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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD – SENIOR MANAGER REPORT ASSISTANT MEDICAL DIRECTOR – PRIMARY CARE

OVERVIEW

The role of the Associate Medical Director is to support service delivery and help progress ideas that those involved in front line care have suggested to transform, support or improve services with a focus on primary care, custody and forensic services, addiction and mental health. Everything I do is done in collaboration and the following report is a description of those current collaborations. Credit is due to all the people who work so incredibly hard in the current very challenging environment.

PROGRESS/SUCCESS

1. Following discussions with SG representatives - both digital and mental health we have progressed the procurement of Kooth, the digital mental health and wellbeing company who provide on line therapy and hope they will be able to go live in the next 2 months. <https://www.koothplc.com/our-products/young-people>
2. We are working to deliver the new Scottish Government approach to reviewing all child deaths. Scotland has the highest death rate in children and young people in the whole of Europe. This new review system will cover 0-17 year olds and 18 to 26 year olds and legislates for one review of each death. This learning is then entered into the national data set so that Scotland can understand how and why its children and young people die. http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews/national_guidance.aspx
3. In connection with the above a collaborative approach with police, emergency services, communications and social care colleagues we will set up a rapid response meeting for any future suicides to be able to capture the learning from these terrible events. We have talked with The Listening Service about providing immediate support to those who have lost someone through suicide.
4. We discussed establishing a Single Point of Access (SPA) for all mental health and wellbeing services across the Western Isles. This came about because there are a range of services and support both digital and face to face but it's very difficult for everyone to know what there is available at any one time, leading to confusion and



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no equity of offer across the Islands. Patients are not being placed with the correct service leading to delay in assessment and increased pressure on our mental health teams. Once established an SPA would be open to the people of the Western Isles so that they could self-refer.

5. We are working with one of our informatics colleagues and primary care to establish a series of measures of activity in primary care. This will initially focus on the waiting lists for chronic disease management following the reduction in Covid cases but we hope to ultimately be able to have live RAG rated data sets. This work relies on our digital systems being able to deliver as well as knowledge of data literacy for those entering the data points.
6. There has been a meeting to discuss the primary care/ hospital interface in regards to urgent and emergency care as part of the national agenda regarding urgent care. An agreement was reached on communication and this will be trialed for the next 3-4 months and reviewed.
7. The plan for wound and skin care to be issued from the community nursing and Tissue Viability teams has rapidly progressed and there will be a launch date published soon. This means GPs will no longer prescribe dressings for their patients. This will ensure an evidence based up to date approach to wound care. We will all need to work together as an integrated system to support the nurses and pharmacists as this new service goes live and be ready to explain it to our friends, families and neighbour's as it is a new concept.

Dr. Lise Hertel
June 2021



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