HEALTH NEWS

SEPTEMBER / OCTOBER 2014

The waiting game has got to stop!

APPEAL

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Right care, right place, right time

OUR hospitals are busy and getting busier. Our clinical teams are performing more surgery than before.

Record numbers of patients are being admitted to hospital as emergency cases.

And at the other end...many patients in hospital beds are waiting too long for an appropriate alternative care setting.

The combined effect of all of this is that at times of peak demand our busy accident and emergency departments can’t always access the beds they need to ensure swift admission to hospital.

This regrettably means that some patients are having to wait too long for a bed in our emergency departments.

Any lengthy wait in A&E prior to admission is not ideal for our patients and we are working hard to address this to ensure patients are seen and admitted or discharged as quickly as possible.

Anne Harkness, Director of Emergency Care and Medical Services, explains: “We are committed to working to ensure that we meet the national target of 95 per cent of patients in A&E waiting no more than four hours.

“We absolutely recognise that we need to reduce how long patients wait. Wherever possible we are streamlining our processes to try to make them more responsive to the needs of patients.

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ANNE HARKNESS, DIRECTOR OF EMERGENCY CARE AND MEDICAL SERVICES, NHSGGC

“The development of the virtual fracture clinic was a team effort that involved consultants, nursing and admin teams working closely with the A&E team.”

DR ALASTAIR IRELAND, CLINICAL DIRECTOR FOR EMERGENCY CARE IN GLASGOW

Investing in these senior doctors and nurses at the front door is intended to try to speed up admission for those who need it as far as possible without the need for further review in A&E by receiving staff from other surgical and medical specialties.

The recent introduction of Virtual Fracture clinics is another example of this more streamlined approach and is intended to avoid people with fractures coming back to hospital for routine review if it is not needed.

Dr Alastair Ireland, Clinical Director for Emergency Care, Greater Glasgow, said: “The development of the virtual fracture clinic has been an excellent collaboration between A&E staff, orthopaedic consultants and nursing and administration teams.

“It has been agreed that the experienced A&E team should provide treatment and information for simple injuries without routine orthopaedic clinic review in about one third of cases.

“All other injuries are fully treated in A&E and where appropriate allowed home to be reviewed ‘virtually’ within 24 hours by an orthopaedic consultant. X-rays are reviewed and the emergency department file is read. A specially trained, experienced nurse contacts patients by telephone after this meeting and discusses treatment. This might consist of purely advice and discussion, sending text messages or scheduling a follow up appointment if necessary.”

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“An additional £3.9million, including £1.3million from the Scottish Government, is being invested this year alone in services to ensure that patients are admitted or discharged from emergency departments as quickly as possible.

“This investment is being used to open additional beds at three of our busiest hospitals, appoint four additional consultant physicians and additional specialist nursing posts.

“This follows an additional investment of some £5million in 2013 to create extra capacity and a further investment of more than £1million in the refurbishment of the A&E department at the IRH.

“We have also employed an additional 13 A&E consultants across Greater Glasgow and Clyde and continue to work with clinicians and managers to implement further actions which will help us to deal with the ongoing demands for emergency admission that we experience.”

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but may require the arranging of an appointment at the most appropriate clinic.

“Now only about a third of people who were previously routinely reviewed require to attend for an appointment.

“This simplifies greatly the process for staff and patients in A&E departments and saves valuable time for both clinical teams and patients.”

We are also working closely with our GP colleagues and social care to develop community alternatives to admission and with local authorities to tackle delayed discharges.

Dr Alasdair Corfield, Clinical Director for Emergency Care in Clyde, said: “Working with our partner agencies is key to ensuring that people receive the right care, in the right place, at the right time.

“In Renfrewshire, a programme is underway involving health and social care, together with the third and independent sectors, to create better joined up links between services.

“One of a number of initiatives being introduced under the programme is an expansion of a dedicated community in-reach team, embedded within the A&E Department, at the Royal Alexandra Hospital.

“The team will now be available for 12 hours every day to prevent unnecessary admission to hospital following A&E treatment. The team work with hospital clinicians to ensure patients, particularly older patients and those with disabilities, receive the right community health and social care they need at home as soon as they leave hospital.”

These are just two examples of service redesign which we are implementing to improve the patient experience and tackle unnecessary waits in an emergency department.

But the solutions aren’t all down to us... we also need help from you to ensure that only those who need the skills of the emergency team go there.

A recent audit at the Southern General showed that one in ten patients attending the emergency department did not have a clinically urgent condition.

In a separate major survey of patients attending the Royal Alexandra Hospital’s emergency department, only one in four patients stated that the seriousness of an injury was the key reason for their decision to attend.

We know too from surveys that many people just don’t know what alternatives are available to ensure that people get the best care they need.

Selecting the right service not only ensures that you receive the right treatment in the shortest possible time, it also helps the NHS run efficiently, freeing up emergency and out-of-hours services for those who most need them.

In this special edition of Health News we tell you what we’re doing to direct people to the most appropriate care and we produce a special Know Who To Turn To section on pages 17 to 26 which gives you the information you need to make that important choice about where you can get the right treatment by the right people at the right time.

One of the factors that can prevent people leaving hospital when they are clinically fit for discharge is when a person is too ill to make decisions for themselves. So on page 15, we let you know how you can go about appointing a Power of Attorney to act in your interests should you require it.

It is also important to remember that, in many instances, the best remedy is to care for yourself, and we also provide some handy hints on what you need to keep at home to look after you and your family (page 9).
FIGURES SHOW RISING EMERGENCY ADMISSIONS TO HOSPITAL

Emergency admissions and transfers to hospital:

- 2009/10: 143,420
- 2010/11: 146,086
- 2011/12: 146,220
- 2012/13: 149,636
- 2013/14: 159,281

The figures show an increase of 11% in five years.

RECENT INCREASES IN ACTIVITY

- Inpatients and day cases: +3.5%
  - April /June 2013: 45,490
  - April /June 2014: 56,396
- New outpatients: +7.3%
  - April /June 2013: 93,737
  - April /June 2014: 100,582
- A&E attendances: +2.6%
  - April /June 2013: 115,682
  - April /June 2014: 118,736

PATIENTS WAITING TO BE DISCHARGED

- 2013/14: 25,456 bed days
- 2014/15: 25,456 bed days

The figures quoted are the number of bed days lost due to patients not being discharged when fit to go.
REDIRECTING PATIENTS: Two new schemes take pressure off emergency departments

...to get the right treatment from the right people at the right time

Helping those with chronic problems

WHILST most patients come to A&E because it is the only option, some attend because of difficulties in getting a GP appointment or because they simply don’t know where else to go.

A recent audit showed that between 5-10% of patients attending the A&E department at the Southern General Hospital do not need the specialist skills of an emergency team.

In line with the rest of NHS Scotland, NHS Greater Glasgow and Clyde is now launching a new pilot to redirect those patients who do not need to be in the A&E department to a more suitable alternative.

One of the clinicians involved in the pilot is Dr Fraser Denny (above), consultant in emergency medicine, based at the Southern General.

Dr Denny explained how redirection will work. “All patients attending our department are booked in at reception and then seen by a triage nurse who will make an initial assessment about whether the attendance in the department is necessary.

“If it would be more appropriate for the patient to be seen by their own GP, a pharmacist, or their dentist, the patient will be given a leaflet explaining this and be told that a senior doctor may wish to speak with them about their reasons for coming to the department and advised about the options available to them,” he said.

Dr Denny is keen to point out that redirection will not be an arbitrary process. “Every individual patient will be triaged and reviewed on a case by case basis,” he advised. “We don’t want to disadvantage vulnerable patients that genuinely have no option but to use their A&E department.

“What we are seeking to do is to educate the public that A&E is only for the treatment of clinically urgent conditions and medical emergencies and about alternatives that may be better for them in certain conditions.”

The redirection pilot launches later this month in the Southern General Hospital and will be closely monitored to ensure that patients follow the advice they are given in the department.
Helping those in crisis

WHEN a person threatens suicide or self harm, the first to respond are often the police. Their priority is to get the patient to a place of safety and an A&E department can be seen as the best place to go.

Once there, however, if the patient has suffered no physical harm, they can wait, accompanied by a police officer, for a long time until they are seen either by medical staff within the department and thereafter are often referred to the Out of Hours Community Psychiatric Nurse (CPN) who has come to A&E from another part of the city.

In December 2013, the Out of Hours CPN service launched an initiative to work with Police Scotland to bypass A&E and ensure rapid direct access for mental health patients in crisis to the Out of Hours CPN service.

Under the scheme, a police officer can call the Out Of Hours CPN Service direct and speak with a CPN. The CPN will then speak with the patient and, if appropriate, arrange to go to the patient’s home within an hour of the call from the police.

Linda Mackay (right), Out of Hours service manager for the CPN Service, has been working with Police Scotland over the past few months to raise awareness about the availability of the service and about mental health issues in general.

She explained: “Whilst the Out of Hours Service has been in place for a number of years, for Police Scotland there was limited awareness of how to access it.

“Most patients in crisis in the evenings and at weekends ended up in an emergency department. That wasn’t good for our patients, wasn’t good for Police Scotland and wasn’t good for our busy A&Es.

“We have therefore spent the last few months working with Police Scotland training a wide range of staff, from frontline police officers through to senior police officers, on mental health issues and on how to access the OOH CPN service.

“As a result we have seen calls by the police to our service jump from just one or two to around 30 a month.

“Each of these calls has enabled us to respond more quickly to the patient, to make a rapid assessment of their needs and to put in place a treatment plan and arrange follow up by the mental health daytime service, if needed.

“It also avoids a lengthy wait in an emergency department both for the patient and for the police.”

The Out of Hours Psychiatric Crisis Service can be contacted by anyone over 18 whether they are already known to mental health services or not. If you, or a loved one, is in mental health crisis after 5pm or at the weekend and you urgently need to talk to someone, call 0845 650 1730.
NHS 24 - Scotland’s provider of telephone and web-based health advice and information - is now available on a free to call number: 111.

The new telephone number was launched in April and means that people throughout Scotland can contact the service free of charge from a landline and mobile.

NHS 24 will continue to deliver the same high quality service for anyone seeking advice and support during the out of hours period when their GP surgery is closed.

If you need help at night, or over the weekend and you can’t wait until your GP surgery reopens, you can call NHS 24 free on 111. NHS 24 will direct you to the right care for you or the person you are calling for. They may recommend some steps you can take to look after yourself at home.

Alternatively they may refer you to NHS Greater Glasgow and Clyde’s out of hours services, an A&E department, or the Scottish Ambulance Service.

NHS 24 has been providing access to unscheduled care during the out-of-hours period via the telephone since 2002. The experience and dedication of staff at NHS 24, built up over 12 years, means that the organisation is widely recognised as an expert provider of telehealth and telecare across Europe. In addition to this service NHS 24 also provides a range of other services (both nationally and locally) over the telephone and online.

NHS 24 is there to help if it can’t wait until your GP surgery reopens.

Alternatives to calling
IF you are looking for advice on treating common health problems why not consult NHS 24’s self help guide. The easy to use guide provides you with information and advice on some of the more common symptoms that people call NHS 24 about.

Go to www.nhs24.com/selfhelpguide and you might find an answer to your question without having to call 111.

More detailed health and care information can be found on the site nhsinform.co.uk
CARING FOR YOURSELF: What you should keep in your medicine cabinet

IF you have a minor illness then you may be advised when you call NHS24 that self-care is best for a speedy recovery.

Here are some of the medicines you should keep in your home to treat the symptoms of a minor illness.

Oral pain relief:
Paracetamol and ibuprofen are the most common remedies. It is useful to have these in tablet and liquid form. Aspirin and ibuprofen also reduce inflammation. (Remember, aspirin should not be given to anyone under 16 years of age.)

Anti-histamines:
Help allergies and runny noses. These are available as tablets and liquids.

Diarrhoea treatments:
Make sure you drink plenty of non-alcoholic liquid for the first 24 hours. Your pharmacist can also recommend rehydration drinks.

Indigestion remedies:
Various different types are available. A simple antacid will relieve the majority of symptoms.

A mild laxative:
For constipation

Sore throat remedy:
General pain relief is recommended e.g. paracetamol. Throat lozenges and sprays may also ease symptoms.

Children’s medicines:
There are children’s formulations available for most medicines. Ask your pharmacist if there is a sugar free variety available, particularly if it’s a regularly used medicine. There are a number of medicines made specifically for children, and your pharmacist can advise which would be the most suitable ones to keep in the house. We would recommend at least having both paracetamol and ibuprofen available in liquid form. Again, please read the label to ensure that the medicine is suitable.
BACK PAIN? A trip to A&E is not the answer

BACK problems are very common and can be caused by staying in one position too long or lifting something awkwardly.

Most back problems start for no obvious reason.

They may cause hot, burning, shooting, or stabbing pains in your back and sometimes into one or both of your legs. You may also get pins and needles. These can be due to nerve pain.

The spine is strong and back problems are rarely due to any serious disease or damage. Most back problems settle within six weeks. You will not normally need an X-ray or an MRI scan.

With back pain you don't normally need to see your GP or go to an emergency department. If you follow the right advice and take the right medication, your injury should improve over the next six weeks.

If you experience any of the following, you should speak to your GP:

- Difficulty putting weight on your leg.
- Unable to move the sore area at all.
- Swelling that gets worse and worse.
- Signs that your circulation is being restricted; for example, changes to the colour of your skin.
- Misshapen bones or joints.
- Pain that gets worse and worse.
- Your problem has not improved within six weeks.

Alternatively you can use the NHS Greater Glasgow and Clyde Back Pain Service which is a physiotherapy-led service designed to enable patients with lower back pain to be assessed and managed quickly and effectively.

The easiest way to access the service is by phoning or calling in at one of our many patient self referral physiotherapy clinics.

Self referral leaflets can be obtained from your local GP practice or physiotherapy clinic.

For more advice on how to treat back pain, go to www.nhsinform.co.uk/MSK/back

Back pain facts and figures

- 90% of the UK population get back pain at some point.
- Most back pain settles within six weeks.
- Keeping active is the best thing to help your back pain.
A UNIQUE project is underway in Renfrewshire which sees the whole clinical and social care community working together as one to test more effective ways to deliver patient care in hospitals and community settings.

Across NHSGGC our teams are constantly developing new ways of working however the idea behind the ‘Renfrewshire Development Programme’ (RDP) is to bring a number of these schemes together in the same area, at the same time, to test their collective impact. The outcome of the RDP will influence the way healthcare is provided in future not just for Renfrewshire but for the whole of NHSGGC.

The fundamental principle of the project is the creation of better joined up links between hospital and community services and ensure that senior decision makers and specialists are available early in any patient’s interaction with health and social care services. By achieving this we believe that we can ensure the right packages of care for our patients in the right place with the aim of improving their outcomes.

The RDP is a partnership between the Royal Alexandra Hospital (RAH), GP practices, Community Health Services, Renfrewshire Council Social Work Services and the community. The programme will involve the Public Partnership Forum in its work and will also consider opportunities to work with the third and independent sectors in the area.

The programme has been developed as part of the larger programme of work under the Clinical Services Review (CSR) taking place across NHS Greater Glasgow and Clyde, to develop clinical and social care to meet the national 2020 vision for NHS Scotland.

Local doctors, nurses and patients are involved in leading this work along with managers and front line staff to test and develop ways to improve the provision and accessibility of community health and social care services, ensure that only people who need to attend A&E do so, prevent unnecessary hospital admission and reduce the time patients actually have to spend in hospital.

To launch the RDP an event was held in Paisley earlier this year. More than 160 stakeholders attended including staff from the RAH, community healthcare teams, GP practices, Renfrewshire Council, allied health practitioners, mental health care staff, pharmacy, patient and public representatives, the Scottish Ambulance Service, third sector and NHS 24.

The event was to both inform stakeholders and to get views on current service provision in Paisley and on what the most effective areas for change could be.

All of the information gathered from the event and from bringing the team together has been used to shape the work of the programme.

Over the next few pages we take a look at four key developments the project is now putting in place over the next few months...
OTHER than the patient themselves and their loved ones the person who knows most about the needs of someone with complex and often multiple health problems is their GP.

GPs are aware of not only a person’s complex medical needs but also their social circumstances. But what happens when a crisis occurs in a patient’s condition out of hours and they are not seen by their own GP but by an out of hours service or A&E where the full complexity of their circumstances are not as well known? The answer is that often they are admitted to hospital – sometimes this is entirely appropriate but sometimes it’s not. And this is where anticipatory care planning comes in.

Dr Chris Johnstone, (pictured), a Renfrewshire GP from the Barony Practice in Northcroft Medical Centre and one of three local physicians leading the Renfrewshire Development Programme, explains: “An individual’s anticipatory care plan is developed with them and their carers by their GP with input from other health and social care services. Its sets out exactly what is to happen in the event of a ‘crisis’ in and out of hours. This way those who are coming into contact with the person for the first time will know exactly what the patients circumstances are and can follow the care plan which has already been agreed. Central to this plan is the aspiration for the patient to be supported locally at home or in the community and not admitted to hospital inappropriately.

“As part of the Renfrewshire Development Programme all 13 GP practices in Paisley are working with their patients who have complex needs to put anticipatory care plans in place. To ensure that these plans are used in the most effective way new electronic systems have been developed to ensure that they are shared with out of hours GP and A&E colleagues so that they are available at the touch of a button as and when required in or out of hours. A hard copy will also be in place in the person’s home or care home so that health and social care professionals supporting the patient can continually refer to the plan as necessary to ensure that the actions agreed are carried out in line with the wishes of the patient.

“Anticipatory care planning is very much about sharing the detailed knowledge that GPs have about their complex patients with other health and social care professionals who may come into contact with them in the future so that the very best possible care and solutions can be put in place day or night.”
The Renfrewshire Development Programme is testing a new model of service for patients with chest pain which aims to avoid unnecessary hospital admissions.

Chest pain remains one of the most common reasons for admission to hospital and at the RAH they see more than 3000 patients every year who come to the hospital as an emergency with chest pain.

Many of these patients will not actually have heart problems but at the moment it can take up to 12 hours before the appropriate assessments are completed to rule this out.

For many patients this will require an overnight stay in hospital and naturally this waiting period can be a stressful time for both patients and their families.

Mr Iain Findlay, (pictured), Lead Cardiologist at the RAH, explains: “Our new Chest Pain Assessment Unit will be staffed by specialist cardiology nurses, with support from senior cardiologists. The aim of the unit is to streamline the journey for patients in whom the diagnosis is not clear and ensure specialist cardiology input into their care at the very earliest opportunity they arrive at the RAH. The targeting of patients with a low likelihood, and more importantly low risk of complications from a possible heart attack, will allow a diagnosis to be made more quickly.

“This means that patients without heart problems can be back home much sooner than is currently the case and do not need to be admitted to hospital unnecessarily.

“Furthermore, for those who require ‘follow up’ the dedicated staff in the new unit can have these tests carried out either the same day or arrange for return the next day thus enabling earlier treatment if the patients needs it.”
NEW HOSPITAL ‘IN-REACH’ SERVICE

Ensuring help in place for recovery at home

A NEW dedicated joint community in-reach team, embedded within the emergency department, is planned at the RAH. The team’s role will be to prevent unnecessary admission to hospital following A&E treatment by ensuring that patients, particularly older patients and those with disabilities receive the right community health and social care they need at home as soon as they leave hospital.

This new joint service will build upon the existing work already underway at the RAH by the current NHS Rehabilitation and Enablement Service.

Lorna Muir, Renfrewshire Care at Home Service Manager, said: “At the moment a patient may attend A&E, receive appropriate treatment and be perfectly fit to go home but is admitted unnecessarily because they require immediate support at home. They might for example be unable to prepare food because of a sprained wrist, require minor equipment in the home or need help with personal care and this is where the community in-reach team kick in. They can rapidly arrange all the appropriate support a patient needs in their home such as the provision of meals, delivery or installation of equipment like community alarms care at home or nursing services including overnight support all of which enables the patient to be safely discharged and supported at home.

“Crucially the team will also work closely with the patient’s GP and other health and social care professionals in the community to ensure that the care plan put in place by the A&E team for follow-up is enacted. This very significant measure will ensure the patient gets the continued care they need and may well prevent a repeat trip to A&E.”

NEW OLDER ADULTS ASSESSMENT UNIT

Fast track to best care for the elderly

A NEW Older Adults Assessment Unit at the RAH is being created to ensure that elderly patients get the right care, at the right time, in the right place, by the right people.

Where clinically appropriate, elderly (emergency) patients (referred to the hospital by their GP or who self refer) will be taken from A&E directly into the new dedicated unit which will be open between 8am and 8pm.

The unit is best placed to provide the most appropriate care for this group of patients because it is staffed by a multi-disciplinary team made up of dedicated clinical specialists in elderly care. The unit is led by geriatricians Dr Janice Murtagh and Dr Oona-Mary Lucie.

Dr Janice Murtagh explains: “Hospital can be a challenging environment for frail elderly patients especially if they have dementia or a history of confusion. By being taken rapidly into our new unit senior specialists in elderly care can very quickly can carry out what is called a ‘Comprehensive Geriatric Assessment.’ This specialist assessment not only looks at the patient’s immediate medical condition which has brought them into hospital but also their general mental wellbeing, what social and community support they have in place or what they need, their functional abilities and what medication they are on. Having specialists in elderly care carry out such a comprehensive review so early in the patient’s hospital journey allows us to get the right care in place as fast as possible and in very many cases will significantly reduce the length of time a patient needs to stay in hospital.”

Dr Oona-Mary Lucie, added: “The aim of the unit is to formulate a care plan for the patient which takes into account all their health and social care needs not just for the medical issue which has brought them to the hospital but going forward to prevent future admission or a deterioration of any underlying conditions.

“Through our early comprehensive assessment of the patient we can rapidly identify which community support is required and, working with our colleagues in the community, we can get that in place so the patient can go home, often on the same day, and be supported at home in a much more comfortable and familiar setting.

“It is for these reasons that our links with community and social care colleagues are so vital to the unit’s success.”
HAVING a power of attorney in place really can make a difference and can ensure that your relative’s wishes are carried out quickly without prolonged legal negotiations.

For patients in hospital without a power of attorney, this can mean a delay in discharge and them remaining in hospital longer than necessary.

Now NHSGGC and Glasgow City Council have joined forces with Alzheimer Scotland, Scottish Care and local law firms to highlight the need to ‘Start the Conversation’ with family members on putting a power of attorney in place.

The aim of the campaign is to encourage people to talk to their loved ones about establishing a power of attorney so that if a loved one takes ill and is unable to make decisions someone can step in and make the right decisions.

Jill Carson, Adult Services Manager, North West Sector, Glasgow City Community Health Partnership, said: “A lot of people don’t know that if they become ill or injured and are unable to make decisions for themselves no-one else can do this for them unless legally they have been given power to do so.

“There is a misconception that Powers of Attorney are for the wealthy or elderly but anyone over the age of 16 can grant a Power of Attorney as accidents or illness can happen at any time.

“A Power of Attorney is not just about looking after someone’s financial affairs. It also allows for welfare issues to be decided if someone is unable to make a decision about medical treatment or about where to live.

“This can be the biggest problem facing someone in hospital.

“For example, if no-one is appointed to act in the patient’s best interests, then a legal process is required before the patient can be discharged to an appropriate setting such as a care home.”

To find out more about a Power of Attorney, visit www.mypowerofattorney.org.uk

What is a Power of Attorney?
A Power of Attorney is a written, legal document giving someone else (your Attorney), authority to take actions or make decisions on behalf of you (the grantee). You choose the person(s) you want to act as your Attorney and what powers you want the Attorney to have. A Power of Attorney is intended to ensure that your financial affairs and personal welfare can still be dealt with/protected in the event of you being unable to act on your own behalf.

What sorts of powers can be included in the Power of Attorney deed?

The deed can cover both financial and welfare arrangements, or you can have separate deeds to cover your financial affairs and welfare matters.

Who should I appoint as my Attorney?

You can appoint anyone you wish to be your Attorney, e.g. a family member, friend, solicitor or other professional adviser. It’s up to you whether you include the same person(s) as both financial and welfare or if you have separate Attorneys to carry out the different roles.
If you can’t wait until your GP surgery reopens

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Health News

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WHEN YOU’RE ILL, KNOW WHO TO TURN TO.

COUGHS AND Colds. SORE Throat. GRAZED KNEE. TURN TO SELF CARE.

FOR a speedy recovery, self care is often the best if you have a minor illness or injury. A well stocked medicine cabinet means you’ll receive the right treatment immediately.

Treat coughs and colds by keeping warm, resting and drinking plenty of non-alcoholic fluids.

Paracetamol and ibuprofen can reduce high temperatures and ease aches and pains. Most people recover from viral infections like colds and the flu within four to seven days.

Antibiotics won’t help with the flu, colds and most coughs and sore throats.
WHEN YOU’RE ILL, KNOW WHO TO TURN TO.

COUGHS AND COLDS. INDIGESTION. CONSTIPATION. ACHES AND PAINS.

TURN TO YOUR PHARMACIST.

DROP into your local pharmacy any time to get expert advice or information on healthcare and help with your medicines.

Your pharmacist sells a wide range of over the counter medicines to treat minor ailments such as hay fever, athlete’s foot and cold sores.

All pharmacies dispense prescriptions and most supply emergency contraception on the NHS. If you run out of your regular medicines and can’t obtain a prescription from your GP, your pharmacist can dispense an urgent repeat supply.

The Minor Ailment Service is available from all community pharmacies in the area.

Once registered, you can have a consultation with a pharmacist without an appointment. Your pharmacist will offer advice and may supply – free of charge – an appropriate medicine to treat your symptoms.

To find your local pharmacy visit www.nhs24.com
When you're ill, know who to turn to.

DENTAL PAIN. BLEEDING FROM THE MOUTH. FACIAL SWELLING. TURN TO YOUR DENTIST.

You should register with a dentist for regular check ups, planned routine treatment and emergency care.

If you have not registered with a dentist, try to do so as soon as possible. Advice and information is available by calling the NHS Inform helpline on 0800 22 44 88.

If your dentist is closed and you have a dental emergency, call the dentist with whom you are registered. You should receive a recorded message advising you what to do.

If you are unregistered and require emergency treatment, you should contact NHS24 on 111. NHS24 will give advice and may arrange for you to attend the Emergency Dental Treatment Centre, based in the Glasgow Dental Hospital.

For a list of dentists in your area, visit www.nhs24.com
WHEN YOU’RE ILL, KNOW WHO TO TURN TO.

BLURRED VISION. IRRITATED EYES. SUDDEN CHANGE IN VISION. TURN TO YOUR OPTOMETRIST.

OPTOMETRISTS carry out FREE NHS eye examinations which are available to all UK residents living in Scotland.

Community optometrists are now recognised as the first ‘port of call’ for eye problems. If you have any problems with your eyes, make an appointment with an optometrist. All high street opticians have an optometrist who provides NHS services.

The optometrist will carry out various tests and procedures to look for signs of eye disease. They may either treat the problem themselves or refer you to your GP or local hospital ophthalmology department for treatment.

During normal working hours most optometry practices will see you on the same day if you have an emergency. If you develop an urgent eye problem when the practice is closed and can’t wait until it re-opens, call NHS24 on 111.
WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

PROBLEMS WITH ALCOHOL OR DRUG ADDICTION?
TURN TO YOUR ADDICTIONS SERVICES.

FOR alcohol and drug addiction problems you can either self refer direct to local specialist teams which are sited across NHS Greater Glasgow and Clyde area, or contact your GP who can also refer you to a local community or hospital service.

Crisis Services are also available at the Drug Crisis Centre based in West Street.

There are also various voluntary organisations operating in local areas to offer support for those who are having problems with alcohol or drug misuse.

Community Addiction Team Services are open from 8.45 to 4.45pm (Mon-Thurs) and 8.45 to 3.55pm on a Friday.

Glasgow City Addiction Services Headquarters Number is 0141 800 0660 for any further information.

East Renfrewshire is 0141 577 3368.
WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

NOT COPING WITH LIFE? DEPRESSED? SUICIDAL?
TURN TO NHS MENTAL HEALTH SERVICES.

MANY people throughout their lives will have periods where they feel stress. In the majority of cases this is perfectly normal given the pressures that many of us have to face in everyday life. There will be times however, when stress becomes unbearable and some people who suffer from existing mental health issues such as severe depression or psychosis they may require to access urgent help.

The appropriate and rapid access to emergency mental health services is by contacting your GP who may put you in touch with your local Community Mental Health Team (CMHT) or Crisis Team who if appropriate can see you the same day.

Access to urgent mental health services is available over 24 hours through the CMHT and Crisis Service.

Crisis Intervention Teams work closely with local teams to ensure that people who are at significant risk have access to a Mental Health Practitioner 24 hours a day, 365 days a year. Alternatively you can call the OOH Psychiatric Service from 8pm to 9am Monday to Friday and 5pm to 9am Saturday and Sunday & public holidays on 0845 650 1730.
WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

WHEN you have an illness or injury that just won’t go away, make an appointment to see your General Practitioner (GP).

Your GP will carry out detailed examinations and provide advice, information and prescriptions. Your GP also provides routine monitoring and management of ongoing health conditions such as diabetes, high blood pressure, stroke and heart disease and can also provide most contraceptive services, minor surgery, maternity services, immunisations and screening (e.g. smears and child health).

Your doctor can also refer you to a specialist healthcare professional for tests and treatment.

Everyone needs to register at their local GP surgery. To find your nearest GP practice, visit www.nhs24
WHEN YOU’RE ILL, KNOW WHO TO TURN TO.

WHEN your GP surgery is closed, and you’re too ill to wait until it re-opens, you can contact the GP Out-of-Hours Service by calling NHS 24 on 111.

When you call NHS24, you will be put through to a health professional who will talk to you about your symptoms and arrange for you to see a GP if necessary.

The out-of-hours GP may either call out to see you or you may be asked to attend the primary care emergency centre where the out-of-hours GPs service is based.

The primary care emergency centres within the Greater Glasgow and Clyde region are based at:

- Drumchapel Day Hospital
- Easterhouse Health Centre
- Greenock Health Centre
- New Stobhill Hospital
- New Victoria Hospital
- Royal Alexandra Hospital
- Southern General Hospital
- Vale of Leven Hospital
- Western Infirmary

Please do not attend a primary care emergency centre without calling NHS 24 first.
WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

CUTS AND MINOR BURNS. SPRAINS. NOT SURE IF YOU HAVE A BROKEN BONE?
TURN TO YOUR MINOR INJURIES UNIT.

IF you live in the catchment area for the Vale of Leven Hospital, New Stobhill Hospital or New Victoria Hospital, you can attend your local Minor Injury Unit (MIU) to get urgent care for a minor injury.

MIUs are run by highly experienced Emergency Nurse Practitioners who will assess and either treat a minor injury or, if they find a more serious problem, arrange for you to be transferred elsewhere.

They can treat a range of injuries including sprains, burns and simple fractures.

They do not provide treatment for gynaecological or pregnancy problems, alcohol or drug issues, severe allergic reactions, chest pain, breathing problems or people who have collapsed.

The MIUs at New Stobhill Hospital and New Victoria Hospital open from 9am to 9pm every day and the Vale of Leven MIU opens from 8am to 9pm every day. Outwith these times, you should attend the nearest A&E.

Children with a minor injury under the age of one should be taken to the Royal Hospital for Sick Children, Yorkhill.

The MIU at the Vale will treat children aged one and above with minor injuries. Children aged one to five with minor injuries in Glasgow should be taken to the nearest adult A&E or Yorkhill.
WHEN YOU’RE ILL, KNOW WHO TO TURN TO.

SUSPECTED STROKE OR HEART ATTACK. SERIOUS ILLNESS OR INJURY.
TURN TO 999.

THE Scottish Ambulance Service and Accident and Emergency departments provide care for people with symptoms of serious illness or who have been badly injured.

When you call 999 the Scottish Ambulance Service will respond with the most appropriate help for your situation.

Of all the NHS services, 999 and A&E are services that should only be used for serious illnesses or injuries.

This means that essential treatment is given to those who need it as quickly as possible.

A&E Departments in the Greater Glasgow and Clyde region are located at Glasgow Royal Infirmary, the Western Infirmary, Southern General Hospital, the Victoria Infirmary (all Glasgow), Royal Alexandra Hospital, Paisley and Greenock’s Inverclyde Royal Hospital.

A&E services for people living in the area served by the Vale of Leven hospital are provided at the Royal Alexandra Hospital in Paisley.

Children with serious illnesses and injuries who are less than one year of age should be taken to the Royal Hospital for Sick Children, Glasgow. Children from one year on should either go to your local A&E department or to the Royal Hospital for Sick Children.