**SKYE GOVERNANCE – PORTREE URGENT CARE WORKING GROUP**

Minutes of meeting 19th October 2022

Apologies: Wil Nel, Hannah MacLeod, Emma Dallorzo-Hanley, Jim Quate

In Attendance: Catherine Shaw (CS), Ross MacKenzie (RM), Kate Earnshaw (KE), Ross Cowie (RC), Annette MacKenzie (AM), Dawn Orr (DO), Graham MacLeod (GM).

Meeting started with CS reading through the spreadsheet with Sir Lewis Richie’s points with updates.

Annette MacKenzie new Associate Lead for RST introduced to the group.

* Recommendation 1: Final post now live again following shortlisted candidate not attending for interview.
* NHS24: No longer able to support urgent care with ANP’s or trainees.Dawn advised they might look at it again in the future.
* Hospital at Home: Discussed that we were successful in our bid for financial support this. We are waiting to see what that will be but all the meetings will be booked and things will start moving immediately.
* Signage: Multiple contacts about where this signage is, also waiting on the exterior phone. Annette advised that she was in Portree yesterday checking on space and equipment in order to function. Putting plans in place and will return tomorrow to finish off some other things.
* The model at present is that the team is mobile, and that people should call NHS24 as it may result in the Advanced Practitioner travelling to north Skye to see them rather than them travelling to Broadford. Advised group that flow navigation will separate out the calls from Monday identifying north Skye calls so any patient going through NHS24 will be called back by the advanced practitioner based in Broadford. The majority of patients currently attending Broadford are walk ins so community not availing themselves of the service on offer.
* A review of what urgent care is, Scottish Government contacted to request guidance, all information is currently sign posted to England. Also linked into Inverness team who are about to move to a separate premises and will work with them to develop.
* SAS advised they are unable to support with Advanced Practitioners at this time. Alan Knox is currently working on the governance required to allow paramedics on site in Portree to be the first point of contact for walk ins.
* There is currently 45 Cruise ships booked into Portree next year, the largest of which has just over 2,000 people. All ships have medical cover with some having x-ray capacity, mini ITU, doctors/ANP’s. This probably explains why numbers do not jump when ships are docked. Cruise lines will be sent a list telling patients how to access medical care and that there may be a charge involved. RC advised that numbers may increase before next year, bad weather may result in ships being diverted to Portree from Stornaway. Last year 2 ships in a single day happened due to this and the largest cruise ship in the world docked with over 5,000 passengers. We will display the current list with passenger load in both hospitals just for information.
* When do we start delivering some model of care to north Skye? We are currently looking at the GP OOH’s model for nights and weekends. Explanation of hours given. Problems are this is an expensive model. For the in hours the team are firm that they would require a band 5 nurse to support them, advised that this is not just about finances but also about recruitment.

RC advised that accommodation would not be a problem, CS agreed but said that new rules may have some input.

RM advised the financial impact on boards following the new rules. He continued by stating that we would be looking to follow the same model as elsewhere in the Highlands, but this does require the community to use NHS24 for it to be successful, we need to look at how we get this message out.

DO advised that she would take this back to NHS24 as an action.

RM asked RC how he felt about getting this message out and RC said there is no confidence in NHS24 and people would need guarantees from NHS24 they would answer all calls within 5 minutes. DO answered that it was not possible to give this kind of guarantee.

 CS stated that people were taking themselves to Broadford which may be an unnecessary 40 minute journey each way. People used to call the hospital directly OOH’s which wasn’t a safe way to operate as the practitioner may not have been on site and the patient may have been very unwell. CS further stated that the band 5 nurses working in Portree at present are not trained to work at an advanced level, if they were we would not need advanced practitioners so it was not safe for people to just turn up at the hospital.

KE asked if there was an opportunity to use some of the positive stories from NHS24 as 19 out of 20 calls would have been dealt with successfully but it is the 1 call that isn’t that will make it onto social media. KE and RM have both successfully interacted with NHS24 themselves.

* GM was asked about the first point of contact again as he was on the phone earlier, he confirmed they were working on it but they needed to put the governance in place first. It takes a while to put in place but the process would be simple. KE asked how we would join the dots, how do SAS link in with the RST, GM said that they would work it out once the system is in place. AM asked if a tracking system could be put in place the same as they use for leaving patients at home. GM said it would be similar as they would not be developing a new route to support this. CS advised that there is already a mobile held by Broadford ED which SAS would be able to use, GM said they could programme that in for crews.
* DO said she would link in with patient feedback team but that the whole model had changed and that this probably needs to be promoted with the community. CS stated that urgent care is not an emergency service, this would need to be a 999 call. The community need to understand if they are patient and wait for the call to be answered they may save themselves a journey.
* RC felt it was more that people did not understand things had changed rather than patience. It would help if we could use real life stories, they don’t need to be identified and they could be from anywhere in the Highlands.
* KE asked if we could use real names if people give permission.
* CS felt it was more about the wait for them to answer calls in the first instance that annoyed people.
* DO shared some figures with the group stating that the previous day there had been 3,000 calls 96.7% were answered in under 10 minutes with the median figure closer to 4 minutes.
* RC felt NHSH needed to be proactive with good news stories, that if we just put them out in answer to negative press instead of waiting to answer negative press or social media posts.
* Discussion around how well managed the landslip in north Skye was and this was actually a positive story we could have used.
* RC brought up 2 cases, one a foreign visitor whose child had a tick and couldn’t navigate NHS24. Both cases were responded to, assurance should have been given and told to cover tick and then go to Boots in the morning. The other about the landslide, a full explanation was given and an acknowledgement that we should put it as a risk and attach a plan for future reference.
* Discussion around posters and leaflets to inform the public about NHS24 and mobile service.
* For discussion with SLR on his visit. Assurance that NHSH are committed to developing a sustainable service for North Skye Urgent Care.
* Discussion around the need for band 5 nursing support for the Advanced Practitioners. Finance and recruitment could be a problem but RC felt that positive stories would help with this.
* Decision to keep the meetings fortnightly.

**Actions**

Go back to cruise lines, is there a maximum number, cut off for accepting bookings (CS)

Contact Alan Knox SAS governance for paramedics to be first point of contact in Portree (CS).

Set up a page for NHSH social media page for Skye. Good news and answering questions (RC).

Posters and leaflets (CS).