

# KINGUSSIE AND VICINITY COMMUNITY COUNCIL

MINUTES OF MEETING HELD ON Tuesday 6<sup>th</sup> April 2010 in Talla Nan Ròs, Kingussie

## **Presentation to Council by Mr N Small NHS Highland General Manager**

Mr Small began his presentation by thanking KVCC for the opportunity to clarify the position about St Vincent's Hospital.

He confirmed there are no plans (short, medium or long term) to close the hospital.

An important directive from the Scottish Government requires all NHS Trusts to investigate feasible means to repatriate medical care from acute settings to community settings. Modern developments in medicine now enable more medical care to take place in communities rather than in large centralised acute hospitals, such as at Raigmore. The Scottish Government requires Trusts to try to move the service closer to home. St Vincent's therefore still has an important role to play within the revised priorities for NHS Highland.

## **INFECTION CONTROL**

A major priority within the NHS nationally is to improve infection control. As part of the procedures needed to bring about these improvements, it has been necessary temporarily to reduce the number of beds at St Vincent's from 32 to 17. He said he was aware this had caused concerns. About ten years ago all 32 beds were regularly full, but changes in medical practice have changed demands and the nature of the care needed. A recent review of bed use in the past 5-6 years has revealed only 50-60% occupancy levels, so the current reduction to 17 beds is closer to the realistic occupancy level of recent years. However the Trust and the hospital staff are trying to minimise the impact of the apparent reduction.

## **Plans for changes to the Buildings**

The 19<sup>th</sup> century building that is St Vincent's makes it not wholly suited to all aspects of 21<sup>st</sup> century medical care, e.g. some of the small rooms currently run as two-bedded wards are too small to minimise risks of cross-infection; the space between the beds is too small and some beds have to be placed against the walls – all of which enhance rather than minimise risks of infection. Fortunately there have been no outbreaks of the winter vomiting virus that has affected other hospitals, including Raigmore. However, steps have to be taken to reduce possible risks and ensure greater compliance with recommendations, and so the development plans include turning the 2-bedded wards into single person rooms with en-suite facilities wherever possible. Other plans under consideration include the possibility of removing internal walls and changing the size and nature of the rooms so created. The old buildings need continuous maintenance; at present there are leaks in parts of the roofs, some external walls are damp and windows also need attention.

The Estates planning department has been charged to think creatively and come up with realistic workable plans. Once the plans are finalised and agreed, then decisions can be made about the number of beds to be provided in the future, but that number will not drop below 17. Once budgets are in place then building work will commence to transform the hospital.

## **Extending the Range of Medical Care**

The NHS Board has also been charged to look at ways of improving the “Out of Hours” service. Since 10-15 beds are currently not used, they have been looking at possibilities of extending the range of therapies that can be provided at St Vincent’s, e.g. by including facilities for chemotherapy, infusion therapies such as intra-venous antibiotics, etc. In that way the NHS will be able to provide more medical treatments within the community setting, closer to patients’ homes and reducing the need to travel to central hospitals, such as Raigmore.

In addition to St Vincent’s, the enhanced range of care will also be provided at the hospitals in Nairn, which has 20 beds, the Northern Infirmary with 30 beds, and the Ian Charles hospital in Grantown with 18 beds.

The Trust is looking at ways of using all the beds more dynamically by enhancing the range of services locally. However these plans will require staff training and in discussions, they are beginning to investigate what training and new skills are likely to be required. There is also the need to work closely with GPs.

In conclusion Mr Small reiterated that the future of St Vincent’s Hospital is absolutely secure.

In response to a request from the Chairman, Mr Small agreed to take questions from the Councillors.

#### **Q and A session**

Q. Cr. Fallows commented he was annoyed that MSP Mary Scanlon had made a press statement saying the closure of beds at St Vincent’s was long term and permanent.

A. Mr Small replied that there was no plan for long term closure. Mr Coutts was in the process of replying to a question from Ms Scanlon when her press statement appeared. Mr Small reiterated that plans are to extend the range of therapies provided at St Vincent’s within the community setting.

Q. Cr Mrs Schofield asked about the financial provision needed to bring about the proposed changes.

A. Mr Small replied they already have capital allocation to undertake some of the proposed building work, e.g. to convert the 2-bed wards to single en-suite rooms and there are other sources of finance that can be tapped into. However since the restructuring plans are not yet finalised, the total costs have not been calculated.

Q. Cr Ms Wright asked if the hospital will be able to provide respite care.

A. Mr Small said the hospital has never provided respite care; this is not provided either at Raigmore. Neither hospital will do so in the future. However St Vincent’s will still offer convalescent medical care after surgery.

Q. Cr Ms Wright asked if Out of Hours care was already provided at St Vincent’s, she was not aware of any. Cr Brown commented it had only ever been used on two occasions.

A. Mr Small replied that Out of Hours (OoH) provision was under review. He had been at a meeting with OoH staff earlier that afternoon. He was not happy with the current under-use of available provision and he planned to liaise with the GPs and nurses in the area to look at ways of increasing its use. A meeting has been arranged for the 15<sup>th</sup> April to consider ways of enhancing the provision and uptake. He said he was committed to OoH care and wanted to make better use of the facilities for it at St Vincent’s and Ian Charles.

Q. Cr A Brien (Kincraig) asked if all 32 beds had ever been used.

A. Mr Small replied not in the past five years.

Ms J Burnard (Laggan) commented it was fully used about ten years ago, to which Mr Small commented that medical therapies have changed dramatically in the past ten years and many therapies previously carried out in an acute hospital can now be done at home.

Q. Cr Mrs Brown asked about the provision for dementia patients now and in the future at St. Vincent's.

A. Mr Small replied that the NHS provided medical care, not respite types of care needed by patients with dementia.

Mrs Brown asked if this could be provided within the out of hour's provision. Mr Small said his priority at this meeting was to stress that they want to develop the facilities at the hospital, not discuss care in the community, which was part of the provision made by Highland Council.

Q. Cr MacRae asked if there were plans to include new buildings.

A. Mr Small replied he would like to consider this, but he doubted they would be able to attract sufficient funding for new buildings. The Capital Board does not receive enough funds for this. He would also like to work with Highland Council to extend facilities, but he was aware of their current financial constraints.

Q. Cr Stone asked about the timescale for the improvements and changes.

A. Mr Small said there was none yet, he was pressing hard to get the plans for the revamping of the buildings, but he was in the hands of the Estates Dept.

Q. Cr Wright asked if the Burrell Fund was still in existence and was the legacy still set aside for St Vincent's, Mr Small replied in the affirmative.

Q. Cr MacRae asked about recent reductions in staffing.

A. Mr Small replied that contracts had not been renewed for some staff on fixed term contracts. There had been no reductions in the permanent substantive staffing and none were planned, there would be no redundancies or wholesale changes in staffing levels.

Q. Cr Wade asked if it was true that some post-operative patients had been sent elsewhere as a consequence of the reduction in bed numbers at St Vincent's.

A. Mr Small said he was not aware if this had happened, but he would check. If there was an immediate shortage, it was possible to open up beds once a risk assessment had been carried out satisfactorily.

Q. Cr Fallows asked if there was a waiting list for admissions.

A. Mr Small said he would check, but all hospitals have waiting lists, often as a consequence of issues around the gender of the patients and the nature of beds available.

Q. Cr Ms Wright asked about care in the community, does it work, and is it appropriate.

A. Mr Small replied this is a huge question; it works for some people, but not for others. It depends largely on how the different sectors work together. St Vincent's is currently not in a position to provide respite care, only nursing care.

There were no more questions, and so Cr Mrs Emmett spoke about the recent closure of the dental practice in Kingussie, which was said to be only temporary for six months. The Council had written to the owners expressing concerns about the loss of local facilities and problems for patients consequent on their need to travel to Aviemore during the closure. At present there is no dental provision within Badenoch at all. There were local concerns that if new dentists were not recruited, the closure might be longer than planned or permanent. On behalf of the Council she asked if it was

possible for an NHS dentist to be provided, either temporarily or permanently. She gave Mr Small a copy of the Council's letter and the reply from the owners of the dental practice.

A broader discussion ensued about the lack of NHS dental provision in the area. Mrs Burnard commented that there is no public transport in Laggan and everyone needing transport had to rely on the community car scheme for which they must pay. As a result of the closure of the Kingussie dental practice it now costs patients an extra £10 to travel to Aviemore for dental treatment.

Points were made that because of the longstanding shortage of NHS dentists, many people had not registered for an NHS place because they considered it unlikely they would be successfully accepted by an NHS dental practice. Mr Small commented that there had been some notable successes recently in providing NHS dental provision and he urged everyone to register. He undertook to investigate the possibility of providing an NHS dentist in Badenoch.

Finally the Chairman thanked Mr Small for his full and frank presentation. Mr Small commented that he was very willing to return at a future time to report on the developments for St Vincent's when the plans for building and increased range of services were more advanced.

At this point Mr Small left the meeting. The visiting councillors and members of the public also left the meeting.