NHS SCOTLAND 75 YEARS
Thanking our staff #NHSScot75

How do we avoid another winter like last one?

John Burns, NHS Scotland Chief Operating Officer
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Healthier Scotland
Scottish Government

Winter 2022…


NHS hits breaking point
HOSPITALS GO INTO MELTDOWN
OUR NHS DYING
Nurses are crying, doctors are quitting and we don't have beds for patients.
RITA
Beeb viewers stick their Ora in
Wild boar kills M4 motorist
HOLS FROM £9.50
BOOKING FORM INSIDE
£98bn NHS BUDGET BUT...
THIRD WORLD A&E
10 hospitals in crisis
Worst wait in 10yrs
Car park care tent
DAILY EXPRESS
PAMPERED SPORTS STARS WHO DON'T KNOW HOW TO MAKE A CUP OF COFFEE
NATURAL CAUSES BY JAMES OSWALD FOR £1
Most inspiring Fast Diet success stories ever
HOSPITALS JUST CAN'T COPE
A&E crisis is the worst in a decade
METRO
MAYNE MANIA
KRISTEN SO CLOSE TO GAL PAL
11-hour wait for 999 ambulance
Cameron

"We know there are better ways of doing this but sometimes its hard to get off the treadmill to achieve change"

Staff nurse

From those who are apart from a loved one for the first time, to others - who feel utterly alone in their lives – the majority are simply very anxious of the unfamiliar and the unknown..."

Discharge Facilitator

"We all have lives too, sometimes patients forget that, and we genuinely care that they achieve the goals to get home asap"

Physiotherapist

"We can't keep doing things in isolation, in short we are better together. Thank goodness for the hospital social work team"

Care of Elderly Consultant

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Slido Instructions

1. Go to slido.com on your device
2. Input the code **nhsscot23**
3. Select your session from the options listed **OR**
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What do you think is the most important thing that will help improve things for this coming winter?

1. Redirecting people who don't need to come to hospital
2. Planning for discharge as early as possible
3. Better co-working across NHS, social work and social care teams
4. Earlier assessment of what a patient's care needs will be when they leave hospital
5. More social care capacity
6. Having someone senior dedicated to overseeing patient discharge
7. Something else

The Effects of BED REST ON OLDER PEOPLE

Dizziness / Fainting

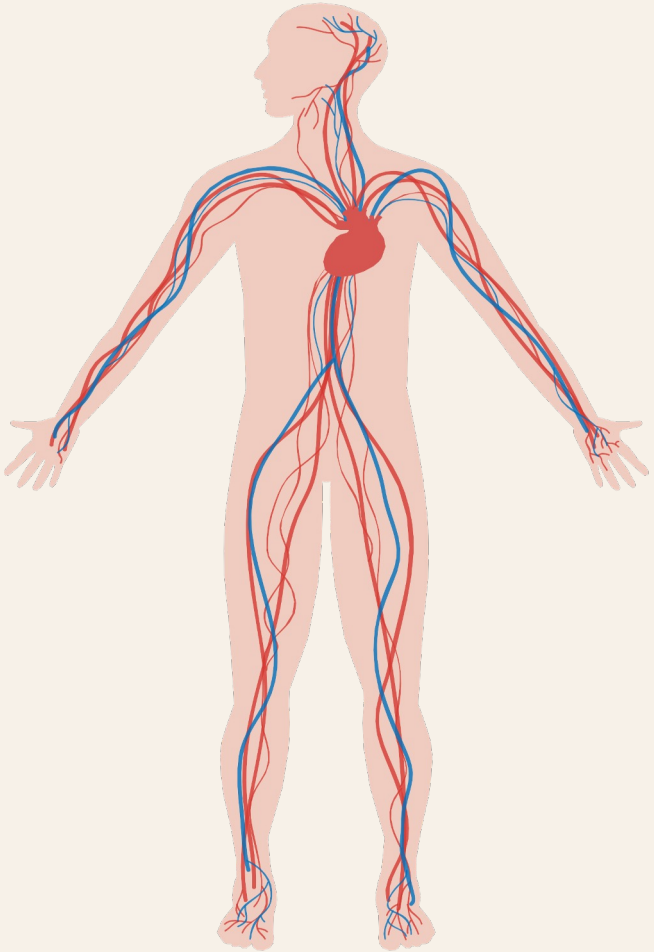
Postural Hypotension (drop in blood pressure on standing) noted after as little as 20 hours bed rest

Reduced Muscle Strength

A muscle at complete rest loses 5% muscle strength every day

3 weeks in bed reduces fitness equal to 30 years of aging

On-going muscle weakness 3-5 years after discharge



Delirium

Sensory deprivation (no glasses or hearing aid) can lead to confusion & delirium

Fragile Skin

70% of older patients can acquire pressure ulcers within 2 weeks of admission to hospital

Institutionalisation

5 times more likely to be admitted to a care home on discharge

You never know when your last 1000 days will start

"But then a nurse comes in and says:
Hello, my name is Kate and together we're going to get you home soon"

"These days are yours that we must help look after"

Poem by Molly Case, 2017

We can’t turn the tap off…

BUT there are proven actions we know work that can reduce pressure at every point in our health and social care system

…these are the proven levers we can use

ADMISSION AVOIDANCE

- Right Care, Right Place
- Pharmacy First
- SAS Triage
- NHS 24 and NHS Inform
- Hospital at Home

PLANNED DATE OF DISCHARGE

- Discharge discussion with patient and family/carers in first 48 hours
- PDD for every patient reviewed daily
- Early identification of complex discharges by multi-agency team
- Clinical frailty score on admission

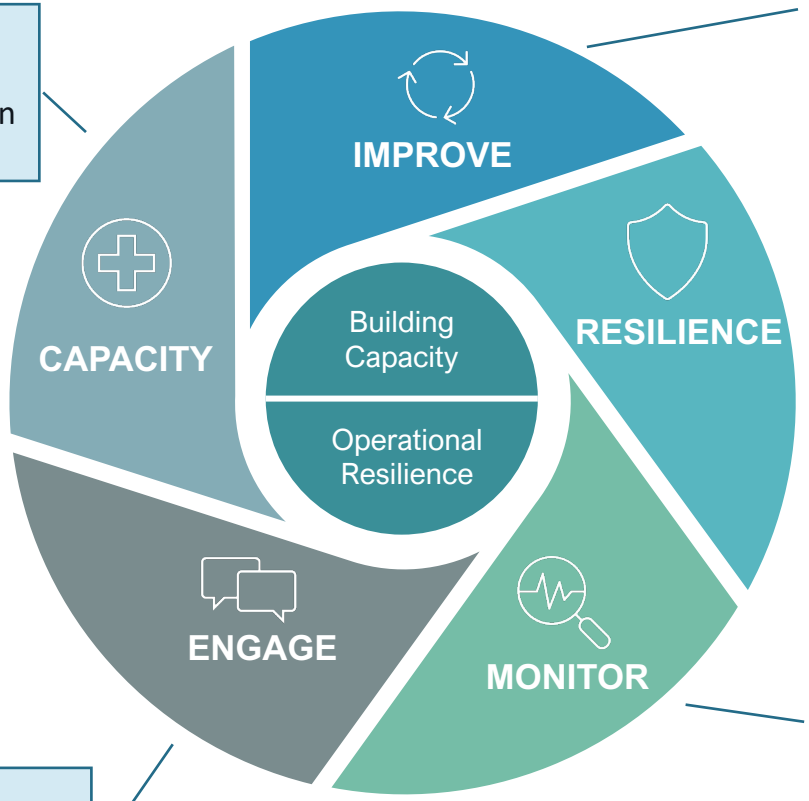
DISCHARGE WITHOUT DELAY

- Service managers/care at home managers attend ward rounds
- Social work input into wards with high frailty and ongoing care needs
- Discharge to assess models and intermediate care
- Community rehabilitation as the preferred place of recovery
- Use of discharge lounge

These actions need to be embedded as we move towards winter

BUILD CAPACITY WHERE POSSIBLE
Across local and national services, we are building additional capacity: Hospital at Home, more information for public to self-manage, NHS 24 services, etc.

CONTINUOUS IMPROVEMENT
Ongoing continuous improvement across health and social care to manage services effectively in readiness for surge.



MANAGE RESILIENCE PLANNING
Improved operational resilience, with enhanced testing across local and national services, increasing business resilience.

INCREASED MONITORING OF SYSTEM PERFORMANCE
Building national level data reporting alongside our demand & capacity modelling, providing early performance insight to support surge responses.

GREAT PUBLIC AND SYSTEM ENGAGEMENT
Coordinating and aligning key messaging across services for the public will support patient flow, prevent wrong pathways and provide patient reassurance.

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So what can we do? What can I do?

To make this winter different, we need a whole system response but we also need everyone: patients, families, staff, managers and leaders to make individual commitment to act.

What are we individually willing to commit to do to be the difference this winter?

What is the key thing you pledge to do following these sessions?