

# Scottish Borders Health and Social Care Partnership Integration Joint Board

15 November 2023



Scottish Borders  
Health and Social Care  
PARTNERSHIP

## Medical Cover at Kelso & Knoll Community Hospitals

Report by Cathy Wilson, General Manager, Primary and Community Services & Dr Tim Young, Associate Medical Director, Primary and Community Services

### 1. PURPOSE AND SUMMARY

- 1.1. **This report is to update the Integration Joint Board on the situation with medical cover at Kelso and Knoll Community Hospitals.**
- 1.2. Kelso Medical Group Practice has provided NHS Borders with six months' notice to withdraw from the Community Hospital Local Enhanced Service (LES). This means that the GP medical care support currently provided to the Community Hospital will cease from 29 March 2024.
- 1.3. This is consistent with their rights under the GMS contract, with medical support for a Community Hospital providing Healthcare an additional service that they may choose to contract for. The basis for this decision has been advised as the need to prioritise the sustainability of their core GMS work and to create a safer working environment for their Practice patients and staff.
- 1.4. The Consultant Geriatrician supporting the Knoll Community Hospital is on a fixed term contract which is due to end on 31 March 2024.
- 1.5. There is an urgent need to review the medical care model that supports all four community hospitals in Kelso, Duns, Peebles and Hawick.

### 2. RECOMMENDATIONS

#### 2.1 The Scottish Borders Health and Social Care Integration Joint Board is asked to:

- a) **note** the situation in relation to medical cover at Kelso and Knoll Community Hospitals from 1 April 2024;
- b) **note** the work that will start to review the future model of care for the Community hospitals;
- c) **note** that this work will require significant public and staff engagement; and
- d) **note** that linked work has started to identify and assess options for ongoing medical cover for the Community Hospitals from April 2024.
- e) **issue** a direction to NHS Borders.

### 3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X	x			x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
X	x	x	x	x	x

### 4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is required and is attached for approval by the IJB.

### 5. BACKGROUND

5.1. Currently, there are four Community Hospitals in the Borders, with a total of 92 beds. Each hospital has its own arrangement for medical coverage:

5.2. Kelso Community Hospital:

<b>Location</b>	Kelso / Cheviot locality
<b>Bed Capacity</b>	23 (plus 1 surge bed)
<b>Medical Cover arrangement</b>	Quarterly payments as part of a Community Care LES agreement
<b>GPs/Consultant</b>	Kelso Medical Group Practice

5.3. Knoll Community Hospital, Duns:

<b>Location</b>	Duns / Berwickshire
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<b>Bed Capacity</b>	23 (plus 1 surge bed)
<b>Medical Cover arrangement</b>	Monthly salaried payments
<b>GPs/Consultant</b>	Combination of Community Geriatrician and middle grade doctors* for the Berwickshire Locality. * Fortnightly rotated Junior Doctors from DME

5.4. Hawick Community Hospital:

<b>Location</b>	Hawick / Teviot
<b>Bed Capacity</b>	23
<b>Medical Cover arrangement</b>	Monthly salaried payments
<b>GPs/Consultant</b>	<ul style="list-style-type: none"> <li>• Teviot Medical Practice Group (14 beds)</li> <li>• Mairches Medical Practice (9 beds)</li> </ul>

5.5. Hay Lodge Community Hospital, Peebles:

<b>Location</b>	Peebles / Tweeddale
<b>Bed Capacity</b>	23
<b>Medical Cover arrangement</b>	Quarterly payments as part of a Community Care LES agreement
<b>GPs/Consultant</b>	<ul style="list-style-type: none"> <li>• Tweed Practice (Haylodge Health Centre)</li> <li>• Neidpath Practice (Haylodge Health Centre)</li> <li>• St Ronan's Medical Practice, Innerleithen</li> </ul>

5.6. NHS Borders, within our Medium term plan, has previously set out the need to review the long term Model of care for our Community Hospitals. This was included in our Annual Delivery plan (ADP) as work that should commence in 2023/24. This commitment is in line with the strategic aims set out in the jointly agreed Strategic framework to:

- Improve Access to services;
- Rise to the workforce challenge;
- Improve our effectiveness and efficiency.

5.7. Over the last 10 years the use of our Community hospitals has continued to evolve in response to service demand. This has accelerated over the last few years, as a result of the service pressures experienced during the pandemic and the increased number of patients in the hospitals whose care would be more appropriately provided in the Community, either at home with care or in a Care facility. Recent Day of Care audits have indicated that up to 70% of patients in our Community Hospitals could be more appropriately cared for elsewhere. This has obviously impacted on the nature of the healthcare provided in the hospitals, with for example, much less post operative rehabilitation now taking place in our Community Hospitals.

5.8. As set out in the Strategic framework, we also recognise the need to plan for the future needs of our population, recognising the changing demographics of both our patients and workforce.

## 6. ASSESSMENT

- 6.1. It is recognised that the outcome of discussions on the future model of care in our Community hospitals is integral to the alternative options to provide medical cover in these facilities.
- 6.2. It is therefore proposed to progress this work as a single project.
- 6.3. A steering group for leading the review of the Community Hospital medical model has been established and they have identified the need to complete an options appraisal exercise to identify a preferred option. The membership of this group will need to be reviewed to ensure this is appropriate to address the longer-term Model of care assessment, including input from across the whole of Health & Social care.
- 6.4. This work will require significant public and staff engagement.
- 6.5. It is likely that the work on the Models of care for the Community Hospitals and the implications of this for service transformation, including Public and Staff engagement, will take at least 6 months. This may well take considerably longer, depending on the service modelling and engagement that is required.
- 6.6. In light of the timescales around changes to the Medical cover for these hospitals, the decisions, or at least interim decisions in relation to this, will be required before March 2024. This may also require interim decisions to be made on the use of Community hospitals after this, depending on the feasibility of interim arrangements.

## 7. IMPACTS

### Community Health and Wellbeing Outcomes

- 7.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	No impact
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase

4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	No impact
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	No impact
7	People who use health and social care services are safe from harm.	No impact
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

### **Financial impacts**

- 7.2. The review of options for the medical cover at the Community Hospitals will include a full financial options appraisal.

### **Equality, Human Rights and Fairer Scotland Duty**

- 7.3. An initial start has been made on the Stage 1 Proportionality and Relevance document and we are planning to hold further discussion on this with the wider stakeholders, including public representatives, at the next meeting of the steering group. For noting, the intention in relation to public representation is to seek someone from each of the four localities that have a Community Hospital.

- 7.4. The initial assessment has highlighted that all protected characteristics will be impacted by this work given that people with any of these characteristics can be an inpatient or staff member at the Community Hospitals.

### **Legislative considerations**

- 7.5. None.

### **Climate Change and Sustainability**

- 7.6. Any impacts on climate change and sustainability will be identified and considered as part of the options appraisal process.

### **Risk and Mitigations**

- 7.7. The main risk relates to the need to identify an interim arrangement for the medical cover for Kelso and Knoll Community Hospitals before the end of March 2024.

## **8. CONSULTATION**

### **Communities consulted**

- 8.1. This will be undertaken following completion of Stage 1 of the Equality & Human Right Impact Assessment.

**Integration Joint Board Officers consulted**

- 8.2. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.
- 8.3. In addition, consultation has occurred with our statutory operational partners at the:
  - HSCP Joint Executive

**Approved by:**

Ralph Roberts, Chief Executive, NHS Borders

Chris Myers, Chief Officer, Scottish Borders Health & Social Care Partnership

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**Background Papers:** N/A

**Previous Minute Reference:** N/A

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