

**Lochaber Summary Information Pack**

**Lochaber Health & Social Care Redesign  
(Including the new Belford Hospital)**

**Stakeholder Event  
9<sup>th</sup> August, 10am – 3pm  
Nevis Centre, Fort William**

***3<sup>rd</sup> August 2018***

The overarching purpose of the **Strategic Assessment** is to briefly outline the need for service change and describe early thoughts on the potential benefits to be gained from any investment.

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*This paper provides a summary of information. More detailed papers will be available on NHS Highland website or on request.*

<http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/FortWilliamNewHospitalPlus/Pages/Background.aspx>

### **Please ask**

If you are unsure about anything please ask as this will help everyone understand things more clearly

## 1. Introduction

This Information Pack has been prepared to provide some background information prior to the Strategic Assessment Workshop. It will be summarised at the event as part of a scene setting presentation.

The workshop is a key step in the business case process to allow NHS Highland to comply with the Scottish Government's "*Scottish Capital Investment Manual*". This is required to be followed for projects with significant capital element.

The strategic importance of Rural General Hospitals is because NHS Highland serves a large area with remote populations considered to be too far away from the District General Hospital.

For these reasons Rural General Hospitals are equipped and staffed to be able to resuscitate, stabilise, assess and prepare patients for treatment, discharge or transfer and include 24/7 A&E services.

The board of NHS Highland has already made the decision to replace the Belford and that the replacement will remain as a Rural General Hospital.

The job in hand now is to build a case for what services need to be provided both in the community and in the Belford. In making the case for investment the board will be expected to take into account many factors including:

- changing demands,
- new or changing neighbouring services
- age-related demography
- technological opportunities
- medical and surgical advances
- planning developments
- strategic location and co-location
- strategy, clinical guidelines and standards

A lot of work has already taken place and so a small part of the event will include NHS Highland staff updating on progress so far. However the main purpose of the day is to be interactive.

The event will be independently facilitated by Norman Sutherland of Higher Ground Health Care Planning Ltd.

Ross MacKenzie Area Manager <a href="mailto:ross.mackenzie@nhs.net">ross.mackenzie@nhs.net</a> 01349 869268	Anne Boyd-Mackay Rural General Hospital Manager (Belford) <a href="mailto:anne.boyd-mackay@nhs.net">anne.boyd-mackay@nhs.net</a> 01397 702481
Maimie Thompson Head of PR and Engagement <a href="mailto:maimie.thompson@nhs.net">maimie.thompson@nhs.net</a> 07814 618 591	Marie Law District Manager (Lochaber) <a href="mailto:marie.law@nhs.net">marie.law@nhs.net</a> 01397709841

## 2 Aims and Objectives for the Stakeholder Workshop

### Aims

- To understand and consider information and views on:
  - business case process
  - current and future challenges and opportunities
  - agreeing a vision for the future
  - possible benefits and solutions
  - ensure wider work on Lochaber developments is understood

### Objective

- To have input from stakeholders to be in a position to complete the strategic assessment template required to be submitted to the Scottish Government as part of the business case process

*In 2015 about one in twenty people in Highland were aged over 80 years old, but by 2035 this figure will be more than one in ten.*

## 3. Business Case Process

### 3.1 Strategic Assessment

The purpose of the **Strategic Assessment** is to outline the need for service change and describe early thoughts on benefits to be gained from any significant investment.

Once prepared, the completed document will be submitted to Scottish Government. They will consider it against other competing projects before giving its support for NHS Highland to progress to Stage Two (Initial Agreement).

NHS Highland has been keeping the Scottish Government involved with the work to replace the Belford Hospital. We will be hosting visits in August of local MSP Kate Forbes and also Scottish Government officials.

#### Strategic Assessment | Key points

- Describes what is included (the scope) in any new proposal.
- Highlights service need and benefits
- Through the workshop look to gains consensus and support from stakeholders
- Informs Scottish Government of the project need and intentions through completion of strategic assessment template (see below)

### 3.2 Time-line for replacement Rural General Hospital

Year	Milestone	Progress
2015	Site for new Rural General Hospital purchased	Complete
2015	Steering Group set up	Complete
2015-17	Pre-engagement	Complete
2018	Submit Strategic Assessment	September 2018 (*)
2019	Submit Initial Agreement	Planning for May
2020	Submit Outline Business Case	Planning for March
2021	Submit Full Business Case	Planning for January
2021	Construction underway	Planning for March
2022/23	Construction complete	Planning for December to March

(\*) – Submission in September will only be possible if the Stakeholders at the Workshop are content that the aims and objectives have been achieved.

### 3.2.1 Strategic assessment template

PROJECT:		What are the Current Arrangements:		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?		What solution is being considered
	Identify Links	Identify Links	Prioritisation Score	Service Scope / Size
<input type="text"/>	<input type="text"/>	Person Centred	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Safe	<input type="text"/>	Service Arrangement
<input type="text"/>	<input type="text"/>	Effective Quality of Care	<input type="text"/>	Service Providers
<input type="text"/>	<input type="text"/>	Health of Population	<input type="text"/>	Impact on Assets
<input type="text"/>	<input type="text"/>	Value & Sustainability	<input type="text"/>	Value & Procurement
<input type="text"/>	<input type="text"/>	TOTAL SCORE	<input type="text"/>	<input type="text"/>

#### Key messages from Scottish Government and Capital Investment Group

- **Service change process comes before Business Case**
- **Emphasis on demonstrating benefits, right from the start**
- **Risk register must include organisational and service risks not just constructions risks**
- **Evaluation must consider more than lessons learnt from the building side of things**
- **Scottish Government is buying outcomes, not buildings**

## 4. Lochaber Redesign of Health and Social Care | 2007 to 2017

### 4.1 Introduction

There has been ongoing redesign of health and social care services in Lochaber over the past decade (and of course before that).

Some of the key changes are summarised below:

Year	Summary of key change
2007	<ul style="list-style-type: none"><li>• Glencoe Hospital closed</li></ul>
2007	<ul style="list-style-type: none"><li>• Fort William Health Centre opened</li></ul>
2009	<ul style="list-style-type: none"><li>• Combined Assessment Unit (CAU)<sup>1</sup>, combined step down ward (Ward 1) and a Day Case Unit opened in Belford</li></ul>
2010	<ul style="list-style-type: none"><li>• Virtual Ward between Ballachulish GP Practice and Belford</li></ul>
2011	<ul style="list-style-type: none"><li>• No inpatients in Belhaven but used as a staff base</li><li>• Upgrade of Belford Theatre and Endoscopy</li></ul>
2012	<ul style="list-style-type: none"><li>• Integration of health and social care including NHS Highland taking over management of care homes and care at home</li><li>• GP bed in Moss Park Care Home</li></ul>
2013	<ul style="list-style-type: none"><li>• Planned closure of Belhaven</li><li>• Belhaven staff co-located in Health Centre</li></ul>
2014	<ul style="list-style-type: none"><li>• Integrated teams established</li></ul>
2015	<ul style="list-style-type: none"><li>• Highland Council purchase Blar Mor site for replacement of the Belford</li><li>• Flexible bed model implemented at MacIntosh Centre</li></ul>
2016	<ul style="list-style-type: none"><li>• Ambulatory Care Unit opens at Belford.</li></ul>
2017	<ul style="list-style-type: none"><li>• Introduction of Mental Health Urgent Care Nurse</li></ul>

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<sup>1</sup> All the terms are explained in the full document and will be explained at the event .



## 5. Strategic Assessment | Case for Change

The first part of the document that we will be working on together is '*What is the need for change*'.

This will be discussed and debated at the event and some information has been summarised to inform the discussions:

- General changes in medicine and technology
- Age-related demography
- Deprivation
- Workforce
- Estates issues (Belford Hospital)
- Financial matters

### 7.1 General changes in medicine and technology

- Medicine is always evolving in the face of demographic changes and responding to new treatments, drugs and technological advances.
- These advances are positive and mean more people are living independently for longer.
- Advances in medicine and workforce issues will continue to influence the place of specialist care and costs of care
- Increased use of technology will support provision of more local care and support more people to be independent
- More people will need care and more of them will live alone
- Sustainability of safe services, affordability and workforce are linked.

## **7.2 Age-related demographics**

- One in five of the population in Highland is aged over 65 years old
- By 2035 it will be one in three aged over 65, with more than one in ten over 80 in the Highland area
- The impact of this age-related demographic is more advanced in our remote and rural areas
- There has been a 25% increase in over 75s in last 10 years (24.7%)
- In number terms there are just over 1,800 Lochaber patients over the age of 75 years as of 2016, and of these 437 are over 85yrs old.

## **7.3 Deprivation and Health of the Population**

- Lochaber has approx. 25% of people in the most deprived and second most deprived categories for Multiple Deprivation – approximately the same as Highland as a whole.
- 6.9% of children (aged 0-17years) in Lochaber are living in the 10% most deprived small areas in Highland – just over half the Highland figure of 12%
- Percentage of the Population in receipt of out of work benefits:
  - Lochaber – 9.7%
  - Highland – 11%
  - Scotland – 13.5%
- Standardised admission rates relating to an alcohol issue indicate a significantly higher rate for admissions from the Fort William South area compared with the Highland average. The rest of Lochaber figures are less or significantly less than for Highland as a whole.

#### **7.4 Workforce | GPs and Consultants**

- NHS Highland employs around 10,000 staff across the board area
- Based on the current way services are delivered Raigmore Hospital has an establishment of 213 consultant doctors across 28 specialities with 24 vacancies (11 percent).
- Outside of Raigmore there is an establishment of 50 consultants with 19 vacancies (38 percent)
- In the Belford Hospital there is an establishment of 10 consultant posts with four vacancies (40 percent)
- Currently all three General Surgeon posts are vacant (currently out to advert) and one of the four consultant physician posts is vacant
- There are three anaesthetists, all are permanent appointments
- There are 98 GP practices in NHS Highland board area with between 260 to 270 GPs
- Our latest figures show that there are 21 GP vacancies across NHS Highland (11 of them in salaried practices)
- In Lochaber there are nine GP Practices of which two are salaried Ballachulish and Acharacle
- The 2018 GP Contract continues the move towards utilising other professions in the provision of primary care such as advanced practitioners (nurses, paramedics and pharmacists)

#### **7.5 Workforce | All staff**

- NHS Highland employs around 10,000 staff across the board area
- In Lochaber NHS Highland whole time equivalent of 500 staff
- Around half the staff (236) are over 50 years of age
- Annual turnover is consistently exceeding 15%.
- This means around 80 posts need to be filled in Lochaber.
- One in eight nursing post-holders change each year.
- One in seven social care posts change each year.
- One in 20 staff members are on sick leave at any one time
- Of the members staff on sick leave two out of three are on long term sick
- There are challenges around Mental Health detentions and availability of staff from New Craigs
- Staffing challenges also exist for a number of services such as laboratories, sonography, midwifery.

## 7.6 Estates | OVERVIEW | The Belford Hospital

The Belford Hospital was built in the early 1960s with an expected lifespan of 60 years (~2022). An assessment of the physical condition and functional suitability of the building to meet current future health and care services has been carried out.

**Physical:** Relates to the layout, condition and maintenance of the building such as roofing, wiring, plumbing, compliance with regulations and standards.

**Functional suitability:** How well the building (or parts of the building) supports the delivery of current and future requirements, standards and demand. This includes the number of single rooms; size of the clinical areas and compliance with infection control for example.

From an estates perspective significant workarounds and fixes are ongoing with large levels of maintenance required. The building does not offer any flexibility to respond to modern medicine and there is no room for expansion. It needs to be replaced to maintain or enhance current service provision.

It is important to highlight that the building is being actively maintained to meet all required standards. However, it does mean that significantly more resources are necessary to keep things going than would be required in a more suitable, modern building. It's a credit to the staff that they provide great quality, safe and person-centred care in an environment that is now not ideal.

## **7.7 Estates | PHYSICAL | Belford**

- Site is limited in terms of expansion and flexibility
- Maintenance costs are higher in older buildings in order to comply with statutory legislation and higher levels of failure and replacement
- For instance around £1million has been invested in electrical re-wiring over the past five years
- Access ramps are too steep to meet current standards
- The original lift is too small to accommodate wheelchairs, restricting access to upper floors and proving particularly problematic for patients accessing the renal department when the renal lift has failed.
- Other significant maintenance issues include heating, drainage, windows, floor, fire safety, and decor.
- Not able to comply with requirements for 50% single en-suite rooms
- Challenges to comply with control of infection
- Heavy dependency on paper and storage of notes but lack of suitable storage space
- Dining Room difficult for visitors and patients to access.
- Staff facilities and accommodation inadequate
- Parking cannot accommodate throughput creating issues with access for patients and deliveries
- Higher impacts in terms of energy and carbon footprint
- Poor ventilation, insulation, temperature control and limited natural light
- Poor access for those with disabilities and a lack of wheelchair accessible facilities.

## **7.8 Estates | FUNCTIONAL SUITABILITY | Belford**

- Layout of the building and clinical space do not reflect:
  - increase in activity in Accident and Emergency and day case
  - requirement to have at least 50% single en-suite rooms
  - length of stay in hospital now shorter
  - need for more social care and rehabilitation
  - need for more multi-disciplinary and agile working
  - opportunities for greater use in technology
  - no short stay unit, waiting area for Ambulance transport

- **Current challenges include:**

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- A&E department too small with a number of linked issues such as no relatives room and lack of privacy
- Same access for major trauma and walk-ins
- Poor layout re access to CT from A&E and inpatient areas
- X-Ray department not fit for modern care
- No place of safety
- Inpatients mostly four-bedded bays, few single rooms and only one isolation room.
- Not dementia friendly
- Size of outpatient department does not reflect number and range of clinics and outpatient procedures now offered
- Treatment options for physiotherapy sometimes dictated by the environment as opposed to clinical need
- Lack of storage space (general)
- No widespread Wi-Fi with potential issues re 'smarter' working and for patient experience?
- Many offices spread across the site (inefficient and prevents collaborative working)
- Staff and public share toilets

## 6.9 Financial Matters

### 6.9.1 NHS Highland

<b>££</b>	<b>Description</b>
<b>£810m</b>	NHS Highland budget for 2017/18
<b>£15m</b>	Overspent in 2017/18
<b>£6.1m</b>	Amount of the total over-spend attributed to Adult Social Care
<b>£12m</b>	Investment in care at home since 2012/13
<b>£29m</b>	Annual cost for packages for young adults (131)
<b>£27m</b>	Amount forecast to be saved in 2018/19 against a target of £51m
<b>£16m</b>	Amount saved in 2015/16, £28m in 2016/17 and £35m in 2017/18
<b>£95m</b>	Amount required to be saved over the next three financial years
<b>£20m</b>	Spend on supplementary staffing in 2017/18 including bank, overtime and agency.
<b>£15m</b>	Amount of spend on locums in 2017/18

<b>Place of care</b>	<b>Cost per week</b>
Rural General Hospital	<b>£4,200</b>
District General Hospital	<b>£3,500</b>
Community Hospital	<b>£2,500</b>
NHS Highland Care Home	<b>£1,000</b>
Private Care Home	<b>£649 (*)</b>
Care at Home	<b>£200</b>

**(\*) – Self funding residents may pay significantly more**

## 6.9.2 NHS in Lochaber

£	Description
<b>£35m</b>	Annual budget for Lochaber in 2017/18
<b>£34.2m</b>	Annual budget for Lochaber in 2016/17
<b>£8.6m</b>	Annual budget for Belford General Hospital in 2017/18
<b>£2m</b>	What we overspent by in Lochaber by in 2017/18 (*)
<b>£1.4m</b>	What we overspent in Lochaber by in 2016/17
<b>£1.1m</b>	Total over-spend attributed to Adult Social Care in 2017/18
<b>£1m</b>	Investment in care at home since 2012/13

(\*)The main areas of overspend in Lochaber are Adult Social Care, Laboratories, Ward 1, Out of Hours, Abbeyfield and Medical Staffing

Within Belford Hospital, medical locum and agency spend has increased from £425K in 2012/13 to **£1.7m** in 2017/18.

### Average weekly spend in Lochaber

- £392k on pay
- £51k on locums
- £22k on supplementary staffing
- £6.5k on supplies
- £5.9k on drugs



## NOTES