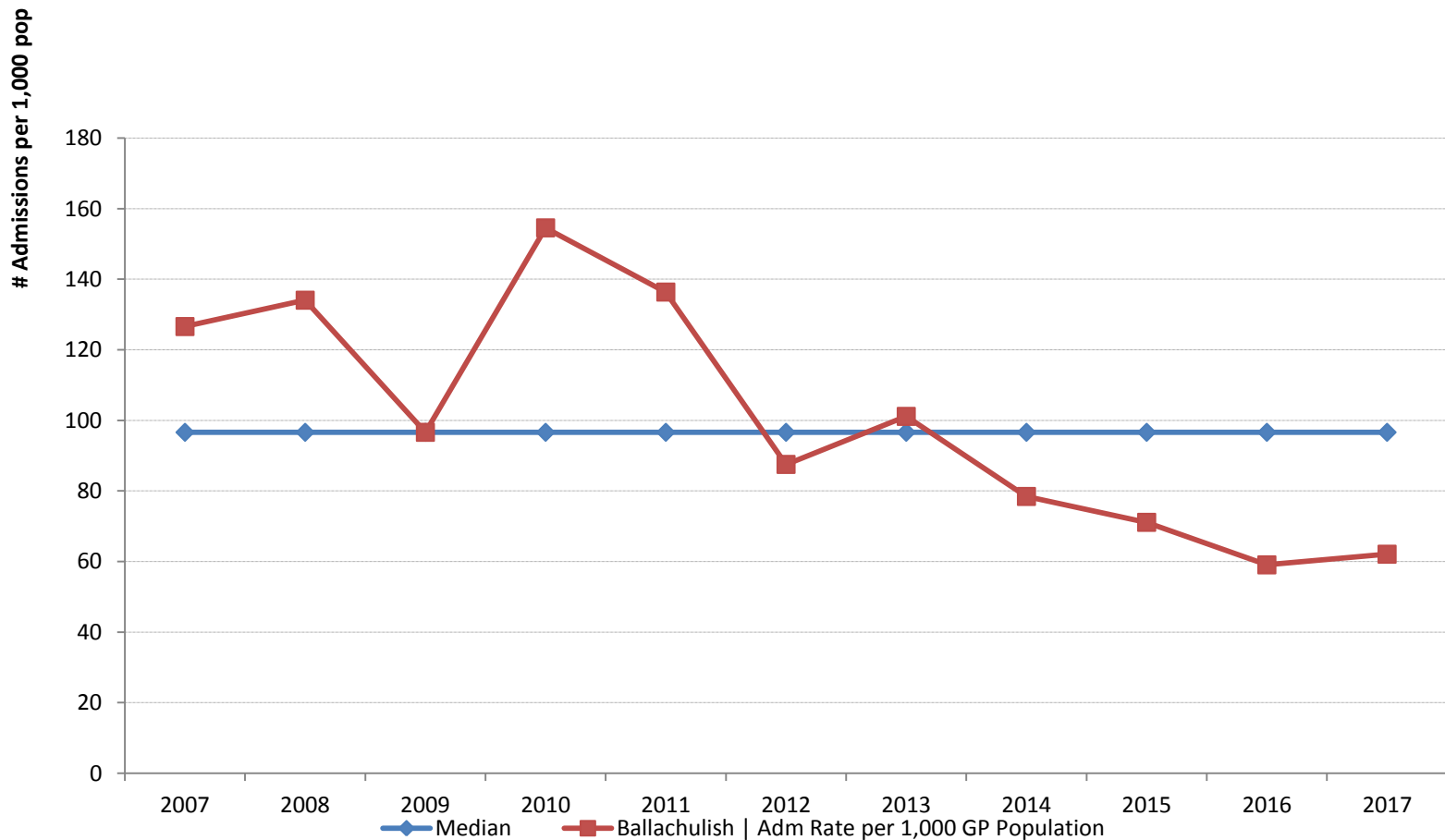


## Virtual Ward

Ballachulish GP Practice and Belford Hospital  
clinicians

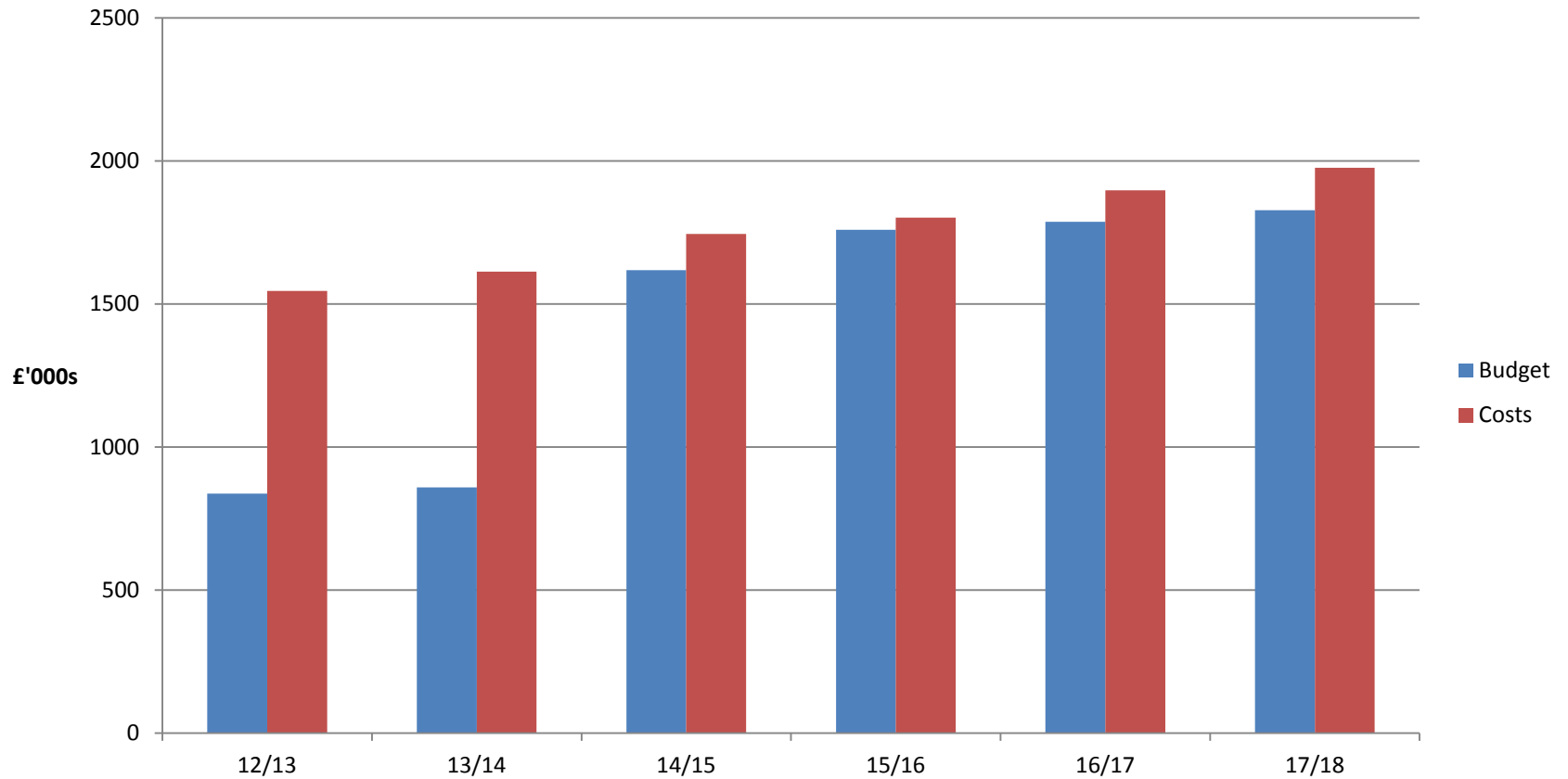
# Virtual Ward

Ballachulish | Belford Adm Rate per 1,000 GP Population



- 2011 No inpatients in Belhaven
- 2012 Integration of health and social care
- 2013 Belhaven closed, staff and services co-located
- 2014 Care homes join integrated teams
- 2015 Flexible bed model implemented (MacIntosh Centre)

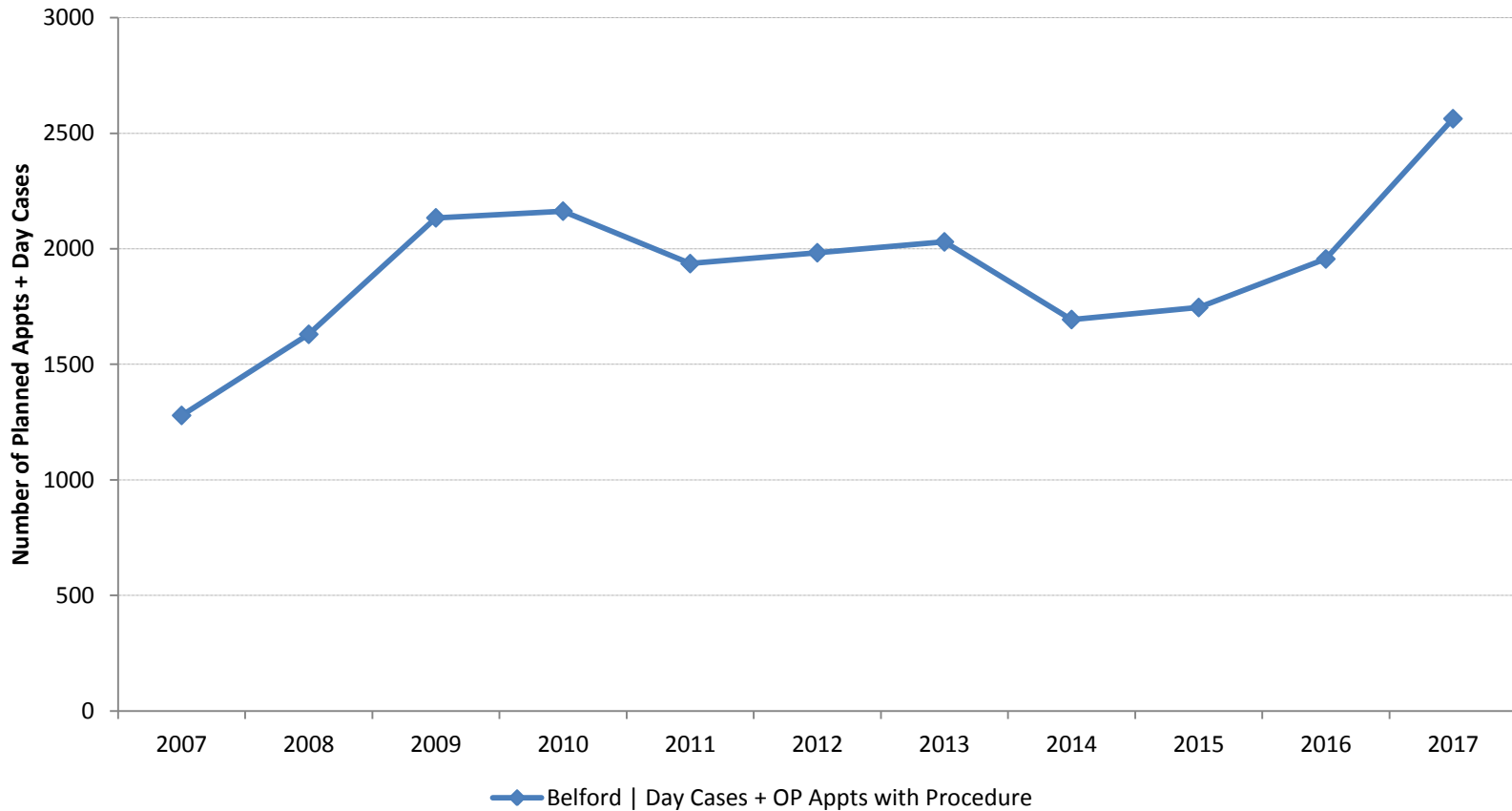
## Care at Home



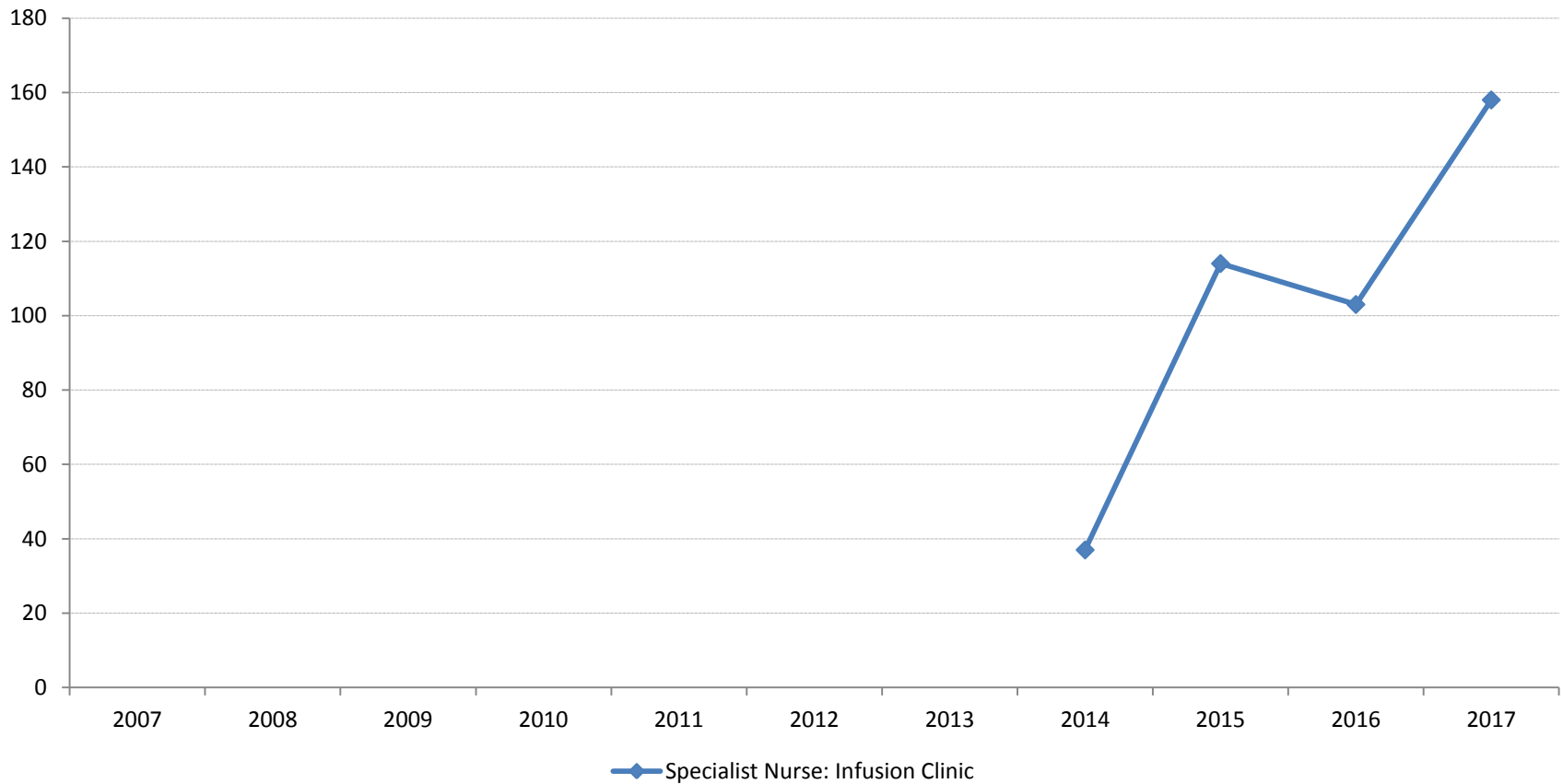


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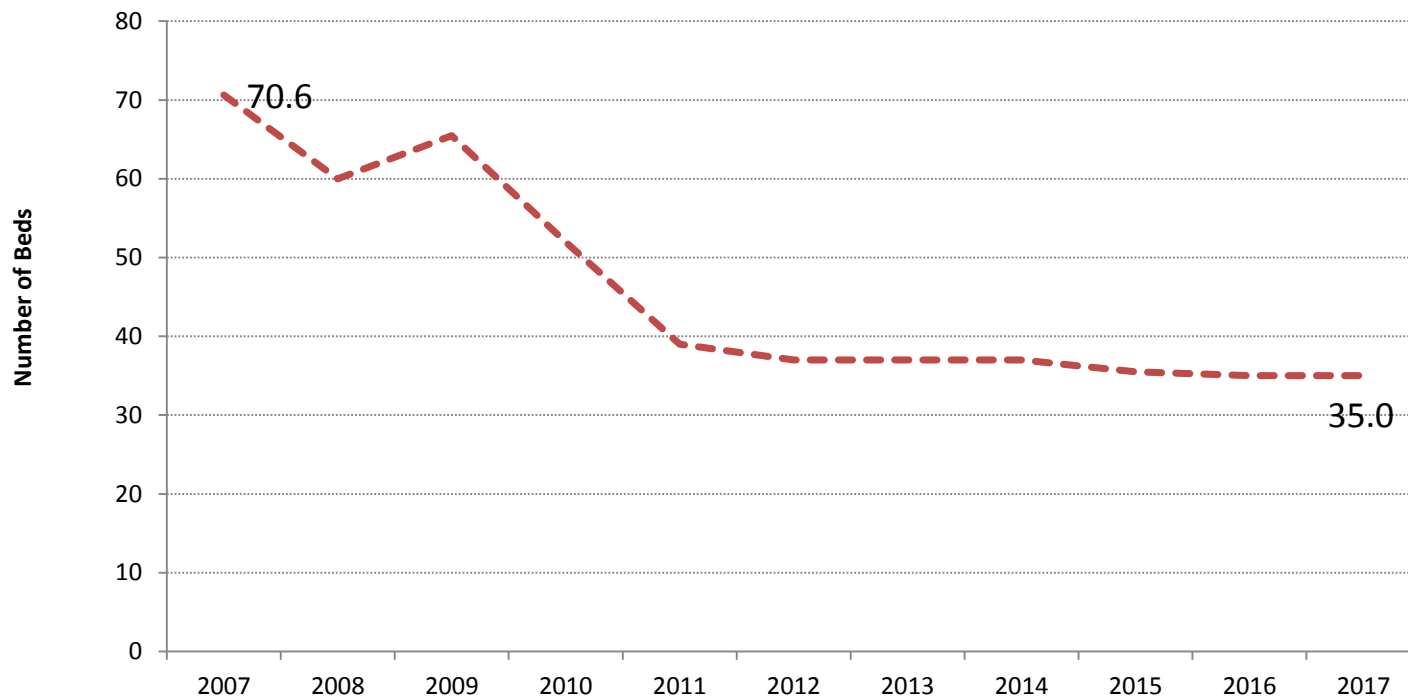
**Belford | Day Cases + OP Appts with Procedure**



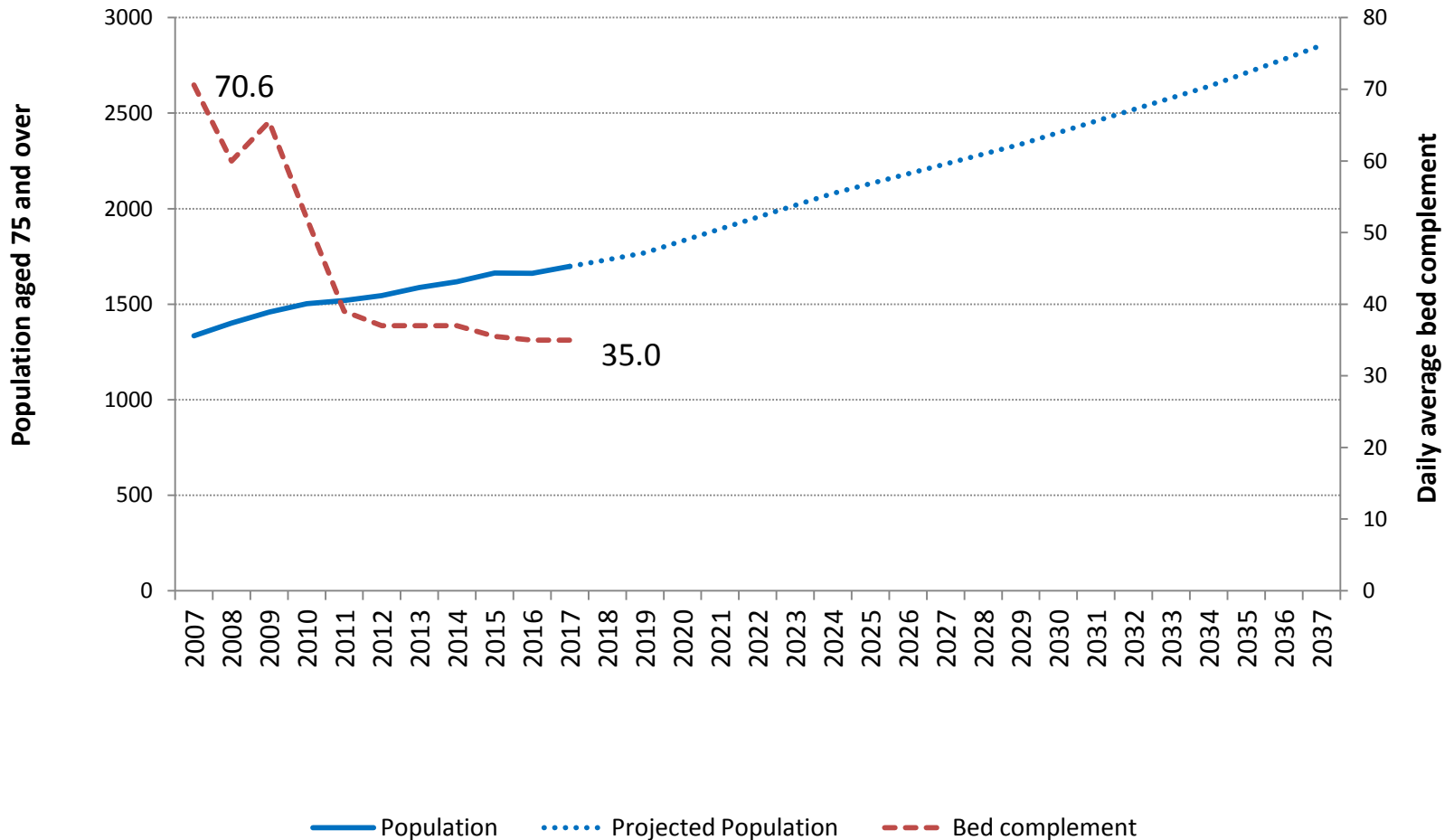
**Belford Specialist Nurse: Infusion Clinic Attendances**



Belford Daily Average Bed Complement | 2007 to 2017



## Trend in number of inpatient beds (2007 to 2017) and population projections aged 75 years and over, Lochaber (2007 to 2037)



**Lochaber Health and Social Care Redesign (including New Belford Hospital)**

Background

Steering Group

Communications and Engagement

Media

Board Papers

> Documents and Guidance

New Belford Hospital)

## Documents and Guidance

- > **Scottish Health Council presentation - May 2018**  
Supporting inclusive and effective service change
- > **Lochaber health and social care redesign - questions and answers, March 2018**
- > **Lochaber health and social care redesign - questions and answers, August 2017**
- > **Lochaber Health & Social Care Redesign (including the latest on the new Belford Hospital) - Questions and Answers, July 2017**
- > **New Hospital Presentation June 2017**
- > **Lochaber Strategic Assessment Event 9th August 2018**  
Agenda
- > **Briefing Pack 3rd August 2018**  
Summary
- > **Briefing Pack 3rd August 2018**  
Full document

- Changes in medicine
- Demography
- Workforce
- Financial
- Innovation
- Estates

- Half the current workforce are over 50
- Already cant recruit enough of some staff
- In the future, fewer people of working age to provide hands on care
- More older people to look after
- People with complex conditions living longer
- Increasing budgets but increasing cost
- Need to innovate and modernise
- ...but the building is now a big challenge!



# **Lochaber Re-design Estates | Case for Change**

**Eric Green**  
**Head of Estates**



- Strong track record of redesign
- Clinically-led
- Forward thinking
- Really helps with the business case



# Clinical Case (functionality)

- Not built for modern healthcare or equipment:
  - increase in activity in A&E and day case
  - need to have 50% single en-suite rooms
  - length of stay in hospital is shorter
  - limited/no space for expansion
  - departmental adjacencies and layout not ideal
  - need for more social care and rehabilitation
  - need for more agile working
  - opportunities for greater use in technology

- Now approx 60 years old
- Requires higher levels of maintenance
- Not energy efficient
- Poor disabled access
- Lack of en-suite single rooms

# Business Case

Needs to be considered within this  
strategic context

# Business case

- Board has agreed to replace the Belford Hospital and that the replacement will be as a Rural General Hospital
- But we still have got to make the case for change
- Comply with Scottish Government 2020 Vision
- Shared local vision
- Agree services:
  - What and Where
  - Workforce Plan
  - Future Proof

## Plans for new Fort William hospital 'progressing'

🕒 29 June 2017

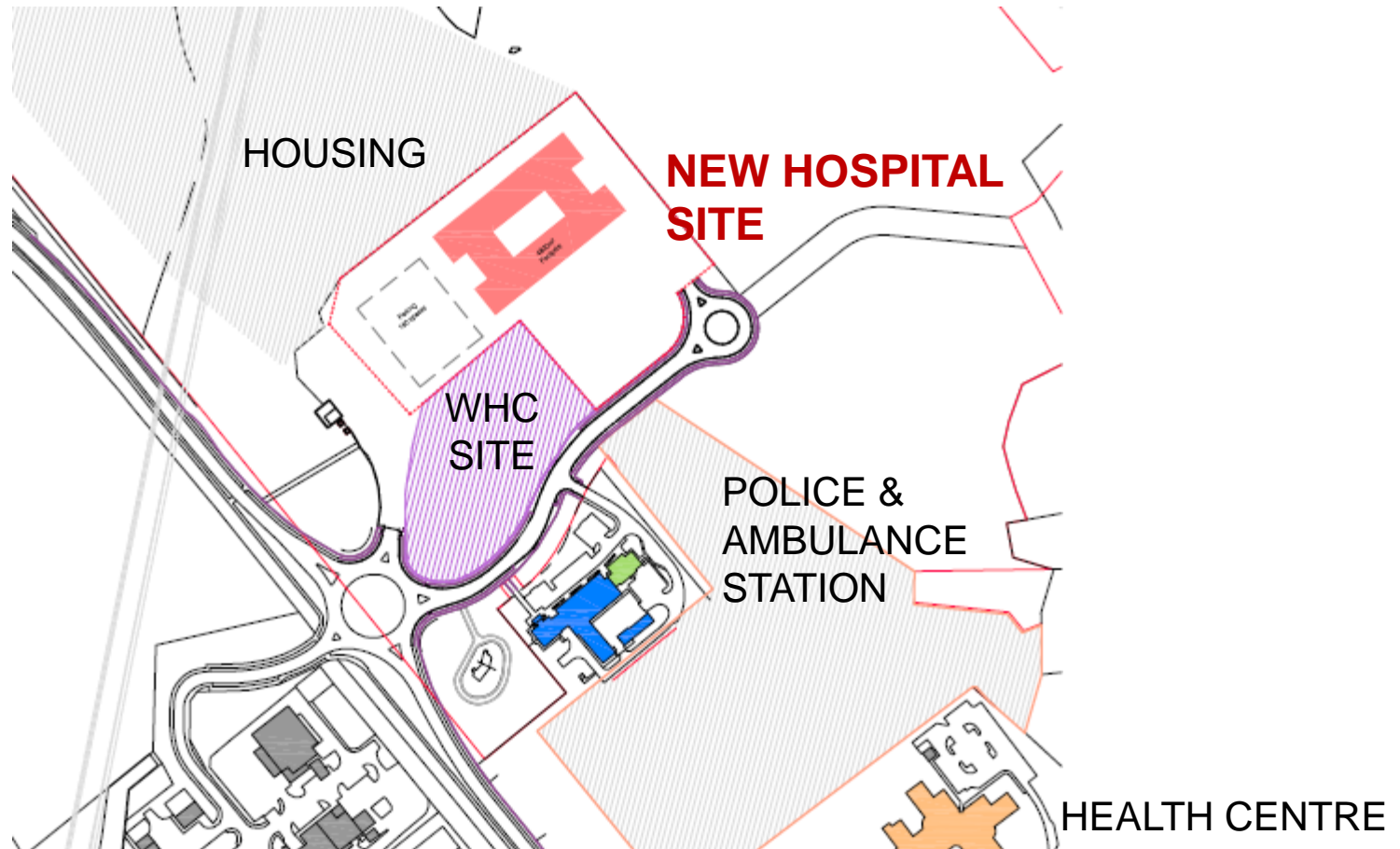
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Work on a planned new hospital in Fort William is progressing, Health Secretary Shona Robison has said.



# Site plan





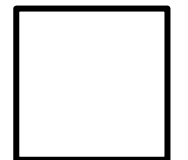
# Lochaber has been pioneering in terms of integration of health and social care

Delivered extensive re-design

Improved access to acute care

Modernised wider estate

Deliver a new RGH





**QUESTIONS?**



# GROUPS





# GROUP WORK SESSION 1

*You have heard what the project team believe are key challenges facing health & social care services in Lochaber?*

- 1) Do you believe that the Belford Hospital needs to change?*
- 2) Why does it need to change? (Weaknesses & threats?)*



# PLENARY SESSION 1

*You have heard what the project team believe are key challenges facing health & social care services in Lochaber?*

- 1) Do you believe that the Belford Hospital needs to change?*
- 2) Why does it need to change? (Weaknesses & threats?)*





**LUNCH**



## GROUP WORK SESSION 2

*You have identified why the Belford Hospital needs to change:*

*3) What benefits could be gained from making these changes? (Strengths & opportunities)*

*4) What (if any) dis-benefits may arise from any change?*



## PLENARY SESSION 2

*You have identified why the Belford Hospital needs to change:*

*3) What benefits could be gained from making these changes? (Strengths & opportunities)*

*4) What (if any) dis-benefits may arise from any change?*





What happens next?

# What happens next?

- ?
- ...
- ...
- ...

**Close**



**Thank You**