

Adult Services Performance Update – Hosted Services

Jacqueline Kerr
**Assistant Chief Officer, Adults and North West
Locality**

Glasgow City Health and Social Care Partnership

Sexual Health

Achievements

- Long Acting Reversible Contraception (LARC) targets continue to be met / have been met for over a year
- There are no waits for Urgent care clinics across Glasgow city (or across GGC)

Challenges

- Young people are still not attending the clinics, although this can be variable across the year and across locations. This is a national issue, not specific to Sandyford. Trialled walk in clinics in Parkhead (and Paisley) have not shown any significant improvement. The service plan will include developing new and improved ways of engaging with young people to encourage them back to services, especially in areas of highest need.
- The Termination of Pregnancy Assessment and Referral (TOPAR) service is a time-sensitive service. It is under-resourced in light of increasing demand. National policy changes have enabled remote service provision and abortion at home leading to increased demand. Abortion rates are increasing nationally. Between 2020 and 2022 Sandyford saw a 40% increase in the number of abortions being notified to the Scottish Government.

West of Scotland Sexual Assault Service (WoS SARC)

- The service provides forensic, medical and aftercare services to people who have experienced rape/sexual assault who either self-refer or are referred via the police or other agencies.
- Service accepts police referral from 13 years old and self referral from 16 year old, where appropriate
- WoS service hosted in Glasgow city covering GGC, Ayrshire & Arran, Lanarkshire, Argyle & Bute and adolescents only for Dumfries & Galloway, Forth Valley, Western Isles
- 4 Suites across these areas– 2 suites in Glasgow; 1 suite in Lanarkshire ; 1 suite in Ayrshire & Arran.
- Peripatetic model 1 doctor & 1 nurse per team for service delivery 365 days 24/7 in GGC and 12 hours / day in Lanarkshire and Ayrshire & Arran

WoS SARC Achievements Quarter 3

133 people supported

- 88 (66%) attendances for Forensic Medical Examination (FME) of which 71 (81%) were adults and 17 (19%) adolescents
- 45 (34%) people who did not have FME and received advice, sexual health and/or emotional support
- 79 (90%) were police referrals and 9 (10%) were self referral

HIS Standards

- adults to access service for FME within 3 hours achieved in 82.95% of presentations - children access service for FME within 12 hours achieved in 100% of presentations
 - 8 not achieved 3 hrs: Facility in use (4); Sexual Offence Examiner Availability (1); Nurse availability (1); Shift change (2)
 - Pathways of care for onward referral in place and collated in PHS data some examples - Sexual Health, mental health, GP, emotional support.

WoS SARC Challenges

- Vicarious trauma in service – have lost several staff in recent years - restorative supervision in place in support
- National IT system (Cellma) in place supporting forensic assessment documentation but does not facilitate health recording on the system
- Senior medical position vulnerable come March if not able to appoint to consultant post
- Ongoing challenges in relation to recruitment of medical staff

Prison Health Care

Achievements (as at Q2)

- Waiting times to see a primary care nurse, addictions nurses, and for emergency or urgent mental health appointments are short, and targets generally met.
- Health Improvement Nicotine Replacement Therapy service is consistently offered to over 90% of untried people with no recourse to public funds coming into prison establishments.
- The proportion of prisoners being liberated who have had Nyxoid supplied for the first time is consistently high at over 80%

Prison Health Care

Challenges (as at Q2)

- GP waiting times are affected by their involvement in observations for illicit substance misuse. The proposed introduction of an Advanced Nurse Practitioner (ANP) model will reduce demand on GP appointments, allowing them to focus on more complex care.
- While waiting times for general services are good, there is no performance data for specialist clinics, and the general primary care clinics are often run at the expense of more specialist clinics – for example, diabetes, cardiac monitoring, tissue viability.
- Waiting times for routine mental health care are long. The referral rate is high, and the PHC mental health service covers everything from low-level interventions to people who are seriously unwell, and without an appropriate multi disciplinary team (MDT) structure to support review of patients who need a CMHT approach.
- The peer to peer naloxone training service is in danger of ceasing due to non-availability of continued funding beyond March 2024.

Police Custody

A nurse led service supported by an on call Forensic Physician service 24/7 developed in 2014. Staffing profile includes general and mental health trained nurses (complemented by Action 15 supporting 1 mental health nurse per shift)

- Manages physical, mental health and addictions for persons referred delivering healthcare and forensic intervention, where relevant, conducting clinical assessments, treatment and interventions, including administration of medicines, providing advice and guidance to custody staff regarding the care, health, safety and wellbeing of persons referred across 5 Police Custody Suites in GG&C
- Nursing workforce review ongoing recognising development of services and extended nursing roles
- Activity Sept – Dec 23 : 3191 referrals (Consultations double + this figure). No accurate way of recording .

Police Custody

Achievements

- Team received Practise Excellence Award by the Mental Health Nursing Forum Scotland for the mental health standard operating procedure developed supporting direct admission into MH ward following mental health assessment in PCHC reducing the need for multiple assessments and / or people being directed to ED/MHAU.
- Sept 23 - 9 admissions to MH wards, 17 referrals to community services; 24 open to service updates; 4 Case Management Referral
- Health Improvement initiatives delivered for all presentations including Take Home Naloxone; Safer Injecting; Foil Provision; Condom provision; Dry Blood Spot testing for BBV; and ABI – In Q3 2175 ABI screenings completed (6953 Apr – Dec 2023)

Police Custody

Challenges

- Adastra electronic health recording has challenges in reporting to support service development and initiatives for improvement with no national strategic direction.
- Lack of communication and process in supporting safe transfer of care/information for patients leaving police custody health care going to court and then not knowing where they are going thereafter to ensure effective referral processes. Governance risk for the board overall in relation to our own health care teams not being able to communicate.
- Citywide service provides challenge in being able to interact efficiently and effectively with all 6 HSCP's pathways and different ways of working in supporting individuals and working towards MAT standards for example.
- Impact of working in PS environment and having no control over elements such as accommodation

Perinatal and Mother & Baby Unit

Community:

- Treatment and care offered to women who are pregnant or up to 12 months post natal
- Pre-conception advice available
- Referrals – Approx. **1200** referrals per year, **50%** accepted into service, 50% redirected to MNPI, PCMHT, CMHT, Third Sector.
- Caseload – **754** across nursing, psychology and psychiatry

Inpatient:

- Purpose built Mother and Baby Unit for women with severe/enduring mental health
- Regional service, 6 bedded unit
- Later stages of pregnancy or baby under 12 months old

Adult Eating Disorder (AEDS)

Eating disorders is a high risk mental health disorder with the highest mortality of all psychiatric patients providing a boardwide specialist multi-disciplinary community team working with people with moderate to severe eating disorders:

- Referrals from CMHT, CAMHS and Adult Mental Health Liaison service across NHSGGC
- 70% increase in referrals since 2020
- Caseload – 92 patients with 13 waiting list
- Outcomes - 81% patients referred back to CMHT for medical monitoring and risk management as step down, 8% discharged directly to primary care, 5% admitted to hospital

The Inpatient Service provides:

- 4 inpatient beds dedicated to AEDS in a general acute ward at Stobhill, but pressures across acute and MH wards admitting people with eating disorder
- Current consideration to specialised AEDS inpatient unit with facilities to offer full therapeutic interventions, nutrition, occupational therapy, family work.

Esteem

A Boardwide early intervention service to treat first episode psychosis in 16-35 year olds. Patients remain with the team for 2 years. The service offers intensive medical, psychological, and psychosocial treatment, family therapy, employability and peer support. Research shows that early intervention services for this patient cohort produces significantly better outcomes and recovery.

Referrals: Nov 22-Dec 23 – 326 Referrals (16 urgent)

Activity: Nov 22-Dec23 - 14,505 appointments

Outcomes: 31% of patients discharged to Primary Care ie no need for further mental health treatment and care.

20% of patients engaged in further education or employability

Challenges: 20% increase in referrals since 2020

Unable to deliver on SG recommendation to offer an additional year to further support recovery

Mental Health Assessment Unit (MHAU)

Boardwide specialist service which provides an assessment, diagnosis and management to patients, including young people, who are presenting in mental health crisis/distress. Offers a standardised pathway for access to urgent mental health care for Emergency Departments, Police Scotland, Scottish Ambulance Service, GPs, NHS 24, CDRS. Service covers 2 units based in Leverndale and Stobhill hospitals. Workforce includes nursing, advanced nurse practitioner and consultant psychiatrist.

Performance (Jan-Dec23)

- 16,963 Referrals (33% NHS24, 27% Police Scotland, 18% EDs, 10% GPs, 8% SAS)
- 67% within 16-44 age range
- 63% known to MH services
- Outcomes – 6% admitted to hospital, 12% new referral to MH services, 3.5% referred to CDRS, 44% referred back to care team
- Ongoing developments on performance data in line with National urgent care requirements

Adult Mental Health Liaison Service (AMHLS)

A Boardwide Liaison Service providing one point of access for mental health referrals from each Acute Hospital, with defined response and accessibility criteria for supporting departments such as Acute Medical Unit, Acute Receiving Unit and Medical Assessment Unit

- Diagnosis, treatment, support and advice for patients admitted to hospital with physical health issues presenting with mental health concerns, and facilitating a pathway into MH inpatients where required
- Nursing, Psychiatry and Psychology

Performance (Jan-Dec 23):

- 4986 referrals
- 53% age 16-44, 42% age 45-64, 5% age 65+
- 11,560 appointments (assessment, treatment and review of care)
- 5% admitted to MH hospital (minimal impact on existing bed pressures due to management of patients in acute settings)

Challenges

- National strategy/recommendations/outcomes – national reporting, political visibility
- Non recurring funding allocation or No specific funding allocation.
- Significant increase in referrals during and since Covid
- Recruitment challenges, particularly medical staffing
- Mental health bed pressures – significant impact on AMHLS re: delays in transfer with increased demand and activity, and change to roles
- Waiting lists impact directly on community mental health teams

SPHERE Bladder and Bowel Service (Continence)

- Board wide specialist service hosted in South Glasgow and managed in Older People's Team – configured North team/South team/Paediatric input/product provision
- Small team (18.1wte) consisting of combination of nursing, physio and health care support workers
- Assessment, review, treatment and support, training and awareness
- Operate in clinics and provide a service within patient homes and care homes
- Focus on treatment but also provision of products to those for whom treatment is not an option
- Ordering of products generated across a wide group of community nursing – not just SPHERE

SPHERE Bladder and Bowel Service (Continence)

- Clinic waiting times for physios currently between 9 and 16 months for treatment. No wait for product provision
- Currently approx. 20,000 receiving products
- Budget (£4.2m) split by pay (27%) and non pay (73%)
- Contact negotiated and agreed at national level by NHS national procurement. Most recent period started 1/9/23. 5 year contract with Ontex (previous provider)
- Financial pressure as a consequence of several price increases over last 3 years and changes within the new contract that increase/introduce delivery charges. No uplift to the product budget to cover these increases.
- NHSGGC working on plans to reduce the financial pressure consequent to those changes
- Options being considered include reducing the range of products available/removing some products, longer period between delivery cycles. This is being considered by a number of Health boards across Scotland