Appendix 10: Badenoch & Strathspey Redesign Clinical Service Model

Introduction
This document sets out the high-level clinical specification to underpin the future model for health and social care services across Badenoch & Strathspey. The service model was agreed as part of the major service change process including a three month public consultation. Some of the detail reflects feed-back received during the Options Appraisal process and public consultation.

There have also been a series of clinical workshop and meetings to discuss the model and the component parts of the service and this specification reflects those discussions. Locality profiles have been studied and a bed modelling exercise completed.

The specification is broken down into a number of sections with management and professional leads identified. Within each section there is a brief description of what will be provided and any further work required prior to submission of Outline Business Case

Outline of services

1. Health Centres
2. Hospital inpatient beds
3. Enhanced Community Services and delivery of integrated care
   3.1 Dementia
   3.2 Care at Home
   3.3 Equipment/Aids and Adaptations and Handyperson
   3.4 Other Community Services
4. Tele-care and assisted technologies
5. Day Service – (Aviemore)
6. Care Homes
   6.1 Step Up – Step Down / Flexible Use Beds
7. End of Life Care
8. Outpatient Services
9. Daycase Services
10. X-Ray Services
11. Out of Hours Service
12. Minor Injury Services
13. Scottish Ambulance Service (SAS)
14. Physiotherapy
15. Other AHP Services
16. Care and Learning (formerly known as Children’s Services)
17. Dentistry
18. Commissioning arrangements and contracts
19. Other supporting activities

Some further work will be required to complete the detail to include in the Outline Business Case.
Outline of Services to be provided

1. Health Centres

**Management Lead:** Kenny Rodgers, Head of Finance, South & Mid Operational Unit  
**Clinical/Professional Lead:** Dr Boyd Peters, GP and Clinical Lead for Badenoch & Strathspey

Services provided from existing Aviemore Health Centre will relocate to the new facility. The existing health centre will close.

Work will be required to make best use of space within the new facility and maximise shared use of accommodation where possible.

Kingussie Health Centre and Laggan Practice will remain in their current locations. These building are owned by the Practice.

The use of space within Kingussie health centre by community staff will require to be reviewed in order to consider the health centre as a possible location for physiotherapy services.

Grantown Health Centre will remain in its current location. This health centre is currently attached to the hospital that will close and work is ongoing to assess the options for refurbishment including separation of utilities from the hospital. In addition, the use of space within Grantown health centre will require to be reviewed in order to consider the health centre as a location for minor injury services.

By Outline Business Case (OBC) the work for refurbishment of Grantown Health Centre and separation of utilities between the Health Centre and Hospital will be confirmed;  
The location for Physiotherapy services in Kingussie will be agreed.

2. Hospital inpatient beds

**Management Lead:** Nigel Small, Director of Operations / Jean-Pierre Sieczkarek, Area Manager,  
**Clinical / Professional Leads:** Boyd Peters, Clinical Lead, Badenoch & Strathspey / Stewart MacPherson, Clinical Director

In the new facility there will be 24 beds, all configured as single rooms. This is based on bed modelling and practical experience of new hospitals built in Highland over recent years (Nairn, Invergordon and Migdale).

The in-patient beds will be predominantly classed as General Practitioner beds but will also be designed as dementia friendly in order to deliver non specialist dementia inpatient services (similar to the provision at Migdale Hospital, Bonar Bridge).

The beds will be staffed by both RGN and RMN nurses and supported by AHPs but with in-reach from community staff including district nurses and social work teams (the locality integrated team).

The medical provision will be provided by local GP practices or a consortium of local GPs to an agreed model of input. The model will look to ensure consistency of care. It will be commissioned through a Service Level Agreement similar to those in place at other facilities managed by the Unit (County Community Hospital in Invergordon and the Royal Northern Infirmary in Inverness). This will further strengthen the work across the Operational unit to
have consistency in how care in Community Hospitals is delivered. NHS Highland will serve notice to GPs currently providing inpatient care and negotiate new arrangements.

Out-of-hours medical care will be co-located with the inpatient facilities providing an improvement on current arrangements.

Specialist medical advice will be available from consultant geriatrician at Raigmore or consultant psychiatrist at New Craigs.

Specialist Dementia services (including assessment) will take place at New Craigs Hospital (Inverness). There is a separate re-design in place in New Craigs to increase capacity to deliver specialist assessment and this will include increase in bed numbers and plans to appoint a fourth and fifth older adult psychiatry consultants as part of review if Highland-wide services.

Once the new arrangements are in place it will mean the closure of Ian Charles and St Vincent’s Hospitals with the services relocating to the new facility in Aviemore.

By OBC the Service Level Agreement with local GP Practices will be agreed in principle.

3. Enhanced Community Services and delivery of integrated care

The whole ethos supported by the Lead Agency model is to have integrated teams working flexibly providing both in-reach and out-reach. This will be supported through co-location, single point of contact and the development of the integrated health and social care ‘Hub’ as part of the new facility in Aviemore. Considerable work is already underway to develop and embed this new model. Specific elements are highlight below:

3.1 Dementia

Management Lead: Michael Perera Community Mental Health Services Manager
Clinical Professional Lead: Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey

There will be additional investment in community dementia services. This investment is likely to include community psychiatric nurses and third sector dementia support workers. Such arrangements are in place elsewhere in Highland and are effective.

Before finalising arrangement in the community further work has to be completed on reviewing the detail of the current in-house service provided by the integrated Community Mental Health Team as well as what is currently procured through contracts with third, independent and private sector.

Specialist assessments and specialist care will be provided by staff New Craig’s Hospital. This will be consistent with NHS Highland’s wider strategy for this clinical pathway.

By OBC the number, banding and location of community psychiatric nurses and psychiatric social worker will be established. A review of existing contracts will be completed with third, independent and private sector and work in place to agree new arrangements.
3.2 Care at Home

**Management Lead:** Jean-Pierre Sieczkarek, Area Manager  
**Clinical / Professional Lead:** Eilidh MacMillan, Lead Social Work Officer

NHS Highland is developing innovative ways of providing care at home services which will be more advanced by the time new arrangements come into place. Delivery will be through the in-house managed service, independent sector and options provided through Self Directed Support.

The new service model will enable an additional investment in care at home service. The Living wage is already in place and there is a high degree of confidence to deliver increased capacity.

*By OBC the level of additional service enhancement will be specified*

3.3 Equipment/Aids and Adaptations and Handyperson

**Management Lead:** Jean-Pierre Sieczkarek, Area Manager  
**Clinical / Professional Lead:** Eilidh MacMillan, Lead Social Work Officer/ Amanda Trafford, Lead AHP

There will be provision of a new handyperson service that can provide responsive adaptations to homes (rails, ramps etc) to keep people out of hospital and/or reduce delayed discharges. This service may be ‘in house’ or private/voluntary sector provision and will be delivered in conjunction with Highland Council Housing Service.

Although this service is currently not available in Badenoch and Strathspey it is an established service elsewhere within the Operational Unit and NHS Highland.

There will be a small satellite equipment store with equipment budget within the new facility that will provide small aids and community beds.

*By OBC review of other Handyperson scheme completed and specification agreed*

3.4 Other Community Services

**Management Lead:** Jean-Pierre Sieczkarek, Area Manager  
**Clinical/Professional Lead:** Kate Patience-Quate, Lead Nurse

The integrated adult services team which is established in the locality, including Midwifery, District Nursing, Social Workers, Care at Home, Community Mental Health and Community Learning Disabilities Nurses will all have their main base within the new facility in Aviemore.

The team will provide a single point of access for community services across Badenoch and Strathspey with use of consulting/treatment rooms and group rooms within the new facility, as appropriate.

4. Tele-care and assisted technologies

**STILL TO DRAFT**
5. **Day Service – (Aviemore)**

**Management Lead:** JeanPierre Sieczkarek, Area Manager  
**Clinical/Professional Lead:** Eilidh MacMillan, Lead Social Work Officer

Day service will be provided from the existing facility but a review will take place to ensure the resources are being fully utilised to support service users with the greatest needs.

| By OBC, a review of Day Service will be completed and an action plan to deliver any recommendations |

6. **Care Homes**

**Management Lead:** JeanPierre Sieczkarek, Area Manager  
**Clinical/Professional Lead:** Eilidh MacMillan, Lead Social Work Officer

NHS Highland manages two Care Homes in the area (Grant House in Grantown-on-Spey) and Wade Centre in Kingussie. The buildings are owned and maintained by Highland Council.

In the new model some beds will be used flexibly to provide step-up/step down beds/palliative care in both facilities.

There are also two Private Homes (Grandview House Nursing Home in Grantown and the Mains in Newtonmore). These services are procured locally through independent sector contracts managed by NHS Highland. There is also a plan for a new 40-bedded residential/nursing home to be built in Grantown in 2016 and we are working closely with the owners to establish standards and service delivery models.

6.1 **Step Up – Step Down / Flexible Use Beds**

**Management Lead:** JeanPierre Sieczkarek, Area Manager  
**Clinical/Professional Lead:** Dr Boyd Peters, Clinical Lead Badenoch & Strathspey/Kate Patience-Quate, Lead Nurse

**Definition**

These are flexible use beds which can be used to support patients to prevent them being admitted into hospital, for example, to undertake a short term intensive period of rehab support. They can also be used as an initial place of discharge after a hospital stay for further rehabilitative/enablement input before going home.

There will be one to two beds in the Wade Centre in Kingussie and one to two in Grant House in Grantown. These will be introduced in a phased way and work is already underway to introduce the first step-up/step-down bed in the Wade Centre in Kingussie.

This also forms part of wider ongoing work around reducing the length of time people spend in care homes. In Highland people have traditionally been admitted at a younger age than other parts of the country. Since integration the age that people are admitted to care homes has reduced by 18 months.

The beds will be staffed by appropriately trained existing care home staff supported by the Adult Services Integrated Team including District Nursing, AHPs, pharmacy staff and Care at
Home as appropriate. Medical input will be through the local GP Practices with specialist medical advice available from consultant geriatrician team.

By OBC, the referral criteria and the level of medical support to this provision will be confirmed. This decision will be supported by visits to other areas to learn from their experiences.

7. End of Life Care

Management Lead: JeanPierre Sieczkarek, Area Manager
Clinical / Professional Lead: Dr Boyd Peters, Clinical Lead Badenoch & Strathspey / Kate Patience-Quate, Lead Nurse

Arrangements will be in place to provide choice for people at end of life to die in their own communities, (at home, care home (flexible use bed), community hospital (Aviemore)).

Enhanced capacity will be put in place for District Nursing Team, Marie Curie, Macmillan Nursing and Care at Home teams to provide seven day service when required. Currently it is more sporadic making community hospitals more of a default.

The flexible use of step-up and step-down beds in care homes will be used to deliver end of life care for people that express the wish to die in their own community but not at home. The Highland Hospice is also developing their service model to support a Virtual Hospice and provide beds in the community across other care settings.

By OBC the level of additional support will be specified.

8. Outpatient Services

Management Lead: JeanPierre Sieczkarek, Area Manager /Katherine Sutton Divisional Manager, Medicine, Raigmore Hospital
Clinical / Professional Lead: Boyd Peters, Clinical Lead, Badenoch & Strathspey / Dr Stewart MacPherson, Clinical Director

Work is underway both within Highland and Nationally around transforming outpatients. The future model will be consistent with this strategic direction. Analysis is underway to look at current activity to identify the high-volume specialities that would lend themselves to be delivered from the new facility in Aviemore.

Existing clinics will be transferred to the new facility but frequency will be increased, including through tele-medicine. In addition orthopaedic and fracture clinics will be provided. Further discussions are required to identify other consultant-led outpatient activity which could be transferred to Aviemore.

In addition, discussions are required to identify clinics that can be provided by specialist nurses including diabetes, heart failure and COPD.

Whatever the final specification is clinical space will be used flexibly to allow each consulting room to be used to maximum effect and alternatives to traditional clinical consultations will be considered.

By OBC the final specification will be confirmed.
9. Daycase Services

Management Lead: JeanPierre Sieczkarek, Area Manager
Clinical / Professional Lead: Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey / Dr Stewart MacPherson, Clinical Director

A number of day case services are already provided (venesection, blood transfusion, chemotherapy, injection therapy) but not always in an appropriate clinical setting. These services will benefit by transferring to the new facility in Aviemore.

In addition work is ongoing to consider what other services might be transferred from Raigmore such as Outpatient Antibiotic Therapy, other infusions and pre-operative assessment that are sustainable and clinically safe. If such services can be transferred they will have the added benefits of reducing travel for patients and reducing demand on Raigmore.

Having the facility to carry out blood analysis is a further consideration.

In the new model shared-care protocols will be reviewed and implemented including input from specialist nurses, consultants and GPs

By OBC the delivery model will be specified

10. X-Ray Services

Management Lead: Chris Arnold, Superintendent Radiographer, Raigmore Hospital
Clinical / Professional Lead: Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey / Amanda Trafford, Lead AHP

X-ray services will close at the existing Ian Charles and Aviemore HC sites and be relocated at the new facility in Aviemore. This will provide a more streamlined service.

Further clinical dialogue is required with Raigmore as the radiography service provider to clarify future service provision such as ultrasound provision.

By OBC final specification will be confirmed

11. Out of Hours Service

Management Lead: JeanPierre Sieczkarek, Area Manager
Clinical/Professional Lead: Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey / Dr Stewart MacPherson, Clinical Director

The existing out of hours service arrangements will transfer from Aviemore Health Centre to the new facility and be co-located with the minor injuries service.

The out of hours service will also provide on-site medical cover for the 24 inpatient beds within the new community hospital; which is not possible under the current arrangements

The new model of service will be fully integrated including with input from GPs, AHPs, nurses and drivers will be supplemented by paramedics and unscheduled care nurses. SAS base will also be co-located at the new hospital facility
A variation on the existing service level agreement with GP practices will be in place.

By OBC the final specification will be confirmed and SLA agreed in principle

12. **Minor Injury Services**

**Management Lead:** JeanPierre Sieczkarek, Area Manager  
**Clinical/Professional Lead:** Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey / Dr Stewart MacPherson, Clinical Director

Existing minor injuries services provided at Aviemore HC will transfer to the new facility in Aviemore and be co-located with the out of hours service. The minor injuries services will operate 'in hours' with the out of hours service providing care during the 'out of hours' period.

The service will be staffed by appropriately trained nurses with medical cover provided by local GPs under a Service Level Agreement.

Existing minor injury enhanced services provided by local GP practices at Kingussie and Laggan will remain in place. A similar service will be provided by the GP practice at Grantown to replace the minor injury service currently provided in the hospital. Some upgrading to Grantown Health Centre will be required to transfer the service across from the Hospital.

First response services will be provided by local GP practices at Kingussie, Laggan, Aviemore and Grantown.

By OBC the enhanced service to be provide in Grantown will be agreed

13. **Scottish Ambulance Service (SAS)**

**Management Lead:** Robert Farquhar, Area Service Manager, Scottish Ambulance Service  
**Clinical Lead:** Dr Boyd Peters, Clinical Lead, Badenoch & Strathspey

SAS will be co-located in the new facility in Aviemore to further support integrated working and sharing and developing of skills. Current arrangements in Grantown and Kingussie will continue where Ambulance staff are home-based.

By OBC

14. **Physiotherapy**

**Management Lead:** Margaret Domoney, AHP Team Lead, Badenoch & Strathspey  
**Clinical/Professional Lead:** Amanda Trafford, Lead AHP

Rehabilitation and musculo-skeletal physiotherapy services will continue to be delivered in Kingussie and Grantown as well as the new facility in Aviemore. Inpatient physiotherapy services will be provided at the new facility.

Work is ongoing to identify locations within Grantown and Kingussie to accommodate the physiotherapy services once the hospitals close. There are a number of options being considered and a high degree of confidence that these services will be retained locally.
By OBC arrangements in Kingussie and Grantown will be confirmed

15. Other AHP Services

**Management Lead:** Margaret Domoney, AHP Team Lead, Badenoch & Strathspey  
**Clinical/Professional Lead:** Amanda Trafford, Lead AHP

Podiatry, Occupational Therapy, Dietetics and Speech Therapy will be based within the new facility in Aviemore providing an outreach service where appropriate to Grantown and Kingussie.

The location of the outreach service may be the patient’s home however it is expected that the locations to accommodate physiotherapy at Grantown and Kingussie will also accommodate other AHP services

By OBC arrangements any issues regarding accommodation will be confirmed

16. Care and Learning (formerly known as Children’s Services)

**Management Lead:** Margaret Kinsella (Highland Council) Care & Learning District Manager for Badenoch & Strathspey  
**Clinical/Professional Lead:** Kate Patience-Quate, Lead Nurse

Currently services and staff are provided from a range of locations. It is proposed that the Highland Council Care and Learning Team will relocate from the current premises in Aviemore to the new facility.

By OBC / FBC a memorandum of agreement will be in place

17. Dentistry

**Management Lead:** Alex Fraser, Dental Services Development Manager  
**Clinical/Professional Lead:** Tom McWilliam, Assistant Clinical Director

NHS dentistry services will remain at the existing locations in Grantown and Kingussie. The service at Aviemore HC will relocate to the new facility.

By OBC

18. Commissioning arrangements and contracts

NHS Highland currently commissions numerous local services from third, independent and private sector. Many of these were inherited from the Highland Council following on from integration. Once the initial Agreement has been approved a series of meetings will get underway to review all contracts and ensure that resources and services are aligned to the new model.

19. Other supporting activities

The specification sets out the clinical model. Once the model is approved work will get underway to set out the specification for support services and other enabling activities.
Some of these are listed below to ensure that anyone reading this document is aware that due consideration will be given to all elements.

**Aviemore Community Hospital and Resource Centre**
The detailed specification for the hospital to support the clinical services listed above will be agreed. Discussions are also under way around the other supporting services including:

- Citizen’s Advice Bureau and other health and social care related voluntary organisations
- Dining Room/Café (Public/staff)
- In house Kitchen and catering
- Laundry
- Mortuary
- Office Accommodation
- Social Enterprise
- Training Facilities

**External**
- Car Parking
- Facilities to host mobile units eg Breast Screening
- Green space
- Therapy Gardens

**Access and Transport**
Transport services within B&S are being reviewed in light of the provision of a central hospital with resultant impact on the population’s ability to access services at the new location. This review will encompass a multi-agency review that assesses the impact of travel wider than just the redesign of NHS services within B&S. Work is ongoing within the transport group to develop the model of integrated transport system.