Lochaber Redesign:
Service Model Question and Answers

Will there be a high dependency unit (HDU) in the new hospital?

There will be no change or reduction in our ability/capability to manage complex patients with more serious illness in the new hospital.

In terms of rooms and physical spaces, higher levels of observation and care will be delivered in single rooms rather than a two-bedded HDU facility (as is currently the case), utilising monitoring technology and design which ensures good visibility, observation, and management of our patients. This will allow skilled clinical teams to provide greater flexibility in the delivery of clinically complex and advanced care, based on individual needs with improved infection control. This approach will also enhance privacy and dignity for patients and families. The current planning assumption is that two rooms, in observational line of sight of the MDT (Multidisciplinary Team) station, will have slightly higher technical specification, to allow appropriate technology to be deployed where the clinical need of the patient requires more enhanced care.

Patients admitted for a planned operation will have access to advanced monitoring and supportive treatment as required by their clinical condition. However, if their condition deteriorates, or they have another serious illness affecting their health, they can be supported with the implementation of enhanced care at HDU (Level 2) or Intensive Care (Level 3), and a plan for hospital transfer as necessary. Patients admitted via the unscheduled care pathway (i.e. emergency admissions) will also have access to these advanced levels of care and if they remain unstable, hospital transfer may be required.

How many theatres will be in the new building, and will there be a separate endoscopy room?

The new hospital will have two theatres, fully compliant with modern standards. Endoscopies will be carried out within the theatre environment rather than a separate facility. The current hospital has one theatre and one endoscopy room.

Currently the theatre operates two sessions a day, four days a week. We can increase activity by 25% simply by expanding to 5 days in one theatre. There is also scope to increase the length of the morning and afternoon sessions to add additional capacity in future if needed, before activity would overspill into the second theatre.

The second theatre will normally be used for endoscopy which currently operates a half-day session, 4 days per week. Provision of a second theatre rather than an endoscopy room improves resilience in terms of having a back-up theatre when maintenance is required. It also provides capacity to accommodate emergency surgery activity without disrupting planned activity in the first theatre. While this may occasionally impact on the endoscopy list, it should not lead to cancellations as is currently the case.

Overall theatre occupancy, including endoscopy and projected additional elective activity suggests we need 1.4 theatres; therefore, we are satisfied that two theatres are more than sufficient. This is the level of information required to evidence the need for two theatres in our business case.

What diagnostic facilities will be in the new hospital? Will there be an MRI (Magnetic Resonance Imaging) or a DEXA scanner?

The new hospital will have a CT (Computerised Tomography) scanner, X-Ray, and ultrasound as currently. In addition, we will be adding an obstetric ultrasound scanning service and facilities to accommodate visiting services, including a mobile MRI scanner. The MRI and other mobile scanning such as the Bone Density Scanner (DEXA scan) have specific service and power requirements. These requirements will be provided at a designated parking point adjacent to the hospital via a docking plinth.

We are exploring a plan to transfer the obstetric ultrasound service from Raigmore, which would significantly reduce travel to Inverness for expectant mums.

We have assessed the need or otherwise for permanent provision of MRI, however there is insufficient activity to support a permanent service locally, compounded by issues of workforce availability. In Lochaber, MRI would only ever be used for routine planned activity, with emergency activity continuing to be delivered from Raigmore or elsewhere, where there is appropriate wrap-around care. In terms of numbers, in 2022 there were 669 MRI scans carried out at Raigmore on patients from Lochaber. Of these, 275 are routine activity that would be suitable for scanning locally, which averages to 5 or 6 patients a week.

Likewise in terms of DEXA scanning: approximately 100 patients currently travel from Lochaber to Dingwall each year, which is not enough activity to justify a permanent local service.

As part of our standard operational processes, waiting times and waiting lists are monitored and assessed on a weekly basis. Where need is identified, additional mobile scanning would be commissioned, as necessary.

If the demand for MRI increases in the future, the provision of the plinth and infrastructure for the visiting MRI scanner has the potential to connect a permanent scanner, as is currently in place at Raigmore.

How many beds will there be?

The table below shows a comparison between the current and proposed bed numbers:

Current provision (At time of Initial Agreement)	**Future provision**	**Comments**
17 Combined Assessment Unit beds	24 beds on acute ward including High Dependency capacity	The overall inpatient bed complement is for the peak demographic and seasonal projection, which means it includes beds needed for flexing up during times of pressure and reducing when the need is lower
2 High Dependency beds		
15 Ward 1 Rehab beds	14 rehab beds	
9-day case recovery trolleys within ward	8-day case recovery trolleys plus 6 spaces in discharge lounge	Adjacent to theatres, separated from ward
Community Midwifery Unit with one single room labour, delivery, recovery and postpartum (LDRP) suite	Community Midwifery Unit with one single room labour, delivery, recovery and postpartum (LDRP) suite and additional single room	Midwifery team will continue to support home births as now. Enhanced antenatal service will see scans and clinics delivered locally, however higher risk deliveries will still take place in the consultant-led maternity unit at Raigmore
Same Day Emergency Care (SDEC): no provision currently	SDEC (Same Day Emergency Care) - 2 treatment spaces subject to ongoing clinical discussions	SDEC provides additional capacity, managing patients who might otherwise have had a short stay in a bed. With 2 treatment spaces and up to 8 waiting spaces. It is anticipated that daily numbers of patients treated through SDEC are unlikely to exceed 6 on average
No Place of Safety currently	Single room Place of Safety	
Total: 34 beds **9 recovery spaces**	**Total: 38 beds** **8 recovery spaces** **6 discharge lounge spaces**	**Potential additional SDEC capacity (2 assessment spaces)**

Bed modelling is planned, based on 80-85% capacity and takes account of service demand, future demographics, and population peaks (e.g. higher admissions due to flu in winter, tourism in summer).

Will there be separate wards for medical, surgical and rehab patients?

There will be one acute ward for both surgical and medical patients, and one rehab ward. This reflects the overall anticipated numbers of patients, which would make separate wards difficult to sustain, and that many patients will have medical conditions as well as a surgical issue, requiring a more generalist approach.

Both wards will have standard layout, single en-suite rooms which will allow numbers to fluctuate between specialties as necessary, for example in the event of another pandemic.

How will the Rehabilitation Unit be different from now?

The provision of a 14-bedded in-patient facility is only one element of the Rehabilitation strategy. 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 beyond.

This integrated approach, which seeks to avoid admission, works with partners in Primary Care, Social Care and Third Sector. By working across the Community with in-reach to the hospital and using the range of resources, the Rehab Team provides enhanced continuity of care.

As part of this continuum offer the 14-bedded rehab unit will deliver:

- 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. This will be provided in a purpose-designed and built 14-bed inpatient unit which provides the essential elements to support the rehab effort to maximise the abilities of our patients. Unlike the current environment, which is a traditional, multi-bed ward, the facility will be designed to encourage independent activity (e.g. access to external space which incorporates different surfaces to encourage mobility, ability to make their own drinks and snacks to encourage independent living) and will be on a single room basis which allows treatments and consultations to be delivered in the patient's own room.

- 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. The ward will be managed by a multi-professional team.

- 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. Involving family and friends during the hospital stay will help them to continue to effectively support patients at home.

- Rehabilitation will be based on a partnership with our patients, agreeing goals with them, our ward teams, and those who support them at the heart of their care.

Will there be a dedicated room for palliative/end-of-life care? Will there be space for family supporting a dying relative?

It is important to note that where they have the choice, most people will choose to die at home or in a home-like setting such as a care home. However, the hospital always has and always will care for patients at end of life, including provision of pain relief and any other necessary clinical care. All single rooms will have capacity to support families for those patients who are unable to spend their last days at home. The rooms have space to include facilities such as pull-down beds or recliner chairs. By ensuring all rooms are suitable for end-of-life care, we avoid having to move patients during their last days, particularly those who may deteriorate quickly or unexpectedly. There are facilities within the hospital for quiet reflection and families to spend quiet time alone during difficult times, including a multi-faith sanctuary space. Adjacent to the ward area will be a room which can be given over for use by families.

Will there be a chemotherapy suite?

Yes, there will be a chemotherapy suite and a renal dialysis unit. Currently this is a shared facility which limits the number of treatments we can provide; having separate treatment areas will increase capacity in this area of growing demand. The chemotherapy suite will also be used to deliver infusions and blood transfusions as now.

Will there be a Place of Safety for patients with mental illness?

Yes, there will be a single room facility, specifically designed to provide a place of safety for patients with significant distress while they await transfer to a specialist bed.

Which additional outpatient clinics and services will be provided under Option 4 (increased elective activity delivered locally)?

We are making plans so that the new hospital will be able to have an increased range of specialties which can be delivered locally. For example, we are exploring with Ophthalmology a plan to provide an eye injection service to treat macular degeneration. Detailed plans will be developed for other services, over the next year.

In the meantime, we have based our capacity planning on current activity plus an increase for demographic change. In addition, we have established extra capacity for accommodating additional local clinics where there is a significant volume of patients travelling to Inverness currently. Some activity can also be delivered remotely by phone or Near Me to further reduce unnecessary travel.

Will the new hospital be consultant-led?

The new hospital will continue to be consultant-led, supported by new workforce models and ways of working delivered by a highly skilled, modern, multi-disciplinary teams.

What will the new hospital look like?

The design team are starting to work on the design, and we expect to be able to share images later in the summer of 2023.

For now, we know that the new hospital is likely to be no more that 3 storeys and will be sited in the North corner of the allocated site at Blar Mhor, in line with the site masterplan produced in conjunction with the West Highland College. The new hospital will be significantly larger than the current hospital due to increased facilities and larger room sizes. We will be completing plans for this now that we have clear details of the clinical model.

How many car parking spaces will there be and what provision is being made for active travel?

We are confident the site has adequate space for car parking. The exact numbers required will be agreed following a detailed transport assessment based on the service and staffing model, and as required by the Planning process. This is the approach taken in recent projects at Broadford, Aviemore, Migdale and the National Treatment Centre, in all cases the provided parking has met demand.

In addition to facilities for car travel, we will be providing bike shelters and facilities for staff to change and shower. We have agreed the principle of a bus and active travel route running through the hospital site to connect the housing developments on either side with the health centre and high school. We would also like to see a Hi-bike station on or near the site.

What progress is being made in establishing a safe site for helicopter landing near the hospital?

NHS boards can only operate a basic helicopter landing site suitable for hospital-related use. The current site at Carr's Corner has additional functionality in that it is

used by mountain rescue and other commercial operations and has refuelling facilities. Replacement of the helipad is therefore not formally in the scope of the hospital project and a lead agency has yet to be agreed. We have, however, requested a quote from our contractors to carry out surveys on the peat management area to progress the feasibility study carried out by the HELP appeal. As of 19th June, we have issued information about the hospital height and requested confirmation of an exact location for the helipad to allow ground investigations to progress with those on the hospital site in late summer 2023.

What arrangements are being made by NHSH to provide adequate accommodation for students and staff in the hospital?

The top floor of the current hospital provides accommodation for medical students and some staff, however in future this will be provided with our partners off the hospital site. This will reduce the build cost, as residential buildings are significantly less expensive than highly serviced hospitals; and will simplify maintenance as well as ensuring staff and students have a mental and physical break from work.

As of June 2023, we have agreed accommodation numbers required to support the hospital, including accommodation for medical and other students, visiting staff, rotating staff and junior doctors, locums, and on-call staff. We anticipate there will be some slack in this number which will allow us to accommodate patients too, although currently demand for patient accommodation is less than two patients a week on average and is provided by booking into local hotels. We will now commence discussions with our partner organisations, including the West Highland College (UHI (University of the Highlands and Islands) and Highland Council to explore how and where best to provide this.

In addition to accommodation to support the hospital, we recognise that accommodation to support recruitment is also required. This is a different type of longer-term accommodation and will be explored through the workforce planning group as recruitment requirements become clearer.

Tuesday 4th July 2023