South Ayrshire HSCP

Biggart Scoping Paper

(Note – this paper is specifically linked to identifying future planning for the Biggart but at some point, a similar exercise needs to be undertaken in a linked way, considering the future roles of Girvan Community Hospital although this does not have the same urgency)

No	Content
1	**Biggart – background and context**
	The Biggart Hospital is currently deployed for the following functions largely supporting older South Ayrshire patients: • The attached paper sets out a range of background re existing work at the Biggart  240321 Biggart Proposal 2021 (... The Biggart is running in financial deficit and the current annual £0.636m overspend is due to several crucial factors; the number and ratio of delayed discharges, the number of complex and inappropriately placed patients, the increased levels of cognitive and behaviourally challenged patients, the current staffing levels and the over reliance on nursing bank staff. Biggart Hospital is in both a financial and potential clinical crisis There is recurrent funding from HSCP for 71 beds (although staffing for 66). The additional 12 beds open during the past year will, currently, be charged to 'Covid Mobilisation' (£545k) and so are not financially sustainable in the future. The focused work on the future deployment of the Biggart work also needs to be considered within the broader service planning work for adults/older people in South Ayrshire, Caring for Ayrshire planning (including Ayrshire wide work on frailty and Palliative/EOL Care, Ayrshire and South Ayrshire Dementia planning and a range of other plans. The imminent process mapping re older people will be extremely germane in any future planning. This will need to link to some robust modelling re the nature and volume of likely demand, the present and future planned mitigations (services of other) and the sensible utilisation of the Biggart space, expertise and staff capacity.
2	**Biggart – options and clarity re purpose**
	Any solution for Biggart needs to clarify with absolute certainty, what its function or functions is/are both in the short, medium and longer term. Whilst, there may be more radical longer term options for the Biggart facility, in the short to medium term we need to consider its function as linked to: • Stroke Rehabilitation • Hospital based complex care (HBCC) • Palliative and End of Life Care • Functional rehabilitation • Dementia related complex care • Step Up and Step Down Care • Day Hospital alternative?

- Utilisation of Drummond ward
  - Diagnostics
  - Office space
  - Training space
  - Other?

In addition it is an important Ayrshire facility for outpatient MSK hub work.

In terms of the function of the in-patient beds, there needs to be clarity regarding:

- Existing and likely clinical/care demand
- The impact of wider HSCP and NHS A&A working in relation to alternative arrangements that have supporting the person in their own home at the centre
- These include our thinking in terms of Enhanced ICT, Hospital at Home but, also our default positions regarding rehabilitation and including where clinical assessments are carried out
- The demand associated with new models of care for dementia patients (both Palliative/EOL and those with additional challenges)
- The strategic direction regarding our support for Palliative and EOL patients including the impact of community based capacity to support people at home (including Hospice based supports) and the need to support people whose preference is to die in hospital or a care home
- Our wider engagement with GP Practices and Out of Hours/Urgent Care services where Step Up Beds might be supported to mitigate against acute admissions, for example, for very frail patients
- Our commissioning approach regarding the number, acuity and complexity of patients that we ask them to accommodate (both for long term and short term)

3 What are givens and limitations?

- There is a finite budget to be deployed
- The hospital space, in the short term, is a given and although areas could be repurposed - essentially not much can be done space wise without significant capital investment

- Likely limitations re specific consultant Care of Elderly provision and wider medical/clinical leadership
  - Alternative medical cover - GPwSI, ANP. AHP Advanced Practitioner

- Workforce planning – this needs to include the use of formal workforce planning tools for nursing (and others) in terms of ward functions but also recognise:
  Staff absence, illness, age of nursing workforce, limitations of clinical and medical leadership, and, ultimately, the integrity and safety of clinical practiced and person centred care. In addition the use of more expensive agency and bank staffing needs to be considered in terms of long term planning. Over-dependence on Agency/Bank staff is a major clinical and financial risk.
- The MSK Hub is an important facility at present and the planning for this with the associated clinical leadership needs to be factored in to this planning
- The current staff who have office bases in Biggart need to be considered notwithstanding the development of different models of working and use of offices
- Any proposal needs to be developed in the context of the broader Caring for Ayrshire/SA HSCP Strategic Plan reform and the centrality of the 'team around the GP Practice' and moving services to communities

	• The limitations re parking at present mean any proposals that increase footfall and parking needs will be limited • Whilst it may be desirable to consider options for the Biggart as a community facility the lack of parking might prove a challenging limitation •
4	**What are the demand issues we face now and are likely to face in the medium and long term?**
	• Dealing with elderly frail patients who can't cope within their own homes both those identified within the community and those in acute sites • Dealing with high tariff dementia care • Large numbers of single households and, the potential need to find spaces for dignified end of life care • Frail patients who have the capacity to be supported by rehabilitation and move back to their own homes • The need to assess older frail people (although that is usually much better within the context of their own homes) • Long Covid complications
5	**Medical and wider clinical leadership**
	There needs to be consideration regarding Medical and wider clinical leadership for older people's care: • What is the function of Care of Elderly Physicians and where is its main locus? (Acute, Community Hospital, Community) • What is the likelihood of recruiting into Care of Elderly Medical jobs in near future? What alternatives should we develop beyond expensive locums)? • How can we better utilise our GPs and develop more capacity and speciality skills (GPs with special interests) in older people's care? (Could C of E doctors support and provide leadership/mentoring for GPs that provide enhanced support) • Are there new forms of broader based Medical cover (such as Consultants in Hospital at Home services) that are more attractive and provide wider coverage across contexts of care • How do we make good use of other highly skilled clinical staff such as AHP Consultants and Nurse Consultants and Advanced Nurse Practitioners? • How do we nurture and grow clinical leadership and skills?
6	**Longer term thinking and planning**
	As longer term Caring for Ayrshire planning re clinical models and linked estate need, emerges in the longer term, a decision needs to take place re the long term viability of the Biggart facility. This will need to take into account options for: • Complete or partial renewal and rebuild • Part demolishing of existing building and building more fit for purpose estate • Complete demolition and new build with C for A Hub and linked GP Practices (plus, potential for in-patient beds or purpose built step up/step down care home facility)
7	**Medium Term thinking and planning**
	• Options for partial repurposing of Biggart space – for example, in relation to Primary Care access, Community Treatment and Care, etc

	• Options to partially enact component parts of the C for A vision more quickly – for example, access to diagnostics, imaging, outpatient clinics, etc • Option for development for Centre of Excellence for Palliative/EOL Care possibly in partnership with Ayrshire Hospice • Option for specialised support for 'challenging' dementia patients that Care Homes struggle to provide placements for
8	**Short term planning**

	• Consideration of current in-patient medical provision
	• Immediately support clinical hub model to replace the 'Day Hospital' based on NA HSCP
	  o The need for a Hospital and Therapy Team (HATT) like NAHSCP was discussed and agreed that actual increase in ICT and CRT might be more beneficial so wards can refer direct to these teams, moving ICT from upstairs and basing them in Day Hospital might be more advantageous so all AHP services are in one part of the building.
	• Process mapping activity and outputs
	• Understanding our Home First??? thinking and implementation
	• Agreeing core function of Biggart for next 2-3 years, agreeing bed configuration and use of workforce planning tools to identify staffing levels (all within the financial envelope) For example, set ward/bed configuration supporting
	  o Functional Rehabilitation
	  o Palliative/EOL
	  o Challenging dementia patients
	  o Limited Step Up and Step Down

9	**Links to community based provision – Primary Care and HSCP**
	Any proposed model needs to be set in the context of our proposed way of working within communities, in particular, how we support frail elderly people, people living with dementia, and people who are at palliative/EOL stages. This includes our strategic ambition to build teams around GP Practices rooted in local communities including in situ and aligned staff. However, if the ambition was to deliver a Hospital at Home model, then the need for in-patient beds would reduce. We know from models elsewhere in Scotland, that Hospital at Home (working alongside a variety of other community services) can reduce the need for hospital based care for very frail older people.
10	**Engagement process**
	In order to progress work in short, medium, longer terms there needs to be comprehensive engagement with key groups including: • Staff within and working from the Biggart • Broader Medical and clinical staff • Primary Care including the 2 local GP Practices • Service Users and wider community • Prestwick specific groups including Locality Planning Partnership • HSCP managers and staff • Others eg Ayrshire Hospice
11	**Proposed options for short/medium/long term way forward**
	• Extreme Team

Other linked work

Pathway and process mapping

Undertake evidence-based demand and capacity modelling to understand how available capacity serves the demand on the service and model whole system pathways which will enable informed decisions to plan distribution/allocation of resources across the whole system pathway