

CAITHNESS DISTRICT PARTNERSHIP

ACTION NOTE FROM MEETING OF: Friday 30 January 2015 in the Pentland Hotel, Thurso at 10.30am

PRESENT: Cllr Bill Fernie Chair (BF), Cllr David Alston Vice-chair (DA), Niall Smith CVG (NS), Keith Moncur HLH (KM), Cllr Matthew Reiss (MR), Cllr Linda Munro (LM), Dawn Grant THC (DG), Shirley Park THC (SP), Pat Ramsay THC (PR), Cllr Willie Mackay THC (WM), Steven Gorman SAS (SG), Bob Silverwood NHS (BS), Mike Flavell NHS (MF), Gill McVicar NHS (GM)

APOLOGIES: Dr B Echavarren

IN ATTENDANCE: Cllr Deirdre Mackay (DM), Cllr Gillian Coghill (GC), Cllr Gail Ross (GR), Bill Alexander THC (BA), Joanna MacDonald NHS (JM), Deborah Jones NHS (DJ), Alex Macmanus THC (AM), Gordon Calder – NOSN, 20+ members of the public, Irene Hendrie THC (notes),

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
	Welcome	The chair welcomed everyone to the meeting and introductions were made			
	Previous Action Note 31/10/2014	<p>Adult Services/Scottish Ambulance Service. Falls Pathway Following a review, to date people 65+ who have fallen in Wick and called for the SAS required to be admitted to hospital. We have identified however that there would have been people suitable to enter the pathway in other areas of Caithness and agreement has been reached by all partners to roll the pathway out to all of the Caithness area. This will allow suitable patients to enter the pathway and partners to evaluate accordingly.</p> <p>Adult Services/Scottish Ambulance Service. Sudden Cardiac Arrests/Public Access Defibrillators Oct 13 to Oct 14 Number of patients reported to SAS as in cardiac arrest was 32 Number of patients SAS were able to carry out CPR was 16 Number of Return of Spontaneous Circulation (pulse back by time of reaching hospital) 5 (15.6%)</p>			

1	Caithness General Hospital (CGH) Update	<p>BS gave a brief update on the situation regarding consultants at CGH confirming</p> <ul style="list-style-type: none"> • The level of service and type of service provided remained unaltered • Physicians, surgeons, anaesthetists and obstetrics staffing levels had been maintained through a mix of permanent staff, long term and short term locums • A rolling programme of recruitment ensured that there would be locum cover in place two months ahead • Interviews were taking place in March for anaesthetists and physicians <p>In addition to this</p> <ul style="list-style-type: none"> • Workflow in the labs had been re-modelled improving the stability of the service • The hospital building was undergoing major internal redesign • There were 13 delayed discharge patients currently in Caithness hospitals <p>GM outlined the main points relating to the recent shortage of consultants at CGH and what was being done to resolve the situation</p> <ul style="list-style-type: none"> • Advice from senior clinicians indicted the status quo was not a viable option • Efforts to recruit consultants into the present work model was extremely difficult • CGH was not an attractive option for potential recruits due to the onerous on call responsibilities, loss of specialist skills and isolation from colleagues and professional support • These difficulties were being felt across rural areas of Highland not just in CGH • The working model needed to change to provide a safe and sustainable service • Work was on going to create a model where consultants were recruited to Highland, based in Raigmore but with rotations at outlying hospitals • CGH could become a centre of excellence for certain types of operation • While there was a need to act quickly work was on going to create an effective model that would provide a long term solution <p>DJ confirmed that recruitment in general was a difficult issue and to attract doctors, nurses and paramedics there must be opportunities for them to develop career skills. A model where clinicians were based in Raigmore with opportunities to rotate out to rural areas could create attractive jobs.</p>			
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2	Children’s Care	DG gave a briefing on the Childcare and Family Resource Partnership (Appendix 1)			

	Partnership	NS stated that the Caithness Childcare Partnership was a very effective group and could benefit from more input from other services via joint working, training, etc			
3	District Partnerships Community Development and Community Planning	BA delivered a presentation on integrating care in the Highlands and the role of District Partnerships in local planning for children, adults and communities. Discussion followed on the formation of a Change and Improvement Plan, what issues it might encompass and how to improve input from other agencies without causing duplication. There were concerns raised from the public about the accessibility of the DP and confusion as to whether meetings were open to the public or not. It was also said to be a difficult process to have agenda items submitted.			
4	Next Meeting	The next DP meeting was to take place on Friday 27 March 2015 in Wick Town Hall at 10.00am			