

# North of Scotland acute medicine

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# Model of acute care in highland

- Recognisable model of acute care with both
  - a small urban population
  - the interesting challenge of remote and rural health care

# The Challenge

- NHS Highland
  - Provides health care for 208600 residents
  - spanning 33% of Scotland's landmass or 11% of the UK land mass
  - 42% of our population is considered to live in a remote and rural area.
  - Considerable distance from Aberdeen (2.5 hrs) Dundee (3hrs) Edinburgh (3hr)
- Health care services in remote areas are highly regarded by the local population and by politicians
- They provide employment for many local people as well as health and social care





# Raigmore acute medical service

- 5 day a week MHDU cover – general physician cover out side this time
- AMU morning ward rounds 5 days a week
- AEC Mon – Friday
- Each week an acute physician travels to Wick to cover acute medicine, ED (mainly medicine) and general outpatient clinic
- Special interests in acute medicine include stroke, infectious disease, emergency medicine, headache and education

# Acute medical unit

- Senior band 6 nurse manages the unit including referrals to AMU and AEC 24 hours a day
- Dedicated pharmacist and technician Monday to Friday 9-5pm
- 2 acute medicine ANP
- 2 consultant morning ward round
  - one acute physician
  - one general physician
- 2 consultant ward round from 5 pm
- All juniors doctors spend 2 months on acute medicine and two months on a base ward – mixed FY<sub>1,2</sub> GPST, CMT and ST<sub>3</sub> general medical year and one acute medicine trainee

# AEC

- Open Monday to Friday 8-6
- No set conditions
- Patients should have an acute illness generally of less than two week duration, and be at their baseline mobility
- No DVTs – entirely managed my general practice
- Advanced nurse practitioners
- Patients reviewed by consultant – dedicated daily time for AEC
- Middle grade doctors used here only for training with no service requirements

# Acute medicine advanced nurse practitioners

- Manage most presentations to AEC effectively and can work on the middle grade rota (CMT / GPST equivalent)
- Reduced variability of care
- Trained and independent in lumbar puncture, ascitic drains and PICC insertion
- Looking at ultrasound training – how can this be achieved?
- Highly regarded by diagnostic specialities such as radiology, cardiac physiologists etc...
- Now providing the training for junior doctors and used to standard set for above procedures across the hospital



# MHDU

- Integrated into AMU
- Main medical HDU for Highland area
  - Renal replacement therapy, Inotrope support, NIV, EEG monitoring
- 6 beds
- ITU one floor above with good support from intensivists
- MET team run from HDU in day time and out of hours by nurse practitioner
- Cardiac arrest team run from MHDU with support from receiving team

# Teaching and Quality improvement

- Bi monthly clinical meeting
  - Clinical topic from AMU/AEC and MHDU
  - M&M discussion
  - Quality improvement projects (Handover to wards current example)
  - Patient feedback including Care Opinion
- Bi monthly senior management team meeting

How can we continue to support junior doctors in rural hospitals

Is it important to have junior doctors in rural hospitals?

Does medical training lend itself to rural practice?

Rural boot camp

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Acute medicine training in North of Scotland