

Nairnshire as a model for Integrated Health and Social Care in Scotland and beyond.

This article is written in response to Paul Gray's - "A Critical Moment for Health and Social Care-article in Reform Scotland".

All the evidence supports the simple fact that the NHS and Social care have been a remarkable success since 1948. We have the fittest elderly population ever and the ability to help many people's social care needs. Taxation is the fairest way to pay for this and we have to show value for money in this.

However, we know we now need to change the model to meet current and future needs.

What do individual patients and their communities need?

Well, they like continuity of care, local services and a feeling of confidence that they are getting the best possible clinical care-balanced against the most certain fact that we will all be born, and we all will die!

Above all they like honesty and reality. Covid has reinforced the futility of thinking that Big Hospitals or Big Nursing Homes can keep people alive forever.

Poverty has been seen a major contributor to early deaths - well the Greeks worked out 6000 years ago the link between healthy minds and healthy bodies!

What then is the future model?

If we look at Nairnshire and the outcome of all the Community Consultation we did before settling on the Integrated Model, what do we find?

The priority must be the best community care we can deliver. What do I mean by that?

It is important that we try and deliver the best care package for each individual and then maximise the Community team to ensure that as much as possible we identify and intervene early and positively throughout each person's whole life - the old cradle to the grave ideal of Scottish General Practice. Early and consistent care has been proven over most conditions to yield the best results.

The best way of describing this multi- agency, multi -disciplinary team is to compare it to Alex Fergusson training and picking the best side possible for every game. The more confident and trusting they are of each other's skills and abilities - the better the outcome. It is a great benefit to the individual patient to have all these different professionals and carers sharing information and knowledge to reach the optimum care package for each individual.

Using both the Community Hospital and the Mental health Team's approach, we could see a consistent benefit in that joined up thinking way of working.

The simple use of the one building allowed all the staff to work and train together. Hard and soft information was shared to the benefit of all.

The practice still does it own on call with one of the Community hospital nurses answering the phone out of hours What a massive benefit that has been.

The Community Hospital with the General Practitioner as the medical lead allows continuity of care and delivers the optimum Community care package for each individual.

It also has allowed us to deliver first class palliative care either in the hospital or in the nursing homes or in the patient's own home. Wherever is best for the individual. Nearly 80% of our patients are dying in Nairnshire under the Community Care Teams agreed and supportive care.

Minor injuries are well dealt with using local x-ray, physiotherapy, hydrotherapy and nursing care.

The positive links between the Social care team and the health team are obvious to all and especially important around vulnerable families - including where mental health, drug or alcohol problems are present.

Contracts

Nairn has had vast experience of not just the General Medical Services (GMS) contracts but also a wide range of intermediate care contracts. The individual patient does not and should not care who is employed by which organisation or their terms of service. They want to have the best care package delivered in an integrated and friendly professional manner which meets their current need. We need to commission the whole team approach and prioritise integrated community care. We also need to have maximum local flexibility and the team should go where suits the patient best rather than try to put them into silos. This will depend on really good local DATA and fits well with which bed did you sleep in last night especially for the over 75 population.

Finance

We have long agreed that taxation is the fairest way to pay for Health and Social. If we prioritise Integrated Community Care, we have excellent financial DATA to confirm that we can deliver this highest quality clinical within our Fair Share Integrated health and Social care budget and help to iron out some of the historic funding anomalies

Place Planning

The Scottish Government using Community Empowerment is committed to delivering Place planning in all localities. Why is this so important?

Well, Covid has again identified the differing outcomes depending on relative wealth or poverty. Health and Social care cannot solve all the problems - good housing, good education, good jobs and above all a green sustainable environment all can add massively to good health and fewer social problems.

Nairnshire is working hard on this model, and I think Highland and Scotland will benefit greatly if we can make it work and deliver the sustainable and affordable future, we all want to leave as our legacy

Dr Alastair L Noble

MBE

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