Integration Joint Board
Clinical and Care Governance Committee

23rd April 2018

This Report relates to
Item 11 on the Agenda

Transforming Health and Social Care in Wigtownshire Programme

(Paper presented by June Watters)

For Noting

Approved for Submission by	Julie White, Chief Operating Officer
Author	June Watters, Locality Manager, Wigtownshire
List of Background Papers	'Making the most of Galloway Community Hospital' Health and Social Care Senior Management Team, 17 October 2017 (attached at appendix 1)
Appendices	Appendix 1 – Making the most of Galloway Community Hospital Appendix 2 – Proposed Structure of Programme

SECTION 1: REPORT CONTENT

Title/Subject: Transforming Health and Social Care in Wigtownshire Programme

Meeting: Clinical and Care Governance Committee

Date: 23rd April 2018

Submitted By: June Watters, Locality Manager, Wigtownshire

Action: Noting

1. Introduction

The Dumfries and Galloway Integration Joint Board have responsibility for the planning and delivery of high quality, safe and effective health and social care across the region.

There is considerable workforce, operational and financial challenges associated with the delivery of health and social care services in the locality of Wigtownshire. The political, community and organisational complexities of health and social care provision in Wigtownshire means that there is need for a careful and considered approach to developing future models of care.

The Health and Social Care Senior Management Team have approved the establishment of a programme of work to transform health and social care in Wigtownshire, including Galloway Community Hospital. This paper provides an overview of the programme. Appendix 1 provides a copy of the 'Making the most of Galloway Community Hospital' paper presented to HSCSMT on 11 October 2017 which initiated this work.

For the purpose of this paper the programme title is 'Transforming Health and Social Care in Wigtownshire'. It is anticipated that, when established, the Programme Board may undertake to identify a more appropriate title.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- **Note the Transforming Health and Social Care across Wigtownshire programme**
- **Note the co production approach being used to deliver the programme**

3. Background

The Transforming Health and Social Care in Wigtownshire Programme aim to:

- Develop a model of sustainable, safe and effective health and social care service that meets the needs of the local community
- In partnership with the local community and stakeholders co-produce the review and design of health and social care services in Wigtownshire, including Galloway Community Hospital.
- Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (i.e. person centred, outcome focussed, sustainable, effective & efficient, co-productive and equitable)

4. Main Body of the Report

Independent Chair

An independent chair will be commissioned to lead the delivery of this programme. The Dumfries and Galloway NHS procurement team are supporting the Locality Manager and Strategic Commissioning Manager to develop the process to make the appointment. Julie White, Chief Operating Officer will be the Commissioning Manager for this post.

Programme Board

Led by an independent chair the Programme Board will lead and oversee all aspects of the programme of work and will make recommendations to the Health and Social Care Senior Management Team in regard to alternative, more sustainable models of care for Wigtownshire.

The Programme is based on a co-production methodology and therefore the membership will reflect the need to include a range of stakeholders. This will facilitate different conversations and enable the programme to have a whole system approach. The Independent Chair will lead the appointment of members to the Programme Board.

The Programme Board will require regular involvement with stakeholders, including the public to ensure that a co-productive approach informs their considerations and ultimate recommendations. It is proposed that the programme includes a Communications and Co-production Group to facilitate meaningful engagement, consultation and co-production with stakeholders across Wigtownshire.

In addition, the Programme Board will require access to expert advice throughout the programme and therefore it is proposed that an Advisory Group is established to support the programme.

The Project Manager will have a crucial role in supporting the Programme Board and making sure it is linked with the Locality Leadership Team, Operational Management Teams, Short Life Groups and Communications & Co-production Group.

Advisory Group

The virtual Advisory Group will be made up of colleagues with expertise in areas which are critical to the delivery of the programme including:

1. Knowledge of alternative models of delivering health and social care systems from across the world
2. Organisational Development
3. Communications
4. Co-production
5. Whole system improvement
6. Commissioning
7. Public Health
8. Rural Practice
9. Professional Groups

Relevant experts in each of these areas will be identified as required dependent on the phase and focus of the programme.

Expertise from the advisory group would be called upon to advise the Programme Board and Topic Specific Short Life Groups when the need arises. By acting as a critical friend and providing expert advice the group will support the programme at specific points over the course of the two year period. It is anticipated that the membership of the advisory group will be flexible depending on the phase of the programme.

Locality Leadership Team

The Locality Leadership Team is well established within Wigtownshire providing leadership and direction to explore new models of care to support people to live independently at home for longer.

The Leadership Team is chaired by Locality Manager for Wigtownshire, June Watters. Other members of the Team are:

- Nurse Manager
- Clinical Nurse Manager/Service Manager GCH (Clinical Lead)
- Social Work Locality Manager
- Prescribing Support Manager
- Public Health Practioner
- AHP Manager acting as link across all AHP services
- GP Locality Lead
- Mental Health Management representative
- Women and Children representative
- Scottish Care representing Care Home and Care at Home provision
- Third Sector representation
- Project Manager – Improvement Lead
- GP Liaison Officer
- Communications and Engagement Manager

- Health Intelligence
- Finance Manager
- HR Manager
- Information Technology representative

In order to ensure that the Transforming Health and Social Care in Wigtownshire Programme is embedded within and linked to existing projects and initiatives within Wigtownshire Its membership will be extended to include the Project Manager for this programme as well as the Strategic Planning & Commissioning Manager for Acute & Diagnostic Services

The Locality Leadership Team will

1. Lead the operational delivery of the transforming health and social care programme including locality initiatives (e.g. mPower, Coh-Sync)
2. Ensure co-production is at the centre of the development and delivery of new services
3. Effectively manage resources within the locality effectively
4. Provide the Programme Board with workforce, finance, management and planning support
5. Provide regular updates to the Programme Board of progress of the implementation of new models of care including risks to the ability to operational delivery within agreed timescales

Communications and Co-production Group

Excellent communications and co-production will be a key factor in the success of this programme. By establishing a specific group with a range of stakeholders this group will ensure that there are the resources and skills required to deliver this effectively. The group will have responsibility for developing a co-production and communications plan, co-ordinating and facilitating engagement with a range of stakeholders, including community, staff, people who use services.

- Chair – to be appointed from Advisory Group of Experts
- Health and Social Care Locality Manager, Wigtownshire
- Scottish Health Council
- Public Health Practitioner, Wigtownshire Health and Wellbeing Team
- Community Health Development Worker, Health and Wellbeing Team
- Ward Officer, Dumfries and Galloway Council
- At least one representative of the local community
- Integration Joint Board Communications and Engagement Manager
- Project Manager

Topic Specific Short Life Groups (SLGs)

The Programme Board may wish to commission specific pieces of work to support delivery of the programme aims.

Ways of working

It is expected that the programme will make best use of technology to support its work, for example using video conferencing, establishing an online community or bulletin board.

Communication and engagement with communities will also require the use of technology through a website and social media.

Administrative Support

Administrative support for the programme will be agreed with the project manager when in post.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

1. Resource Implications

1.1 For this programme to be successful it will be important that it links across the existing system of health and social care. Therefore a Programme Manager (funded for two years) will be appointed to lead, manage and co-ordinate this programme and make sure that it dovetails with other innovations across Wigtownshire. Appendix 2 sets out the structure of the programme.

In addition the Independent Chair is expected to require funding for no more than four days a month at a cost of £173 per day.

2. Impact on Health and Social Care Senior Management Team Board Outcomes, Priorities and Policy

2.1 The review of GCH services directly relates to the IJB Health and Social Care Strategic Plan and therefore the nine national health and social care outcomes.

3. Legal & Risk Implications

3.1 Failure to carry out the programme as described within the paper will result in significant risk to the delivery of sustainable services within Wigtownshire including Galloway Community Hospital.

4. Consultation

4.1. The paper includes details of proposed co-production approach (including consultation) over the duration of the programme

5. Equality and Human Rights Impact Assessment

5.1. An equality impact assessment will be undertaken as appropriate within any resulting service change.

6. Glossary

6.1. ANP – Advanced Nurse Practitioner
6.2. ED – Emergency Department
6.3. ENT – Ear, Nose and Throat
6.4. DGRI – Dumfries & Galloway Royal Infirmary
6.5. D&G – Dumfries & Galloway
6.6. GCH – Galloway Community Hospital
6.7. GP – General Practitioner
6.8. HIS – Healthcare Improvement Scotland
6.9. OOH – Out of Hours
6.10. SAS – Scottish Ambulance Service
6.11. STN – Scottish Trauma Network
6.12. WoS – West of Scotland

Appendix 1 – 'Making the most of Galloway Community Hospital'

Health and Social Care Senior Management Team

11th October 2017

This Report relates to
Item [*X*] on the Agenda

Making the Most of Galloway Community Hospital

For Approval

Paper presented by Nicole Hamlet and Viv Gration

Approved for Submission by	Julie White – Chief Officer
Author	Nicole Hamlet – General Manager Acute Services Viv Gration – Strategic Planning and Commissioning Manager
List of Background Papers	National Clinical Strategy, February 2016 (National Clinical Strategy) Realistic Medicine, January 2016 (Realistic Medicine) National Health and Social Care Delivery Plan, December 2016 (Delivery Plan) The Modern Outpatient: A Collaborative Approach, November 2016 (Modern Outpatient) Saving Lives. Giving Life Back, January 2017 (Saving lives.

	Giving life back.) Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Plan, 2016 - 2019 (Strategic Plan) Dumfries and Galloway Integration Joint Board Service Planning Framework, September 2017 (Service Planning Framework) Scottish Trauma Network Standards, September 2017 Scottish Government National Standards for Community Engagement, 2016 (National Standards for Community Engagement) The McGowan Report, 2013
Appendices	Appendix 1 –Programme Board Membership

SECTION 1: REPORT CONTENT

Title/Subject:	Making the Most of the Galloway Community Hospital
Meeting:	Health and Social Care Senior Management Team
Date:	11th October 2017
Submitted By:	Nicole Hamlet/Viv Gration
Action:	For Approval

7. Introduction

7.1. The Dumfries and Galloway Integration Joint Board have responsibility for the planning and delivery of high quality, safe and effective health and social care services across the region.

7.2. The Galloway Community Hospital (GCH) is an acute hospital based within Stranraer which currently provides inpatient, emergency, outpatient, day surgery, diagnostics and maternity services. The hospital is accessed mainly by the people of Wigtownshire and some areas of Stewartry.

7.3. The GCH is not currently used to full capacity. As with other areas of health and social care in Dumfries and Galloway (and across Scotland), there are considerable workforce, operational and financial challenges associated with the delivery of the service.

7.4. There are similar challenges in the delivery of community health and social care in Wigtownshire.

7.5. Work is underway, reviewing services within GCH. To date, this has identified a number of operational improvements that are being implemented within day surgery and outpatient services.

7.6. Further review work is needed to consider the future role of the emergency department (ED) at GCH within the emerging Scottish Trauma Network and develop alternative models of care to sustain safe and effective services in the long term.

7.7. The Wigtownshire locality team are also undertaking work to review and redesign community health and social care services. This work will combine with the above review of services in the GCH.

8. Recommendations

9.1. **The Health and Social Care Senior Management Team is asked to:**

- **Note the improvement work underway in relation to the outpatient and day surgery services delivered at GCH**
- **Note the new national trauma service structure and how this relates to GCH**
- **Approve the proposal for a review of health and social care services in the Wigtownshire locality, including GCH**
- **Approve plans to develop alternative, more sustainable models of care for the GCH and Wigtownshire community services**
- **Note the establishment of a Programme Board to oversee the above programme of work and stakeholder engagement and co-production**
- **Approve the funding for a Project Manager for two years**

10. Background

11.1. Wigtownshire is the furthest west of the four localities in Dumfries and Galloway. It has a population of 28,775 (19% of the population of Dumfries and Galloway). The locality is predominantly rural (40% of population live in communities defined as remote by the Scottish Government) with an area of over 1,700 square kilometres. More than half the population of Wigtownshire live in Stranraer (population 10,600) and Newton Stewart (4,100).

11.2. Similar to all of Dumfries and Galloway, Wigtownshire locality has a high proportion of older people and this is expected to increase significantly in the coming years. In 2011 almost 25% of the population (7,120 people) was over 65 years of age, by 2037 this is estimated to be slightly more than 32% (9,400 people).

11.3. The Galloway Community Hospital (GCH) opened in September 2006 at a cost of £12m. It is a well equipped facility and is a highly valued resource within the local community.

11.4. In recent years, the GCH has been under considerable scrutiny by Healthcare Improvement Scotland (HIS) in respect to the quality of care within the ward areas. The report in January 2016 highlighted 19 areas for improvement out of a possible 21.

11.5. Since September 2015 there has been a considerable focus on GCH from the Acute and Diagnostics Management Team, professional nursing leads and staff within GCH. This work has resulted in the inpatient services receiving significantly more favourable results during the latest inspections. The October

2016 HIS report highlighted seven areas of good practice and ten areas for improvement.

11.6. Recruitment has consistently been difficult in GCH for a number of years across all disciplines. Recently it has become impossible to maintain the full medical workforce even by proactively seeking and engaging locums.

11.7. Table 1 provides an overview of the medical workforce establishment and vacancies at GCH and within community health and social care services in Wigtownshire

Table 1 – Medical Workforce in Wigtownshire			
	Role	**Establishment**	**Vacant**
Galloway Community Hospital	Consultant Anaesthetists	2	2 (100%)
	Rural Practitioners	8	3 (37%)
Community Health and Social Care	General Practitioners*	19	9 (47%)
* 6 of the general practitioners in Wigtownshire (33.6%) are over the age of 55 therefore it is expected they will retire within 5 years			

11.8. Despite continued efforts to source and recruit locums during the summer of 2017 the ED was without anaesthetics cover for three periods of 12 hours due to an inability to secure staff. The ED remained open throughout.

11.9. Also in July 2017, the two inpatient wards (Dalrymple and Garrick) were merged for a short period due to a shortage of nursing staff. This meant that three patients who would have been cared for in GCH were instead, transferred to Dumfries and Galloway Royal Infirmary in Dumfries.

11.10. There have been challenges with the current model of one doctor covering both ED and Garrick Ward (acute), particularly when the GP Out of Hours service had gaps that caused difficulty in providing medical cover for Dalrymple Ward (rehabilitation).

11.11. As these short term operational challenges attracted considerable political and media attention, a public drop-in information session was arranged on 25 July 2017. This was well attended by the local community and established a dialogue between the Health and Social Care Partnership and Wigtownshire residents about the challenges currently faced at the GCH. This engagement with the community is continuing and will be an important aspect of this work.

12. Main Body of the Report

12.1. A review of hospital services at GCH has commenced with the aim of ensuring the provision of sustainable, safe and effective health and social care that meets the needs of the local community. Operational improvements have been identified within the areas of day surgery and outpatients. Further review work is required with regard to the emergency department (ED) and the development of sustainable models of care.

12.2. **Day Surgery**

12.3. In 2017, 2750

12.4. In 2017, 2,750 people from Wigtownshire attended hospital for day surgery. 60% of these surgeries are performed within GCH (1653) the remainder at DGRI (1096).

12.5. Table 3 provides data on some specialties providing day surgery in GCH.

Table 3 Number of Day Surgery Cases for Wigtownshire residents (2016/17)		
Specialty	**Total**	
	GCH	DGRI
General Surgery	992 (84%)	182 (16%)
Urology	280 (69%)	123 (31%)
Ophthalmology	266 (57%)	200 (43%)
Ear, nose and throat	0 (0%)	49 (100%)

4.5 There is potentially some scope to extend day surgery activity in urology and ophthalmology to increase the number of people able to receive their treatment at GCH should they wish. Work is underway within these departments to see how we might achieve this.

4.6 Due to very small numbers, it is not feasible to provide day surgery for all specialities within GCH. For example, ear, nose and throat.

4.7 The existing equipment within the theatres at GCH is scheduled to be upgraded to ensure the endoscopy service (general surgery) is sustainable, safe and effective. This new equipment is the same as being installed in the new DGRI in Dumfries.

4.8 Further analysis of all the specialties will be undertaken to explore opportunities to maximise the use of GCH for day surgery.

4.9 Outpatients

4.10 A wide range of outpatient clinics across 20 different specialities are delivered within GCH. However, some people from Wigtownshire are still required to attend DGRI in Dumfries for outpatient appointments. This can involve a round trip of 3 to 4 hours or more for what can be a 10 – 15 minute appointment.

4.11 There were 40,297 outpatient appointments for Wigtownshire residents in 2016/17. (This is a combination of doctor, nurse and allied health professionally led appointments across a range of 20 different specialties). 65% of these (26,515) were in GCH and 35% (13,782) were in DGRI.

4.12 There are several specialities where the team offer clinics at both GCH and DGRI. Initial analysis of current activity indicates that there may be scope, within some specialities, to extend the number of clinics delivered within GCH. This could be either in person or by making better use of technology, such as video conferencing or teleconferencing.

4.13 Table 2 provides examples, but is not an exhaustive list. It should be noted that these are only 'Doctor led' appointments.

Table 2 Percentage of Doctor led outpatient, face to face, appointments for Wigtownshire residents (2016/17)

Specialty	**New**		**Return**		**Total**	
	GCH	DGRI	GCH	DGRI	GCH	DGRI
Cardiology	29% (117)	71% (284)	48% (240)	52% (262)	40% (357)	60% (546)
Ophthalmology	30% (217)	70% (515)	26% (480)	74% (1351)	27% (697)	73% (1866)
Ear, nose and throat	44% (356)	56% (449)	55% (364)	45% (298)	49% (720)	51% (747)
Neurology	12% (24)	88% (175)	27% (73)	73% (97)	21% (175)	79% (200)
Urology	42% (159)	58% (217)	32% (169)	68% (352)	37% (328)	63% (569)
Diabetes	36% (27)	64% (47)	35% (90)	65% (168)	35% (117)	65% (215)
Endocrinology	26% (17)	74% (48)	37% (73)	63% (122)	35% (90)	65% (170)
Orthopaedics	69% (825)	31% (371)	67% (851)	33% (412)	67% (1676)	33% (783)

4.14 Work is underway to develop further nurse led clinics in orthopaedics and ophthalmology, consistent with models of delivery at DGRI. Cardiology, ENT and Urology teams are also considering how to increase capacity for outpatient appointments at GCH.

4.15 Diabetics and neurology teams have started to provide telecare clinics successfully between DGRI and GCH. Neurology provided 4 new and 44 return telecare appointments in 2016/17. Diabetes provided 1 new and 139 return telecare appointments during the same time period. This experience will be helpful in exploring opportunities to extend this approach.

4.16 Further work is required to understand the opportunities and challenges to shift the balance of clinic availability and will extend to nurse and AHP led clinics as well as the doctor led clinics indicated above.

4.17 Emergency Department

4.18 Trauma services across Scotland are changing with the establishment of the Scottish Trauma Network (STN). The STN is a network of hospitals comprising four major trauma centres for Scotland with associated regional networks of smaller trauma units and potentially local emergency hospitals. Dumfries and Galloway is part of the West of Scotland Trauma Network.

4.19 International evidence shows that the co-ordinated approach to managing trauma being developed reduces mortality by 20-25% and improves outcomes for people. The STN estimate that 40 more lives will be saved each year as well as improved care and outcomes for the potential 2,000 major trauma patients and 4,000 severely injured patients across Scotland each year. Major trauma accounts for less than 1% (approximately 12 cases per year) of the workload at the ED at GCH.

4.20 Dumfries and Galloway is working with the West of Scotland Trauma Network and Scottish Ambulance Service to develop clinical pathways that ensure people are taken to the most appropriate hospital in the first instance, including people from Wigtownshire. This work will include ensuring that any local service is able to comply with the nationally agreed standards for major trauma.

4.21 The STN has developed draft minimum requirements for Major Trauma Centres, Trauma Units and Local Emergency Hospitals. There is ongoing debate within the West of Scotland Trauma Network about whether Local Emergency Hospitals are necessary or indeed preferred within the regional trauma network. Work is required locally to establish whether the ED at GCH can be stable enough from a medical staff perspective, to meet the minimum requirements for a local emergency hospital, and, even if this can be achieved, whether or not this would 'fit' within the West of Scotland regional trauma network. DGRI will operate as a trauma unit.

4.22 The Scottish Ambulance Service operates the Emergency Medical Retrieval Service (EMRS) in Paisley. Recent developments in this service mean there are consultant level staff 24 hours a day and a helicopter is on stand-by to rapidly transfer medical staff to the GCH and transport seriously ill patients to Glasgow when required. GCH has well established relationship with the EMRS and it has been used several times. In 2016 15 people were transferred from GCH to another hospital by EMRS. So far this year, 8 people have been transferred.

4.23 Almost 12,000 people attended the GCH Emergency Department in 2016/17 this amounts to 23% of the population of Wigtownshire attending at least once in the year. (This is a similar rate to the people of Nithsdale, 22% that attended ED at DGRI at least once in 2016/17. The proportion of the population attending the ED at DGRI from the other two localities was significantly lower Stewartry, 16% and Annandale & Eskdale 15%). 90% of the people who attended ED at GCH live in Wigtownshire (1% of people were from other parts of Dumfries and Galloway and 9% from elsewhere). 1,528 of these people

were subsequently admitted to hospital, 986 (64%) of them to GCH. 18 people (less than1%) were transferred to Newton Stewart Hospital.

4.24 During 2016/17, 542 (35%) people attended ED and were transferred to DGRI. 60 (less than 1%) were transferred to other hospitals outside of Dumfries and Galloway as they required more specialist or complex care. More than one third of people admitted to hospital from GCH ED are being admitted to a hospital that is not GCH. Clinicians are concerned that these people can often have a delay in reaching definitive treatment which can have an impact on their outcome. Work is underway with the Scottish Ambulance Service to optimise the pathways for some injuries and conditions to make sure that people are taken to the right hospital, for the right care, first time.

4.25 Primary care needs, mental health issues and respiratory conditions account for a significant number of ED attendances at GCH. 35% of people attending ED are seen by Enhanced Nurse Practitioners. It is evident that some of these people would be more appropriately managed by the community health and social care service.

4.26 Further analysis of the role of ED at GCH is required in order to fully understand and meet the needs of people who attend to ensure that the best possible outcomes for people are achieved.

4.27 Medical Establishment at GCH

4.28 The current medical establishment at GCH relies on 2 Consultant Anaesthetists and 8 WTE Rural Practitioners as well as support from the GP Out of Hours (OOH) team.

Table 3 – Current Medical Establishment at GCH (September 2017)

		Day	**Night**
Emergency Department	Consultant Anaesthetist	1(8am – 8pm) (cover Surgery lists eg Orthopaedics)	1 x On call (8pm – 8am) (onsite)
	Rural Practitioner	1 (8am – 8pm) & Garrick Ward from 5pm	1 (8pm – 8 am)
Garrick Ward	Rural practitioner	1 (8am – 5pm)	
Dalrymple Ward	Rural Practitioner/ General Practitioner	1 (9am – 12 noon)	GP OOH team

4.29 Medical recruitment has been problematic at GCH for a number of years. There are currently 3 vacancies within the Rural Practitioner team and both

Consultant Anaesthetist posts are vacant. Within the Community Health and Social Care Team 9 of the 19 General Practitioner posts are vacant with the result that the OOH team often struggle to cover their rotas, including support for Dalrymple Ward.

4.30 Currently 3 of the 18 consultant posts within the anaesthetics department at DGRI are vacant. Recruitment to these posts has proved equally challenging as with the experience in GCH. Despite this, half of the GCH anaesthetics rota is covered by DGRI staff. Almost 50% of the current anaesthetics staff in DGRI are due to retire within five years. Such a significant shortfall in workforce will lead to difficulties in providing a full service in future. This is likely to result in difficult choices in service delivery. There are challenges in recruiting anaesthetists nationwide. In June 2017, 5.7% of consultant anaesthetists posts in Scotland were vacant. Over half of these posts have been vacant for more than six months.

4.31 Within an emergency department, anaesthetists provide intubation and resuscitation expertise. Anaesthetists provide specialist expertise to ED however, do not provide medical cover across the rest of the hospital. A recent audit of patients within ED at GCH revealed that within the last month, there have been 7 patients that have required an anaesthetist's skills. As the average number of people attending ED each month is 1,000 this accounts for less than 1% of the current activity.

4.32 The McGowan Report in 2013 was an independent review of the emergency medical services in Stranraer. The report made a number of recommendations to help secure a stable medical workforce for GCH, including additional training for rural practitioners. Proposals have been discussed for many years to increase training for doctors already in post at GCH to be able to provide the emergency procedures usually carried out by anaesthetists (for example resuscitation and intubation). This would mean that there is less reliance on these highly specialist doctors as people could be stabilised at GCH and transferred elsewhere as appropriate. Progress has been limited by the inability to recruit a stable rural practitioner workforce.

4.33 Given the continued challenges with the provision of general medical cover at GCH, not just anaesthetists; further work is underway to explore alternative models. For example, the potential for shared rotas with DGRI and exploring possibilities, through the WoS Trauma Network, for GCH rural practitioners to have training and support from regional trauma units and the major trauma centre. This may make posts more attractive, aid recruitment and build skills and relationships across both EDs in Dumfries and Galloway and across the West of Scotland.

4.34 There have been recent positive developments with regard to building medical staffing in Wigtownshire in the longer term. For the first time, a rural fellow trainee from the WoS trainee scheme has been allocated to Wigtownshire working within a GP Practice and the GCH. Dumfries and Galloway is also involved in the ScotGEM programme with University of Dundee which is a programme designed to develop doctors interested in a career as a generalist practitioner with a focus on rural medicine.

4.35 Any new model of care is likely to rely on support from nursing and paramedic teams within the region

4.36. Advanced Nurse Practitioners (ANPs) have expert knowledge and clinical competencies that mean they are able to make complex clinical decisions. There is currently 1 ANP and 1 trainee ANP that have supported the delivery of medical care within GCH for the last 18 months. Two trainee ANPs have been appointed to support the GP Out of Hours service. They commence training in November 2017. New models of care are likely to require extending AHP roles like these in the region.

4.37 Specialist paramedics are advanced practitioners in managing emergency situations. They have the experience and training to make decisions and treat patients at the emergency scene. The Scottish Ambulance Service has two specialist paramedics within Dumfries and Galloway. From 1 October they are supporting the medical rota within the GP Out of Hours service based at DGRI for a period of six months. Following evaluation of this approach, it is intended to explore the potential for extending these specialist roles across Dumfries and Galloway including to Wigtownshire and GCH.

4.38 As this work continues, it will be important to consider the models of care for GCH alongside the community health and social care out of hours service. In addition, the implications of any new model of care on the midwife led maternity service at GCH will also have to be considered.

4.39 Community health and social care services in Wigtownshire

4.40 The Wigtownshire locality is facing considerable challenges in relation to the GP workforce including the out of hours service. In addition there are vulnerabilities within the care home, day care and care at home provision.

4.41 The community health and social care team recognise that a different model of care for frail elderly people with complex needs is required. Engagement between the locality team and communities is informing this work. A number of projects, including significant investment in technology enabled care are underway.

4.42 These challenges have an impact on the GCH, where people are staying longer in hospital than is necessary.

4.43 Table 4 provides an overview of the length of stay in the GCH based on their ward on discharge.

Table 4 Inpatient facilities at GCH		
2016/17	**Garrick**	**Dalrymple**
Description	Acute medical admission	Rehabilitation
Number of beds	20	26
Average occupancy	78%	85%
Average length of stay	4.7 days	29.3 days

4.44 The Day of Care Survey results for Dalrymple Ward demonstrated that 50% of the people in the ward do not meet the criteria for a community hospital bed. Closer liaison with the community health and social care team in Wigtownshire is required to establish more appropriate placements for people who require care.

4.47 Next steps

4.48 The political, community and organisational complexities of health and social care provision in Wigtownshire means that there is a need for a careful and considered approach to developing future models of care. It is proposed that a Programme Board is established to lead a review of all health and social care services in Wigtownshire, including GCH. The proposed membership is attached at Appendix 1.

4.49 The Programme Board will oversee a work programme that will:

- Combine current work plans for acute and community health and social care services in Wigtownshire to develop an integrated and sustainable approach to service delivery
- Further progress the improvement work in GCH outpatient and day surgery services
- Consider how other services in GCH might be improved, for example radiology and laboratories
- Consider the position of GCH in relation to the Scottish Trauma Network minimum requirements
- Develop alternative, more sustainable, models of care for Wigtownshire including GCH and Out of Hours
- Engage with stakeholders, particularly the community throughout the process
- Ensure a plan for co-production is developed and implemented to enable future models of service delivery to be co-created with communities and stakeholders
- Explore the use of technology enabled care in supporting new models of care
- Adhere to the service planning principles within the Dumfries and Galloway Service Planning Framework - person centred, outcome focussed, sustainable, effective & efficient, co-productive and equitable
- Report regularly to the Health and Social Care Management Team

4.50 Delivery of this review of Wigtownshire health and social care services (including GCH) will require additional resources to manage and co-ordinate this project. It is proposed that this is a band 7 Project Manager for the period of two years working closely with the Acute Services General Manager and the Wigtownshire Locality Manager. The cost of this is estimated to be £50,000 per annum.

13. Conclusions

5.1 There is need for a full review of health and social care services within Wigtownshire to address significant challenges facing the locality in this area of care.

5.2 This review will require time and resource to be successful.

5.3 A Programme Board should be established to oversee this work.

5.4 Initial work in the review of GCH has highlighted a number of areas where improvements could be made such as extending current outpatients and day surgery services.

5.5 Work is required to understand the role of ED at GCH within the Scottish Trauma Network.

5.6 A full analysis of the current need and alterative models of care within the hospital and community should be developed in order to achieve sustainability of the services.

5.7 The six service planning principles within the Strategic Planning Framework should be applied to the review.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

14. Resource Implications

14.1. Financial implications will be included within the outcome of the review.

15. Impact on Health and Social Care Senior Management Team Board Outcomes, Priorities and Policy

15.1. The review of GCH services directly relates to the IJB Health and Social Care Strategic Plan and therefore the nine national health and social care outcomes.

16. Legal & Risk Implications

16.1. Failure to carry out a review as described within the paper will result in significant risk to the delivery of sustainable services within GCH.

17. Consultation

17.1. The paper includes details of proposed stakeholder engagement over the coming year.

18. Equality and Human Rights Impact Assessment

18.1. An equality impact assessment will be undertaken as appropriate within any resulting service change.

19. Glossary

19.1. ANP – Advanced Nurse Practitioner
19.2. ED – Emergency Department
19.3. ENT – Ear, Nose and Throat
19.4. DGRI – Dumfries & Galloway Royal Infirmary
19.5. D&G – Dumfries & Galloway
19.6. GCH – Galloway Community Hospital
19.7. GP – General Practitioner
19.8. HIS – Healthcare Improvement Scotland
19.9. OOH – Out of Hours
19.10. SAS – Scottish Ambulance Service
19.11. STN – Scottish Trauma Network
19.12. WoS – West of Scotland

Appendix 2 – Structure