

Lochaber Redesign

The Initial Agreement (IA) for the new hospital was approved by Scottish Government in 2022 and included a new Rural General Hospital to replace the Belford hospital.

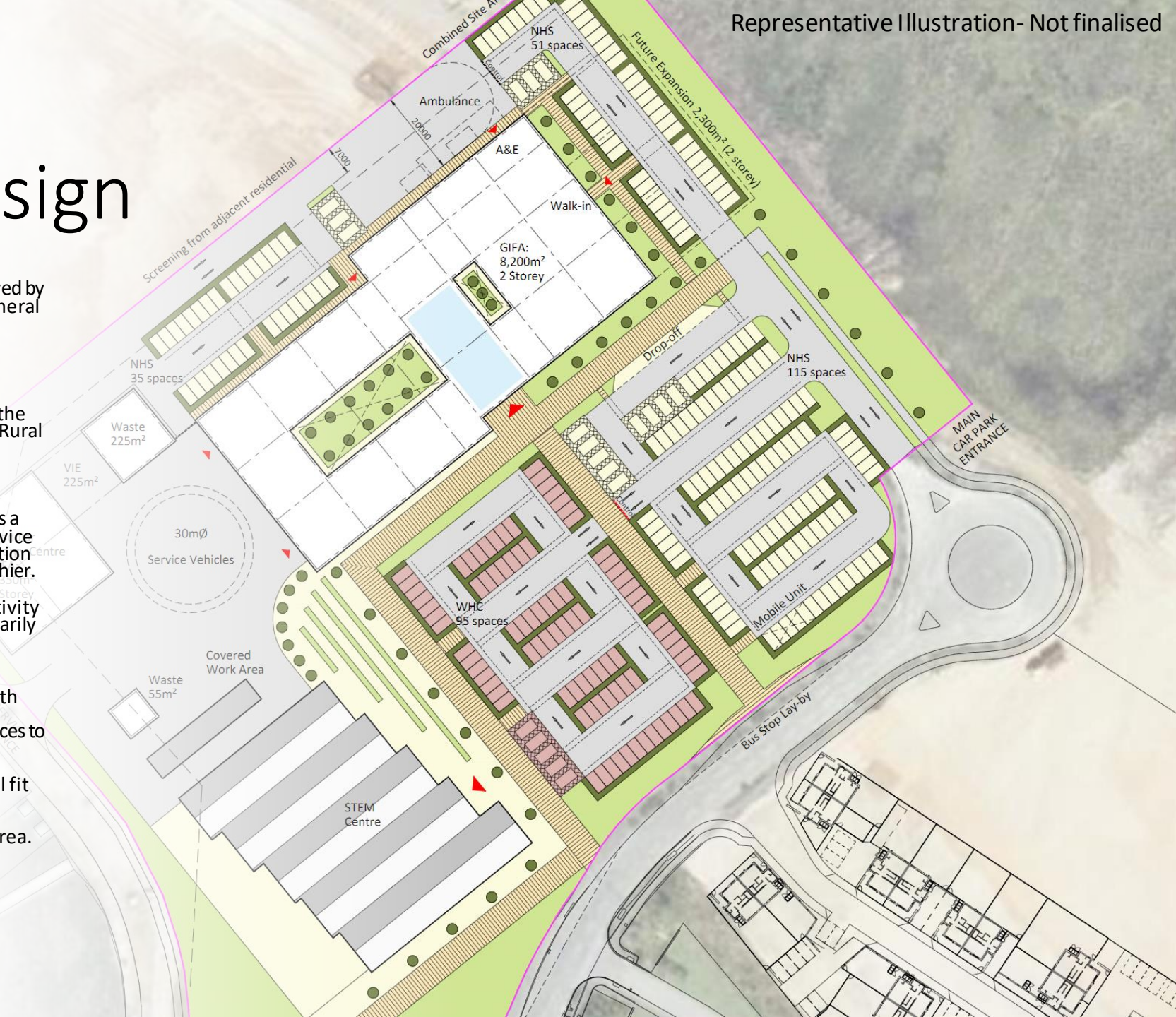
The Service Model, as proposed in the IA included 3 key elements:

- The 'Core Rural General Hospital' Model: This sets out the range of services that should be provided in a modern Rural General Hospital setting, including proposals for how planned and unplanned (emergency) care is managed.
- A focused 'Rehabilitation' Service: recognising the challenges of providing rehabilitation to patients across a remote and rural environment, this element of the service will maximise the benefits of hospital-based rehabilitation and support patients to return home sooner and healthier.
- Increased Elective activity delivered locally, moving activity from Raigmore to be delivered locally, this would primarily be day case treatments or surgeries, and outpatient activity.

The new hospital is part of an overall development of health and care services throughout the Lochaber area. Work is ongoing on developing a vision for community-based services to work alongside those delivered from the new hospital.

This once in a generation opportunity will deliver a hospital fit for the future of Lochaber, featuring a much-improved environment for all patients and staff, enabling staff to work more effectively and enhancing recruitment to the area.

Our aim is to ensure the provision of high quality care and achieve an improved patient and visitor experience for the people of Lochaber and visitors to our area. All services currently provided locally will be maintained.



Community Services

Service Lead- Gavin Sell

Community services support people to live independently, be active, participate and contribute to society and maintain their dignity by providing appropriate services including Care Homes, Care at Home, Therapy staff, Social Work and District Nurses

What are we proposing?

- We plan to support care closer to home, improve outcomes and improve the experience of everyone including staff, volunteers and carers. Services and workforce will be about supporting people to stay in their community
- Introduction of rehabilitation service to provide services more holistically to better meet the needs of people locally making good use of digital technology to maintain independence. We will continue to work with our primary care partners to improve the health of our community
- Expansion of palliative care service out of Care Homes and include more outreach to community to make the care more accessible
- More engagement with other 3rd sector and voluntary services to aid prevention and engage with Housing to look at innovative solutions for the future to harness the power of our communities
- Consultation on the Community Strategic Plan in the near future so that communities can have their say on how services are provided

How is it different to what we have now and why?

- We will ensure our services work well together in an integrated way and are responsive to the needs of individuals. You will receive care and support that you need to remain at home for as long as possible
- Public services are facing financial pressure and there is growing demand for support. We will support people to take positive lifestyle choices and to listen and engage with our workforce
- A focus on a holistic rehabilitation approach where different services work together rather than an individual service approach should ensure better person-centered care and treatment
- Palliation and end of life care has always been provided in Care Homes: Invenmevis House has been trialing a dedicated space for this with space for relatives and both in- and out-reach services to assist people dying at home or in a more homely environment
- Recruitment and projected demographics of the area show we will have more people in need of services in the future with less people able to deliver those services. We aim to work with housing associations to look at better supporting those who need some level of care in the future.



Above: Local care model diagram. Author: Caithness community group



Maternity

Service Lead-Juliet Evans

Midwifery led Maternity Service providing care to all expectant mothers in the Lothaber area with specialist input from Raigmore teams where required. Provision of care for low-risk births locally.

What are we proposing?

- Lothaber midwifery-led model of care will continue, working collaboratively with the wider NHS team whilst providing care within the hospital and care in community settings and people's homes across Lothaber.
- The new hospital will provide an improved environment and experience for patients and families.
- Introduction of obstetric ultrasound scanning locally will improve the level of early pregnancy care provided locally.
- New facility will provide space for parenting/ ante-natal classes, providing a sustainable and reliable service for new and expectant parents.

How is this different to what we have now and why?

- Will meet modern specifications, offering enhanced privacy and dignity with a more relaxed parent/patient focused environment.
- Scanning and obstetric clinic within unit will provide immediate access to further investigations. (E.g CTG/BP monitoring) and reduce the need for travel to Inverness, and the associated time and costs to families.
- The new facilities will enable the midwifery team to better deliver Best Start principles alongside the integrated care team in local community hubs.



Above: Current delivery room



Above: Example of a modern delivery room

Laboratories

Service Lead- Tina Webster

Local testing of samples/ specimens to obtain information about an individual's health allowing for diagnosis, prevention and treatment of disease. Supporting clinical teams in decision making.

What are we proposing?

- An improved lab environment which supports increased efficiency with additional space for personnel, meeting the requirements for modern lab standards.
- Both lab facilities and POC testing (Point of care testing is bedside diagnostics, for example blood sugar testing) facilities will be maintained/enhanced.
- Lab based services, maintaining routine blood sciences and transfusion activities including microbiology, supporting diagnostic management for patients
- Enhancement of Point of Care routine bedside testing, for example, blood sugar monitoring.
- On-call system remains in place, providing out of hours support for transfusions, overdose, coagulation etc.

How is this different to what we have now and why?

- Better supported by digital health systems. Allowing rapid diagnosis and information sharing allowing all clinicians to have immediate access to results, supporting improved patient care.
- Increased availability of POC testing. Right test in the right place at the right time to support clinical decision making and patient flow.
- Enhanced environment and introduction of Point of Care Testing will optimise sample transportation, meaning faster results.
- Supports increased same day emergency care activity due to being able to provide rapid diagnostic testing for patients.



Above: Current laboratory



Above: Example of a modern laboratory

Rehabilitation Unit

Jo McBain- Director of Allied Health Professionals

Rehabilitation will be delivered on a continuum model from prevention, supportive self-management and pre-rehabilitation to specialist practitioner intervention to optimise physical, mental and social wellbeing. We will work in partnership with people to support their needs using an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.

What are we proposing?

To best meet the needs of our Patients, rehabilitation will be offered across all care settings from primary care, where we can support the prevention of health deterioration by early interventions, through to the hospital setting where we will support patients through all phases of their in-patient stay including discharge and their care needs following discharge.

As part of this continuum offer, the bedded rehab unit will deliver:

- Specialist rehabilitation interventions will be delivered by an Allied Health Professions team including Dietetics, Physiotherapy, Podiatry, Occupational Therapy, Speech and language therapy with support from Pharmacy and Psychology as required.

How is it different to what we have and why?

- Rehabilitation, as a unified approach involving all the ward team members, to provide a 24/7/365 service to ensure a comprehensive approach for our Patients.
- A whole team approach to encourage and support our Patients involving family, friends and volunteers, as well as skilled professionals to participate as fully as they are able in all activities of daily living.
- Rehabilitation will be based on a partnership with our Patients, agreeing goals with Patients, our ward teams, and those who support them at the heart of their care.
- An improved environment will provide opportunities for both focussed intervention and rehabilitation as part of daily living to promote independent activity.



Above: Current physiotherapy room



Above: Example of a modern physiotherapy room

Radiology

Service Lead- Niall Lloyd

The Radiology Service uses medical imaging to guide clinical decision making and treatment for patients in the Lochaber area. There are a number of 'Modalities' under Radiology, for example, Ultrasound Scanning and DEXA scanning.

What are we proposing?

- An enhanced multi-disciplinary team model, including increased local input from the consultant Radiologist Service.
- Extension of core hours which supports greater access to patients across a 24- hour period. At peak times for the emergency department, radiology can provide improved support and quicker diagnosis for patients.
- Digitally enabled services. Allowing rapid diagnosis and information sharing allowing all clinicians to have immediate access to results, supporting improved patient care.
- Providing facilities for visiting mobile services, such as an MRI scanner.
- Utilisation of new technology to bring services into the community, for example, portable ultrasound scanner.

How is this different to what we have and why?

- Ability to offer more diagnostic services and host visiting services so fewer people will need to travel to Inverness or even into Fort William.
- All supported by the new digital infrastructure. Giving clinicians greater access to digital diagnostic tools and results.
- Alignment of core working hours will support the Improved SDEC (Same day emergency care) service.



Above: One of the current X-Ray rooms in the Belford



Above: A newly handed over NHS X-Ray room

Emergency Department

Service Lead- Chris Stirrup

The Emergency Department (ED) is staffed and equipped to provide high level emergency care to the residents of Lochaber. ED also provides support to all in hospital and community through its triage mechanisms.

What are we proposing?

- Continue to provide the same high standard of Emergency Health Care that the Belford Hospital is renowned for within the Scottish Trauma Network.
- Create a high quality, modern environment for the provision of Acute & Unscheduled Care, including a compliant and comfortable Place of Safety for people requiring support with mental health care needs, as well as an enhanced environment for patients of all ages and their families and carers.
- Co-location of Emergency Department, Minor injuries unit and primary care out of hours service will allow us to quickly direct patients to the appropriate care service. Reducing patient wait times and speeds up diagnosis.
- SDEC (Same Day Emergency Care). SDEC is a new capability intrinsic to the new hospital model which combines rapid testing and assessment with close links to community-based services avoiding unnecessary admission to hospital for patients who can be more effectively managed at home.

How is it different to what we have and why?

- The new facilities will provide an enhanced environment with adequate space to enable staff to work more efficiently and effectively, reducing patient waiting times.
- Facilities such as the multi use plaster room will be located so that they can be accessed efficiently by the Emergency Department, Virtual Fracture Clinic & Outpatients Department.
- Separate entrances for Ambulance & Self Presenting patients providing improved patient dignity.
- Central Administrative area which serves all the associated services within ED.



Above: One of the current resus rooms in the Belford



Above: A modern resus room

Outpatients

Service Lead- Mandy Sillars

Outpatient department (OP) a mixture of clinics booked for patients to be seen locally. The department provides expert care for those with planned attendance who do not require an overnight stay. This could include a virtual fracture clinic, consultant review or blood sampling.

What are we proposing?

- Retaining a mixture of clinics, delivered by both resident and visiting Specialty Clinicians, for example a respiratory physician seeing a patient with asthma.
- Introduction of online booking will allow patients to book a time that suits them. Patient follow up appointments arranged flexibly around patient need/ condition and presentation.
- Concentration of all Outpatient level activity to one area within the hospital, featuring flexible use clinical spaces alongside high-quality waiting areas.
- Hybrid Outpatient appointment approach, including virtual and telephone conversations, as well as face to face consultations.

How is it different to what we have and why?

- Physical capacity in terms of the type and number of rooms will be more closely aligned to demand.
- Enhanced environment for both patients and their relatives, for example waiting spaces with access to outside space and café.
- Flexible accommodation to support evolution of new services and treatments within a single outpatient department.
- Increased self-management and patient-initiated returns gives patients more control over their treatment.
- Optimal use of digital health systems and applications to support patient service access and information management/ communications.



Above: Current Outpatient Clinic Room



Above: An outpatient waiting area within a new NHS facility

Acute Inpatient Ward

Service Lead – Eilidh MacDonald

Inpatient Department provides care to those requiring overnight care and who would be inappropriate to remain at home. This supports close monitoring of patients and access to the full multi-disciplinary team supporting discharge planning.

What are we proposing?

- 24 single rooms with en-suite WCs in one acute inpatient ward, including flexible use rooms supporting higher levels of observation.
- Day Case (DC) unit will be separate and provided as part of integrated theatres unit, reducing current conflicts in bed demand.
- Shared spaces with the rehab unit to optimise use of resources. Consistent room design allowing for flexibility between acute and rehabilitation ward as demand fluctuates.
- There will be no change to the level or complexity of care that we provide in the new Hospital. When required, higher levels of observation and care will be delivered in single rooms rather than a separate HDU facility, utilising monitoring technology and design to ensure closer observation of our patients. This will allow skilled clinical teams to provide greater flexibility with enhanced care based on individual needs and improved privacy and dignity for patients and families.
- Ward layout designed to optimise visibility and maximise the use of technology in patient monitoring.
- Patient accessible Wi-Fi.

How is it different to what we have now and why?

- An improved environment for patients, with single rooms providing increased privacy, dignity and safety as well as flexibility for visiting family and less disrupted rest. These will be supplemented by high quality communal spaces and spaces for families, as well as right-sized, modern support spaces to help staff care for patients more effectively.
- MDT (Multidisciplinary Team) available to provide full in-reach support. For example, physiotherapy, OT, Dietician, social work all providing rapid 360-degree review. Single rooms provide a space to deliver treatment without the patient having to move repeatedly.
- Elimination of shared toilet facilities improves infection prevention and control.



Above: One of the current multi-bedded ward rooms



Above: A single inpatient en-suite bedroom within a new NHS hospital

Renal/ SACT/ Infusions

Service Lead-
Heather Andrews (SCN Renal Unit)
Derek McBride (Macmillan Team Lead)

A specialist multi-disciplinary environment meeting the needs of those requiring day case Renal Therapy and for those requiring day-case infusion, including Chemotherapy.

What are we proposing?

- Dedicated spaces for both Renal and SACT (Chemotherapy)

Renal Dialysis

- Proposal to expand to a 6 day a week service.
- Patient led care planning promoting self care with the ultimate aim to dialyse in own home.

SACT (Chemotherapy)/ Infusions

- More space to allow for increased number of treatments as evidenced by the growing number of referrals for infusions from GPs and other specialties over recent years.
- Scope to allow for increased range of treatments. For example, day case blood transfusion.

How is it different to what we have now and why?

- Dedicated space ensures flexibility to provide more treatments locally. Fewer patients travelling to Raigmore Hospital.
- Appropriate equipment storage and dedicated treatment preparation areas allows staff to work more effectively.
- Enhanced purpose-built environment for patients for both Renal and SACT.



Above: One of the SACT/ Renal bays within the current SACT/Renal unit



Above: An example therapeutic space for delivery of either Renal or Chemotherapy

Non-Clinical Admin & Office

Service Lead- Klara Campbell

Essential support function to all staff providing healthcare and patients/ families using the hospital.

What are we proposing?

- People who work together across disciplines, co-located to support collaboration.
- Hot desks throughout the clinical areas of the hospital allowing bases for visiting staff and clinicians.
- Open plan modern office spaces, supported by appropriate meeting and private breakout spaces providing an enhanced and flexible work environment.
- Aim to remove physical paperwork and move towards an EPR (Electronic patient record) which will improve information sharing.
- A fit-for-purpose, multi-use Education Room. Enhancing opportunities for training while reducing external facility usage and optimising Clinicians' time.

How is it different to what we have now and why?

- Hot desks within clinical areas allow staff and clinicians to be closer to the patients.
- Co-location of all those using non-clinical based office environments in a centralized area, promoting collaboration as opposed to current segregated offices.
- Electronic records - will eliminate the need for a physical medical records store.
- Education facilities - Improved utilisation to support ongoing staff development .



Above: One of the current offices within the Belford



Above: An example of an open plan office space within NHS

Theatres/ Endoscopy & Day Surgery

Service Leads-

Pauline Yeung (SCN Theatres)

Lesley Pow (SCN CAU/DCU)

An adaptable Theatre/ Endoscopy/ Day-case unit to meet patient need in the Lochaber RGH environment.

What are we proposing?

- An increase from one to two fully compliant theatres, each with an anaesthetic room, will enable access for emergency surgical patients without interrupting/ cancelling elective (planned) surgical lists.
- Integrated theatres and day case unit, independent of Inpatient facilities, encompassing elective day case activity and Endoscopy activity.
- 24-7 access for emergency surgery when required.
- Provision of a 8-space Day Case (DC) unit, separate from the inpatient ward, will reduce current conflicts in bed demand. This is supported by the seated discharge lounge.
- Integration of the team and flexible capacity within a state-of-the-art facility will allow a flexible patient-focused approach, better meeting demand.

How is it different to what we have now and why?

- Increased theatre capacity would allow for more efficient use of the facilities and increased activity to be delivered locally.
- Ability to perform emergency surgery at the same time as elective, maximising the new layout for patient benefit reducing disruption to planned activity.
- Second theatre provides resilience under maintenance periods.



Above: A day case bay within Belford Hospital



Above: An example of a theatre within NTC Highland

Pharmacy

Service Lead – Alex Kelso

Providing Pharmaceutical support to patients within the hospital environment and providing pharmacy support to the Vaccine Teams across Lochaber and Argyll & Bute.

What are we proposing?

- Improved team working as part of the wider NHS Highland Acute pharmacy network. Working as collaborative partners across NHS Acute and RGHs in particular.
- Optimising use of diverse skill sets across various roles in the Pharmacy Team e.g. checking technician, med rec, prescribing etc. RGH staff working to the “top of their licence” and achieving optimal, cost-effective outcomes from medicines use. Providing a high level of pharmacy input for both Inpatients and Outpatients
- Undertake the distribution and supply activities of pharmacy for the RGH. Operate the vaccine centre for the region (Lochaber & Argyll & Bute)
- Optimising working as integrated MDT alongside acute colleagues & maximising use of staff time to support clinical value adding activities such as medication reviews.
- Flexible evolution of use of technology as expectations change.

How is it different to what we have now and why?

- Service provision better matched to demand, with earlier involvement in the patient pathway, e.g. from ED onwards through to discharge providing the optimal level of value/ input.
- Adequate purpose designed space will allow efficient storage and dispensing of medication. Timely medication supply (e.g. Discharge planning at admission, near patient dispensing); access to pre-pack medication for supply out-of-hours.
- Identification and responding to medicines-related admissions; early discharge planning.
- Services delivered efficiently, making optimal use of diversified skill mix in the team, with all team members working at the topmost level of their clinical training.



Above: A room within the current pharmacy department



Above: An example of a modern pharmacy department

Hard Facilities Management/ Estates

Service Lead- Allan Ross

On site management of Plant, Equipment and Grounds of NHS Facilities. The local Estates Team are responsible for the maintenance of the hospital site as well as twenty-two other NHS sites within Lochaber with central support from Raigmore.

What are we proposing?

- Maintaining Estates Hub based in Hospital covering the other Lochaber NHS Highland sites.
- Modernise Building Management Systems to provide remote access to NHS Highland site services and self-monitoring capabilities including asset tracking. Supports self-management by the local team.
- Enhancing staff roles with training in potential energy-saving innovations.
- Modernisation of plant to meet current sustainability targets.
- Continue scheduled maintenance activity programme adapted to accommodate more modern building needs. Therefore releasing more capital for patient care and not maintenance of the building.

How is it different to what we have now and why?

- Access to modern building management systems (BMS) to provide remote self-monitoring and fault indication. Reduced time on routine inspection.
- Energy efficient plant and equipment will reduce carbon footprint.
- Separate flows/ access routes throughout the hospital for FM services, avoiding the need to cross over with patients and visitors, improving privacy and dignity and decreasing cross infection risks within the hospital.



Above: An example of one of the current estates workshops



Above: An example of modern plant

Soft Facilities Management

Service Lead- Steven Miller

On Site Management of Cleaning, Food Preparation, Portering, Security and Laundry Services.

What are we proposing?

- Production Laundry in hospital for scrubs etc. Retention of Raigmore as central laundry for sheets etc.
- Improved central stores function, supported by portering staff.
- Direct meals service for Inpatients ensuring all nutritional needs are met. Increasing the ability to deliver meals to patients out with "service" times where required, supporting freedom of choice.
- Defined range of freshly prepared food available for staff and visitors in a café environment.

How is it different to what we have now and why?

- Public Café allows visitors to access catering services and provides alternative waiting environment within the hospital. Enhancing environment and patient/ public experience.
- Direct meals service improves consistency of food quality and nutritional content, with increased range/ choice of meals available and more options to manage specific dietary requirements. This also reduces food waste.
- Ability to prepare small numbers of meals at ward level out with core service hours improves patient-centred care and patient choice, reflecting individual needs.
- Separate flows/ access routes throughout the hospital for FM services, avoiding the need to cross over with patients and visitors, improving privacy and dignity and decreasing cross infection risks within the hospital.



Above: The current kitchen area at Belford Hospital



Above: The public café at Raigmore

Whole Hospital Services and Facilities

Service Lead- Tina Webster

What are we proposing?

- Support for active travel, with optimised external spaces including green space environments. E.g safe bicycle storage, clothes driers and shower facilities.
- Main entrance atrium with staffed Reception and self check-in kiosks. Enhanced patient independent wayfinding. Comfortable and non-clinical environment for waiting.
- Public and staff accessible café enhancing choice and experience in the building.
- Sanctuary area accessible to visitors and staff, increasing resources for people of any faith and wider NHS team requiring a therapeutic private space.

How is it different to what we have now and why?

- Fit for purpose environments allowing flexibility and enhanced therapeutic environment for all.
- Community welcomed into the hospital, visitors well supported.
- Digital health solutions to complement staffing model, therefore enhancing patient care. e.g patient wi-fi.
- Improved patient dignity and privacy throughout all aspects of a hospital visit.



Above: External view of Belford Hospital



Above: An example of a modern NHS hospital with effective external green space