

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 20 DECEMBER 2017

Minor Injury Units Review

1 Recommendation

It is recommended that the IJB:-

1.1 Are asked to approve a service review of Aberdeenshire HSCP Minor Injury Units.

2 Risk

2.1 IJB 1- sufficiency of resources

2.2 IJB 3- workforce capacity

2.3 IJB 4- service capacity/business transformation

3 Background

3.1 Aberdeenshire HSCP requires a strategic decision on the future of all the units within Aberdeenshire, taking into consideration, location, demand and activity, practitioner competency and ongoing sustainability.

3.2 Within some of Aberdeenshire's Minor Injury Units (MIUs), low levels of demand and activity has led to some concern that such low levels of activity may be insufficient to ensure safe, competent and capable provision of a sustainable nurse led service. There are also clinical governance and patient safety concerns in the current educational framework.

3.3 The current model in Aberdeenshire HSCP is 4 stand-alone MIUs with dedicated staffing and 5 integrated MIUs with staffing from within the ward establishment. All 9 MIUs are scheduled to provide a service 24 hours per day, 7 days per week.

3.4 MIU nurses undertake a module of education at Robert Gordon University which provides the theory and underpinning knowledge of a range of minor injuries that may present at a MIU. Within this, there is no provision for work based learning (supervision of clinical skills), with staff being supported in the workplace to develop their competence but with no formal assessment. Achieving and then maintaining competence is currently dependent on the activity at their particular unit which varies greatly between the different units (from 1400 presentations per month to just 5 presentations per month).

- 3.5 There is a model of 'decision support' from ARI A&E, but this is dependent on the confidence of the staff member in ARI in the competence of the nurse at the local base. Unfortunately this often currently requires the patient to attend Aberdeen to be further assessed before treatment commenced.
- 3.6 Recruitment and retention of nursing staff and succession planning has been challenging for a number of years. This can impact on the ability to maintain a 24/7 service. It is not unusual for some units to close due to lack of suitably qualified staff.

Proposed Review

- 3.7 While undertaking any review of service provision, it is likely to raise anxieties within staff, communities and wider stakeholders. It is essential that there is engagement with all groups. A steering group has been established drawing from a wide group of stakeholders. A consultation strategy will be agreed in line with NHSG and Aberdeenshire Council procedures and consideration can be given to engagement with the newly established locality planning groups.
- 3.8 It is planned to hold information and engagement events within the communities where the MIUs are located.
- 3.9 To ensure that staff are engaged and supported in the process, the steering group will include representatives from the MIUs themselves, staff side partnership, trade union representatives, senior Management, Professional Leads and HR. The steering group will agree what options should be explored. This is likely to include levels of activity, availability of alternative provision, opportunities for self-care/self-management and exploring and improving the patient journey. The steering group will also explore how wider stakeholders will be part of the engagement and consultation process. The steering group will meet at least monthly throughout this process and will direct the progress of the review.
- 3.10 There are a significant number of stakeholders in this review. Early analysis has identified the following stakeholders. It is likely that the steering group will develop this area further.
- 3.11 Stakeholders proposed as follows:
- HCSP Management
 - Professional Leads
 - Communities across Aberdeenshire
 - Community groups such as Community Councils, Patient Participation Groups, Friends of Community Hospital Groups
 - Staff groups and Partnership representatives



Aberdeenshire
Health & Social Care
Partnership

- IJB Members
- Elected Members and Area Committees
- Council Area Managers and Community Planning Partners
- MPs and MSPs
- NHSG Board members
- Senior Leadership Teams within NHSG and Aberdeenshire Council
- Primary Care including Community Pharmacy and Optometry
- Clinical Leads and Hospital Medical Directors
- GMEDs, Scottish Ambulance Service and NHS 24
- Acute services and Aberdeen city and Moray H&SCPs
- Corporate Communications (NHSG & Aberdeenshire Council)
- Local media and press

3.12 Proposed timeline for review

November 2017	December 2017	January 2018	February 2018	March 2018	April 2018
<p>Steering group established to identify stakeholders and ensure that staff, patients and communities are fully engaged in the review process and redesign proposals</p> <p>Steering group to agree options which are to be explored during the review</p> <p>Agree communication and engagement strategy</p> <p>Establish links with other H&SCP to share learning</p>	<p>Formal proposal presented to IJB</p> <p>Steering group to meet monthly to oversee review process and ensure engagement</p> <p>Activity data to be collected from all units</p> <p>Assessment of skills and competencies within nursing team</p> <p>Mapping exercise undertaken to identify all resources available to communities with regard to MI needs</p>	<p>Information on agreed options prepared for community engagement events</p> <p>Options prepared for other stakeholder events</p> <p>Commence community events within potentially affected communities</p>	<p>Ongoing community and wider stakeholder consultation</p> <p>Feedback from consultation events considered to inform option appraisals and assessment of impact on communities and other stakeholders</p> <p>Workforce and training analysis completed to ensure that options and potential recommendations are safe, effective and sustainable</p> <p>Financial modelling completed to ensure options and potential recommendations are affordable</p>	<p>Option appraisal completed and recommendations for redesign presented to IJB</p> <p>Feedback to communities and wider stakeholders regarding agreed recommendations</p> <p>Steering group to agree implementation plan</p>	<p>Implementation of agreed recommendations</p> <p>Ongoing monitoring to ensure mitigation of any identified risks and assessment of any unintended and unforeseen consequences</p> <p>Agree frequency of reporting of progress to both IJB, communities and stakeholders</p>

- 3.13 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

4 Equalities, Staffing and Financial Implications

- 4.1 An equality impact assessment will be undertaken should agreement be given for the review to go ahead.

Financial considerations

- 4.2 In addition to the MIUs, 23 GP practices are delivering a minor injury service via the MI Locally Enhanced Service (LES). The cost of this LES is around £300,000 per year. It is based on a retainer fee per practice and an additional fee based on practice size. Also many community pharmacies now provide a minor ailments service and give advice regarding self-care and self-management of some minor injuries.
- 4.3 As of October 2017, the forecasted overspend on the four standalone units was in the region of £420,000 with other integrated units also forecasting significant overspends on their budgets.

Eunice Chisholm
Head of Nursing
Aberdeenshire Health and Social Care Partnership

Report prepared by Catherine Noble, Operational Lead nurse
Date 24/11/17

