

Meeting of South Ayrshire Health and Social Care Partnership	Strategic Planning Advisory Group	
Held on:	24th March 2026	
Agenda Item:	6	
Title:	Girvan Community Hospital	
Summary:		
<p>This paper sets out the recent review into the model of care within Davidson Ward, Girvan Community Hospital inclusive of recommendations in line with outputs of the review, strategic and locality priorities.</p>		
Author:	Stewart Marshall, Head of Community Health and Care Services	
Recommendations:		
It is recommended that the SPAG note:		
<ul style="list-style-type: none"> i. The model of care review. ii. Recommendations of the review 		
Route to meeting:		
<p>Work commissioned by previous Head of Service in cognisance of new locality structures, potential sustainability challenges and opportunities to evolve the model of care in line with strategic and locality priorities, such as Caring for Ayrshire, Strategic Plan, Urgent and Unscheduled Care, Discharge Without Delay, Ageing Well and Locality Plans</p>		
Directions:	Implications:	
1. No Directions Required	Financial	
2. Directions to NHS Ayrshire & Arran	HR	
3. Directions to South Ayrshire Council	Legal	
4. Directions to both SAC & NHS	Equalities	
	Sustainability	x
	Policy	x
	ICT	

GIRVAN COMMUNITY HOSPITAL – DAVIDSON WARD

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to set out the recent review of the model of care within Davidson Ward, Girvan Community Hospital. Given, a changing landscape with current workforce and sustainability issues, a review of the model of care in Davidson Ward was commissioned. The review of the models reflects changing policies and strategy, locally and nationally.
- 1.2 In parallel to this review, there is ongoing work taking place to maximise best use of the Girvan Community Hospital site as a Community Hub wherein citizens can access a wider range of services alongside primary care and pharmacy.

2. RECOMMENDATION

2.1 It is recommended that SPAG note:

- i. The review of the model of care and the methodology within same.**
- ii. The recommendations of the review in line with strategic and local priorities.**

3. BACKGROUND INFORMATION

- 3.1 Girvan Community Hospital (GCH) has been operational for over 13 years. It currently includes 2 GP practices, a rehabilitation suite, a minor injuries unit (MIU), outpatient facilities, a canteen, conference rooms and a small in-patient facility (Davidson ward). It is also an office base for several South Ayrshire Health and Social Care Partnership (SAHSCP) staff.
- 3.2 From a community planning perspective, it hosts a Scottish Ambulance Service base and a Police Scotland Base, in addition to a local Community Pharmacist.
- 3.3 The Davidson Ward has 20 Inpatient beds (GP-led) for direct admission from community and step-down admission from acute hospital sites:
- Currently criteria for admission includes the following:
 - Patient must be medically stable, and care can be continued by GP.
 - Functional rehabilitation to enable patient to return home.
 - Ongoing time limited treatments e.g. IV antibiotics.
 - Palliative and end of life care.
- 3.4 The minor injuries unit (MIU) (Mon – Fri 8.30am – 5.30pm) can treat the following:

- Cuts, wounds (including those that may need stitches) and bruising.
 - Minor burns and scalds
 - Sprains, minor injuries, or minor broken bones
 - Insect or other animal bites
 - Tetanus immunisation after an injury (if indicated)
 - Minor head injury – where there has been no loss of consciousness or vomiting, and no residual symptoms, for example, headache, nausea, visual disturbance, dizziness, or any other symptom of concussion.
 - Removal of foreign bodies from eyes, nose, or ears
 - Nose injuries and broken noses.
- 3.5 Since 2003, 24 hours in-patient medical cover has been provided by GP colleagues based in Girvan Community Hospital (2 practices) and Ballantrae (1 practice). Minor injuries cover has also been provided by 2 GP practices based in Girvan Community Hospital.
- 3.6 In December 2024, as a result of sustainability issues for GP colleagues, interim arrangements were put in place for out of hour's medical cover to be provided by the Ayrshire Urgent Care Service (AUCS).
- 3.7 Furthermore, in December 2024 there was a decision to temporarily reduce nursing beds due to acute staffing challenges within nursing, with an aspiration to gradually increase the bed base as staffing improves.

4. REPORT

- 4.1.1 The model of care paper can be found in appendix 1 of this report.
- 4.1.2 In order to inform the review data was used and analysed about current and future demand as well as locality demographic profiles, and hospital related data, to inform and consider opportunities for improvement and innovation.
- 4.1.3 The data considered demand and capacity across in-patient settings, day cases and minor injury unit.
- 4.1.4 In addition the review ensured stakeholder engagement, using an appreciative enquiry and strength-based approach, and involving use of focus groups, locality engagement and surveys.
- 4.1.5 Professional and operational leads were also asked for their views linking this work to the professional voice and opportunities around areas such as transforming roles.
- 4.1.6 Policy was considered as part of this review, and to ensure synergy with work nationally and locally.
- 4.1.7 To complement this process good practice from other community Tites was also considered as part of learning and improvement and recognising the

value of community hospitals as part of the Discharge without Delay programme.

- 4.1.8 Ongoing work reviewing the use of the sites as a community hub was also considered as part of this review, cognisant of interdependencies.

4.2 Actions to consider

- 4.2.1 A number of themes emerged from the review; review and update of current GP arrangements, enhancement of the MDT approach, workforce planning and development, advanced practice, frailty approaches, care closer to home, evolution of a community hub and opportunities to test and use technology to complement care.
- 4.2.2 Many of the themes from engagement with key stakeholders mirror the key national and local policy drivers and priorities.
- 4.2.3 The review considered a horizon model approach for managing change and growth by highlighting current state and priorities, emerging opportunities, and future possibilities (see action plan within Appendix 1).
- 4.2.4 The purpose deliberates to guide the shared vision of care delivery with the model of care and to encourage a balance of immediate needs, emerging opportunities and long-term aspirations.
- 4.2.5 Indeed, some of the learning from immediate needs will inform emerging opportunities as this process and work through the action plan evolves.
- 4.2.6 All work, taken forward will be underpinned by a quality management approach designed to meet service user need, standards of practice, delivery effective and efficient care and deliver quality. There has been significant work in South Ayrshire in relation to growing quality improvement capacity, and this aligned to the enablers and stages of a quality approach to change, will ensure focus and measure around impact.
- 4.2.7 At the core will be a compassionate approach where learning and continuous improvement will be embraced, as well as emphasis on key values of fairness, respect, and kindness. There will be a person led/compassionate care roadshow across South Ayrshire in May, and this will fit nicely with key values.
- 4.2.8 In addition, as part of the Discharge without Delay programme, there is a local sub-group on Community Hospitals. It is envisaged that this group will also help to inform and empower many of the actions, and well as providing measures for impact via current performance measures such as length of staff, hospital delays and care closer to home.

4.3 Summary and Recommendations

- 4.3.1 There are many strengths within Davidson Ward and the care that is delivered. The workforce is committed and passionate about delivering good

outcomes and care that matters. This is reflected in the engagement process and the information provided both by the workforce and the public.

4.3.2 The site has real potential to deliver more, and the work taking place around the model of care will sit alongside opportunities to build and deliver more within the community hospital, thus embellishing the aspiration to be a community hub and delivering more care closer to home.

4.3.3 In addition, there are real opportunities to build on the strengths and embrace the demographic, workforce, and sustainability challenges that health and social care partnerships and providers face in the forthcoming years.

5. STRATEGIC CONTEXT

There is a clear thread from this work to national and local outcomes and priorities:

National Outcomes

- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Partnership Outcomes

- We will shift the balance of care from acute hospitals to community settings.
- We will manage resources effectively, making the best use of our integrated capacity

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no immediate financial implications however it is recognised the moderate financial challenges faced by the HSCP. As such any work taking place must be clearly linked to sustainability and priorities.

6.2 Human Resource Implications

6.2.1 There are no immediate HR implication and all actions proposed are in line with working with people and our key values of respect, openness, compassion and empowerment.

6.3 Legal Implications

6.3.1 There are no legal implications relating to this report.

6.4 Equalities implications

6.4.1 An integrated impact assessment has been complete on this work, with no obvious indication of an equalities impact.

6.5 Sustainability implications

6.5.1 There are sustainability issues in relation to workforce hence the rationale for reviewing the model and ensuring space and planning for new models of care in line with policy and practice.

6.6 Clinical/professional assessment

6.6.1 Professional Leaders have been involved in the development of this work.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Engagement events, including workshops have been held with all key stakeholders across health and social care and the community.

8. RISK ASSESSMENT

8.1. In summary, there is a risk in terms of sustainability, notwithstanding modelling data that shows financial challenges, an ageing demographic and a contracting workforce.

APPENDICES

Appendix 1 - Model of Care Review Girvan Community Hospital

BACKGROUND PAPERS

N/A

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