



Your NHS Your Future Care

**PUBLIC CONSULTATION
27th October 2009 – 29th January 2010**



OPTION B

*NHS Dumfries & Galloway...
Working together to develop health services for the future*

About this option booklet

This booklet aims to help you to:

- Understand Option B of the Your NHS, Your Future Care consultation in more detail.

You will find it useful to read this booklet along with the booklets on options A and C.

The booklet is also available on request in other formats.

The supporting information on our website includes details of the following:

- A summary of how the options have been developed;
- Further information on each of the options;
- A glossary of the technical terms we have used in the consultation documents;
- An explanation of how we calculated the number of beds required;
- Transport considerations;
- Information on the NHS Estate – our buildings and their condition; and
- Consideration of our workforce – their development needs and age/skill profile.

A wide range of further information is available on our website:

www.workingtogether.scot.nhs.uk

Write to us

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All of our publications are available in other formats and languages.

Option B

In Option B, the model of care is enhanced from Option A in that Community Rehabilitation Units will be developed across the region and will provide more integrated care.

There will be fewer beds in Dumfries and Galloway Royal Infirmary because more care will be provided from community facilities. As this is the case all community in-patient units will remain open. One hospital in each locality will operate as a Community Rehabilitation Unit.

What is different in Option B from what happens now?

The vast majority of patients will continue to go to their local GP practice and have no need to use one of the region's hospitals. Patients who do need in-patient care will see the following:

Changes in all options:

- A satellite stroke service will be developed at the Galloway Community Hospital in Stranraer offering access to clot busting drugs and rehabilitation.
- DGRI will be redeveloped to provide a majority of single rooms which will improve patient safety and dignity. It will also significantly contribute to the reduction of the risk of healthcare associated infections like MRSA.
- Cottage Hospitals will each offer a standardised level of care.
- The introduction of 23 hour Day Case services allows patients to come into hospital on the day of their surgery or test rather than the day before.
- Patients who have been urgently referred by their GP to DGRI will go to the Acute Assessment Unit where their healthcare needs will be assessed.

In all options fewer beds will be needed in Dumfries and Galloway.

We expect these changes to be implemented over the next seven to ten years.

The changes specific to Option B:

- Each Locality will have a named Care of the Elderly consultant who will work closely with the Community Rehabilitation Units and care teams locally.
- In DGRI, the Care of the Elderly team will enable assessments and decisions to be made more quickly. This will improve the care for this group of patients and enable faster discharge back home or to the Community Rehabilitation Units.
- Rehabilitation for the small number of patients who have undergone an amputation will transfer from acute beds within DGRI to the Community Rehabilitation beds in Nithsdale. This will allow for a focus on their specific needs and the development of a core staff with the right level of skills and experience.
- Rehabilitation for patients that have on-going rehabilitation needs will be provided from four Community Rehabilitation Units across the region.
- Specialist rehabilitation in DGRI will focus on patients needing highly specialised services or continued access to acute service support. This group includes those who have transferred from specialist units out-with the region or direct from intensive care.

Changes by condition and speciality

In developing the options the pre-consultation process focussed on a number of specific condition pathways and specialities. The following section highlights the changes seen in these areas under option B. More information about other conditions is available on our website or on request.

Stroke

Option B proposes a new 'pathway' for patients who have had a stroke. It will deliver stroke care and rehabilitation in Community Rehabilitation Units.

In the early days following a stroke, it is important for the patient to receive the best care available. The patient will therefore receive their initial acute care and early rehabilitation through the acute stroke services at DGRI or the satellite service at Galloway Community Hospital. However, after the first few days it would be possible for patients to continue their rehabilitation away from the acute hospital in a Community Rehabilitation Unit nearer home.

In developing Community Rehabilitation Units we will equip our in-patient staff with the skills required to provide care at the same standard as the specialist stroke unit. This means that we will provide highly trained nursing staff and allied health professionals (AHPs) with specialist skills in stroke rehabilitation.

Patients will have access to AHP services daily, Monday to Friday. Each Community Rehabilitation Unit will treat sufficient number of stroke patients to enable staff to maintain their specialist level of skill.

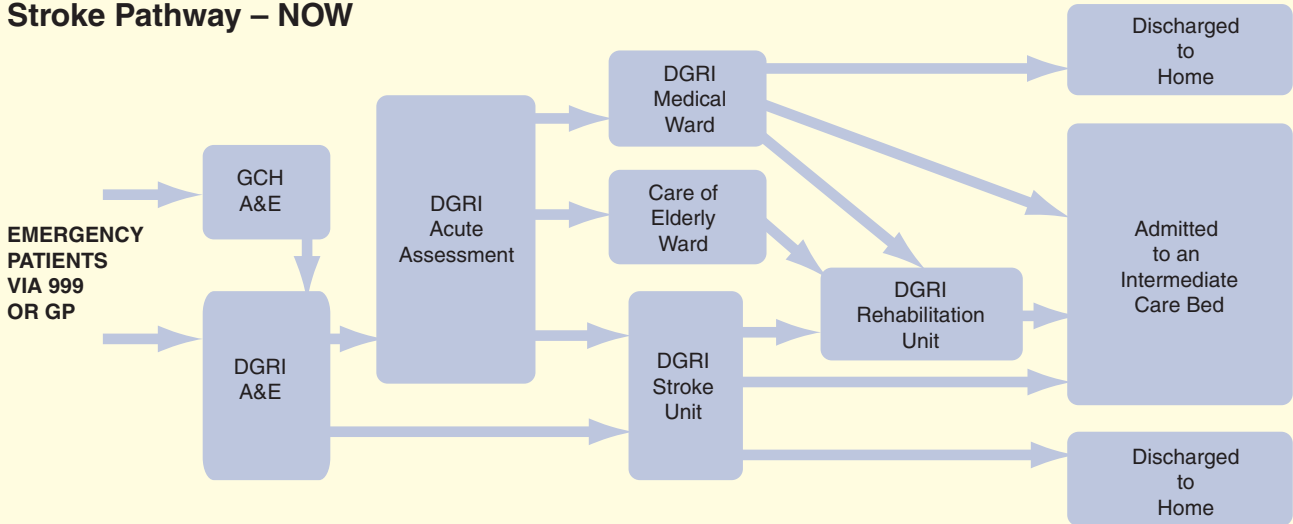
For Nithsdale patients this service will be provided within Nithsdale beds on the DGRI campus, for Stewartry this will be provided from Castle Douglas, for Wigtownshire this will be provided from Galloway Community Hospital and for Annandale and Eskdale this will be provided from Annan Hospital.

Benefits of Option B for stroke care:

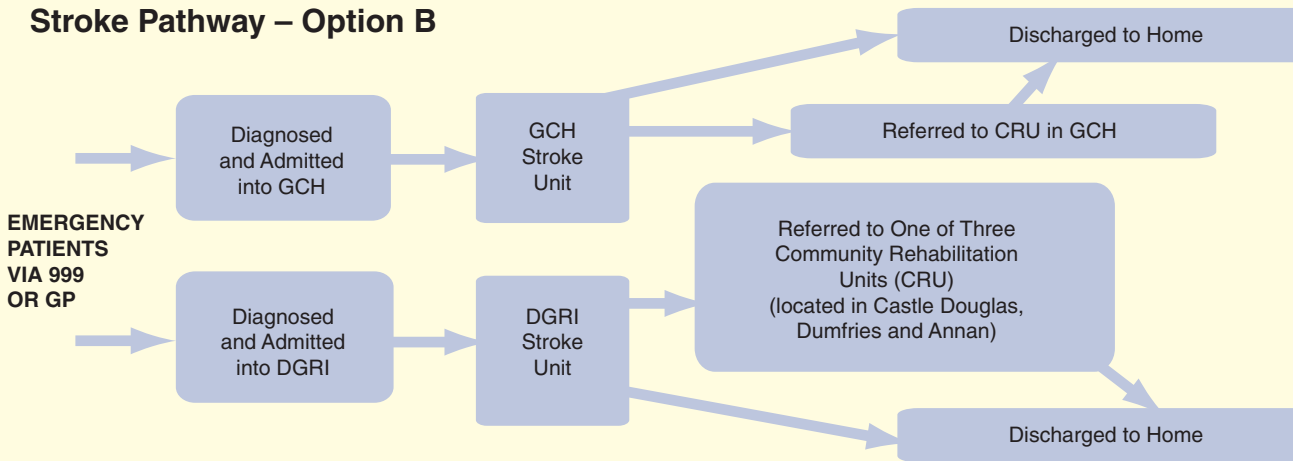
- Option B will give earlier access to essential stroke care for patients in Wigtownshire in the Galloway Community Hospital;
- This model will support direct admission in DGRI to the stroke unit where patients would be seen by specialist stroke doctors and healthcare staff;
- Ongoing stroke rehabilitation care will be available in a Community Rehabilitation Unit closer to where people live;
- Ongoing stroke rehabilitation will be provided by appropriately trained and experienced staff;
- The average length of stay in DGRI will reduce from 13.5 days to 7 days because patients are treated and transferred sooner to one of the Community Rehabilitation Units;

Option B Stroke Care

Stroke Pathway – NOW



Stroke Pathway – Option B



Example of Patient Story – Stroke – Option B

Doug (70) lives in Kirkcudbright. He wakes up and is unable to move his left arm and leg. His GP is contacted, assesses Doug and refers him for admission. Doug is transferred by ambulance to the stroke unit in DGRI. One week after his stroke, Doug is making good progress and is offered the option of transferring from DGRI to Castle Douglas Rehabilitation Unit where he works with the multi-disciplinary team until he can be discharged. Doug receives the final stage of his rehabilitation as a day patient.

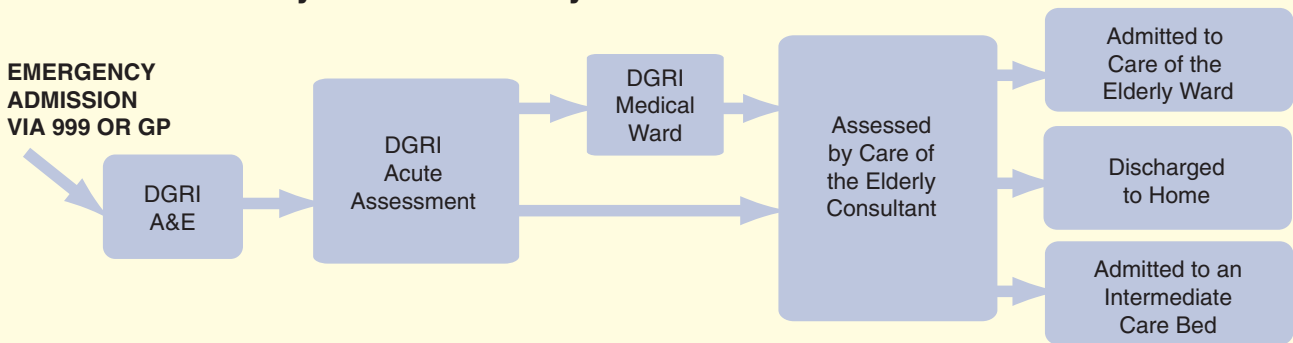
Example of Patient Story – Stroke – Option B

Eileen (65) lives in Newton Stewart. She, like Doug, wakes up unable to move her arm and leg. Her GP is contacted, assesses and refers her for admission at the Galloway Community Hospital. One week after her stroke, she transferred to the Dalrymple Ward in the Galloway Community Hospital for her ongoing rehabilitation. Although it is not in her own town her family no longer have to travel into Dumfries to visit her, as they would do currently. She continues her treatment until she can go home. Eileen, like Doug, receives the final stage of her rehabilitation as a day patient.

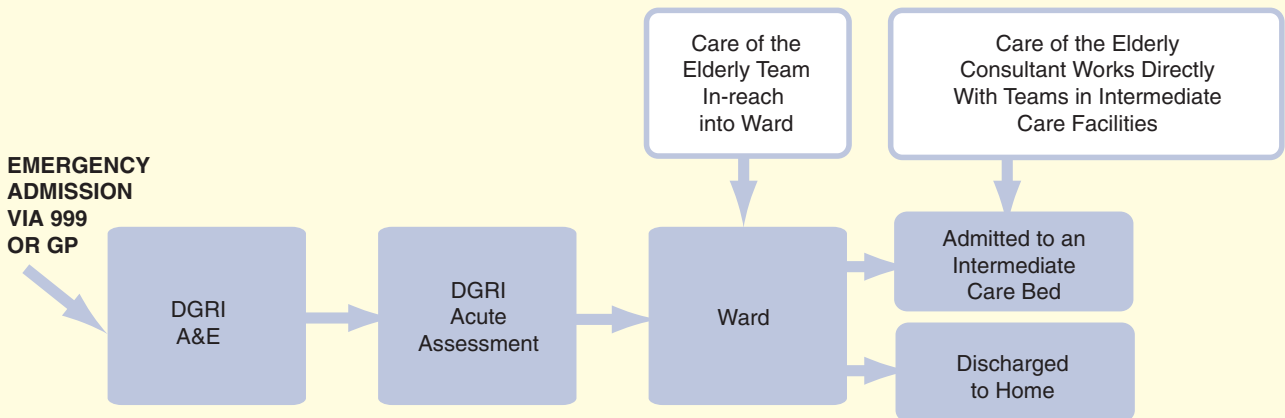
Care of the Elderly

In Option B , each Locality will have a named ‘Care of the Elderly’ consultant. He or she will work closely with the Community Rehabilitation and Cottage Hospitals to deliver best practice in Elderly Care.

Care of the Elderly Patient Pathway – Now



Care of the Elderly Patient Pathway – Option B



Benefits of Option B for Care of the Elderly

- Option B will deliver a model that is integrated across the whole patient journey;
- It will support our specialist care of the elderly team in providing care in DGRI and will reduce unnecessarily long stays in DGRI;
- It will offer the opportunity to treat older people closer to home in a Community Rehabilitation Unit with close links to an Care of the Elderly consultant;
- Older People's care will be overseen at all stages by a Care of the Elderly consultant;
- It supports the provision of early intervention which may avoid an unnecessary hospital admission; and
- Intermediate care facilities will be available with close links to Care of the Elderly consultant for that locality.

Example of Patient Story – Care of the Elderly – Option B

Mary phones the GP about her husband, Joe (89). Joe has had some falls over the past few days and now is having difficulty getting about the house. They live in Lochmaben. After initial investigations at the acute assessment unit, Joe is referred to the locality care of the elderly team at DGRI. A member of the team assesses him, including his needs for possible care support or equipment at home.

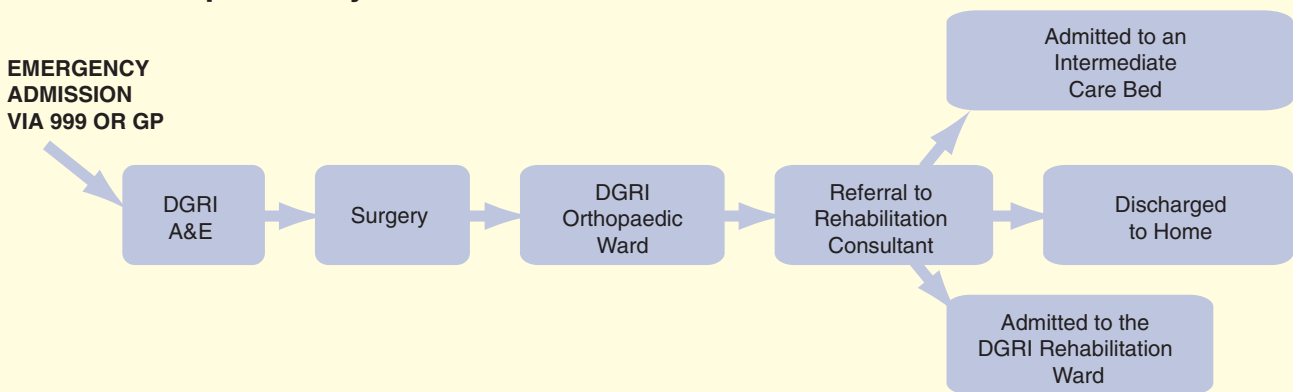
The next day, Joe has a working diagnosis. While he is not yet fit enough to go home without support, the care of the elderly consultant is happy that he can be discharged back to his local cottage hospital. Arrangements are made with Lochmaben Hospital and Joe is transferred there until he is fit for discharge home.

Rehabilitation

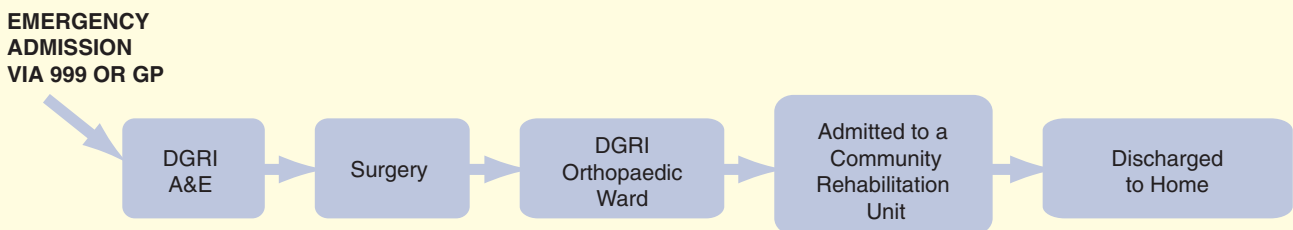
The development of a Community Rehabilitation Unit in each locality will mean that more specialist rehabilitation will be available closer to where people live. This new service will benefit many patients e.g. patients suffering from Stroke, Head injury, Hip Fracture (broken hip), Multiple Sclerosis and other conditions requiring longer period of rehabilitation.

Specialist rehabilitation in DGRI will focus on patients needing highly specialised skills or continued access to acute service support.

Fractured Hip Pathway – Now



Fractured Hip Pathway – Option B



Benefits of Option B for Rehabilitation

- Ongoing Specialist Rehabilitation will be available closer to where people live;
- The average length of stay in DGRI for a stroke will reduce from 13.5 days to 7 days and for a hip fracture will reduce from 10 days to 4 days because patients are seen quicker and transferred sooner to one of the Community Rehabilitation Units;

Example of Patient Story – Rehabilitation – Option B

Amy (72) falls and hurts her hip. She lives in Dalbeattie. She cannot move her leg and an emergency ambulance is called. She is taken to Accident and Emergency at DGRI, where the diagnosis of fractured neck of femur (broken hip) is confirmed and treatment begins. Once she has had her operation, Amy now follows the 'planned care pathway' for a broken hip. She is transferred on the fourth day after her operation to the rehabilitation community hospital in her own locality. For Amy that would be Castle Douglas Rehabilitation Unit. Her visitors now travel to see her there rather than Dumfries.

Example of Patient Story – Specialist Rehabilitation

Andy (23) has been involved in an accident. He has sustained a head injury and had to be transferred to the Southern General in Glasgow for surgery. He is now stable enough to be transferred back to Dumfries and Galloway, although is only recently off the ventilator and has just begun his rehabilitation.

Andy is transferred to the DGRI rehabilitation unit, where he continues his rehabilitation with the specialist team. The other patients there are of all ages. They have suffered other problems such as multiple sclerosis, and spinal injury. All the patients in this ward are expected to work very hard on their rehabilitation programme and Andy is no exception. He eventually recovers enough function to be discharged home with a care package and some adaptations made in the house.

How does Option B Measure Up?

NHS Dumfries and Galloway believes that continuous quality improvement is a basic part of everything we do. This section describes some of the impact that Option B would have on quality.

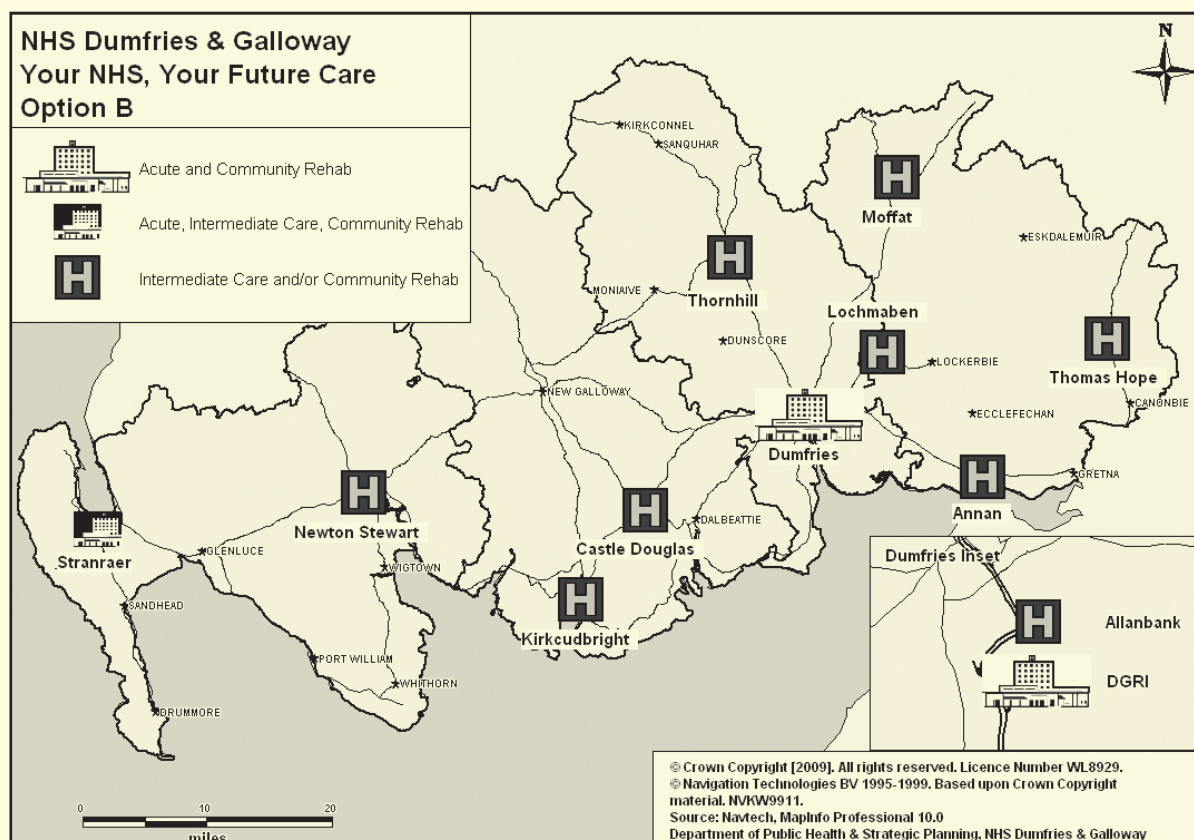
Is it safe?	Is it appropriate?	Does it help attract and keep staff	Will it last?	Does it help us work better together?	Is it accessible?
<p>Purpose-designed facilities in DGRI and new build facilities in Thornhill and Newton Stewart provide high quality care and equipment.</p> <p>Single occupancy rooms in new build facilitates reduce risk to patients and improve infection control measures.</p>	<p>Provides continuity of care into Community Rehabilitation Units.</p> <p>Larger number of facilities cause more difficulties in ensuring consistent standards of care.</p> <p>Care provided closer to people's home.</p>	<p>Job satisfaction improved with better defined roles, professional support and supervision within the Community Rehabilitation Units but less so within the remaining Cottage Hospitals.</p> <p>Facilities provided within areas of smaller population may carry on the recruitment difficulties already being experienced in certain Cottage Hospitals.</p> <p>Better environment in new build facilities (Newton Stewart and Thornhill) improves role satisfaction and staff safety.</p>	<p>Aging infrastructure within cottage hospital estate limits flexibility of buildings.</p> <p>Maintaining the need for staff to be buildings based across 9 community facilities limits flexibility of staff to support community services.</p> <p>Service provided across 11 sites therefore continued duplication of services such as kitchens, cleaning etc.</p> <p>Opportunities to develop modern technology around heating and lighting limited to new build facilities.</p>	<p>Standardised community services will make it easier for patients to transfer from DGRI to community in-patient services.</p> <p>The role of cottage hospitals in intermediate care and rehabilitation will be clearly defined.</p>	<p>Most patients continue to have local access to a local cottage hospital.</p> <p>For some care in some parts of the region patients will still have to travel further than others to receive treatment. This is due to the widespread nature of the communities across our region.</p> <p>The location of Community Rehabilitation Units as centrally as possible within the larger areas on population will lessen the impact of travel for many patients and their visitors.</p>

Impact on NHS facilities

Where in-patient care will be provided under Option B:

Facility	Acute Care	Intermediate Care	Community Specialist Rehabilitation
Galloway Community Hospital	✓	✓	✓
Newton Stewart		✓	
Kirkcudbright		✓	
Castle Douglas		✓	✓
Allanbank		✓	
Thornhill		✓	
DGRI	✓		✓
Lochmaben		✓	
Annan		✓	✓
Moffat		✓	
Thomas Hope		✓	

The map below shows where in-patient care will be provided across the region under option B. Having undertaken research on population bases and travel times we have identified the best places to locate the intermediate care and Community Rehabilitation Units are Stranraer, Castle Douglas, Annan and Dumfries.



Are health facilities fit for purpose in this option?

- A newly-developed DGRI will provide modern, well-equipped facilities for acute healthcare.
- Single rooms in DGRI and rebuilt community facilities will support effective infection control.
- Thornhill and Newton Stewart Hospitals will be rebuilt to provide modern facilities.
- In other facilities backlog maintenance will be completed.
- Built in 2006, Galloway Community Hospital is already fit for purpose.

Affordability

All options present a significant challenge to the NHS Board to keep within the overall budget set by the Scottish Government. We estimate that the one-off capital investment needed for this option is £144 million. The additional ongoing cost of the investment is around £7.4 million a year. Funding will have to be achieved by delivering services more efficiently, reducing overheads, and providing more efficient and sustainable solutions for our buildings and energy management.



How to Have Your Say

There are different ways for you to have your say:

Write to us

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Email us

dg.feedback@nhs.net

All of our publications are available in other formats and languages.

OR

- Attend one of the events or drop-in sessions we are holding across the region. For information on these events, please contact us or check our website. We will advertise sessions in the local newspapers.
- If you are a member of a local group you can invite us to attend one of your meetings and we will try to attend.

Tell us what you think

Thank you for taking the time to read this booklet. You can use this page to tell us what you think about the options. Please remember that there is more information available by accessing our website www.workingtogether.scot.nhs.uk or by contacting us on 01387 272752.

Do you have any comments on **option B** you would like to share with us?

This information is also available on request in other formats by phoning 01387 272752.

تتوافر هذه المعلومات في صيغ أخرى بناء على الطلب وذلك من خلال الاتصال بالرقم 01387 272752.

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