

Report
Scottish Association of Community Hospitals (SACH) Alumni Conference
April 2016

“Over to You and Enjoy Your Career”

Objective for the Conference

The objective of the conference is to prepare for building capacity in the community by supporting GPs through education, making the most of the community teams and community hospitals and underpinning this through the new GP contract.

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| <ul style="list-style-type: none">○ Education, Continuing Development and Support for the GP of the future○ New Scottish GP Contract○ Making the Most of Working in your Community and Community Hospital |
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A Participative Conference

GPs who had been part of SACH and now form the Alumni wanted to bring together doctors who are in training, so that they could listen to them and give them a chance to talk about their work and their careers. The conference was designed to give trainees and recently qualified doctors from across Scotland an opportunity to talk to each other and to hear from those working in health and care in Scotland. SACH also want to share their experiences over the 30 years of the organisation, and ask if any of this would be useful or relevant to today to practising doctors and to the delegates who may be the clinical leaders of tomorrow.

The two-day conference was free to those attending, courtesy of NHS Scotland and SACH. Delegates were given access to key reports ahead of the conference, and given summaries in their welcome pack. The tone of the conference was informal and accessible, with encouragement to building relationships and contacts, reflecting and challenging.

Questions for the Conference

Key questions were asked.

- ❖ How best to encourage and support medical students to consider becoming GPs and in particular GPs who work in community hospitals?
- ❖ How to make the most of community hospitals for the benefit of the patient?
- ❖ Is there a need for support for medical staff working in community hospitals such as offered in the past by SACH (networking, education, annual conferences etc), and if so what form would this take?

Those Involved in the Conference

The sessions were chaired by Professor Sir Lewis Ritchie and Dr Alastair Noble MBE. The SACH Alumni were very pleased to welcome those with an interest and responsibility for health and social care such as Paul Gray, CEO of NHS Scotland and Director General of Health and Social Care; Caroline Gardner Auditor General for Scotland and many others holding senior positions in Government and medical institutions.

Panel of Experts for Discussion

Paul Gray, Director-General Health and Social Care and Chief Executive of NHSScotland
Caroline Gardner, Auditor General Scotland
Professor Sir Lewis Ritchie, James Mackenzie Professor of General Practice, University of Aberdeen
Professor Ian Finlay, Chair of UK Implementation Group for Greenaway Report, Shape of Training
Professor Ronald MacVicar, Postgraduate Dean NHS Education for Scotland
Dr John Gillies OBE, Honorary Senior Lecturer in General Practice, Previous Chair RCGP Scotland
Dr Sarah Mills, SCREDS Clinical Lecturer in General Practice
Dr Gregor Smith, Deputy Chief Medical Officer, Primary Care Division, Scottish Government
Dr John Nugent, Senior Medical Officer, Primary Care Division, Scottish Government
Dr Alan McDevitt, Chair, Scottish General Practitioners Committee, BMA
Dr Andrew Buist, Deputy chair of the Scottish GP committee BMA
Dr Frances Elliott, Medical Director NHS Fife
Dr Helene Irvine, Public Health Consultant, NHS Greater Glasgow & Clyde
Dr Helen Tucker, Vice President of Community Hospital Association for England & Wales
Geoff Huggins, Director Health and Social Care integration
Dr Morag Martindale, Clinical Lead Perth and Kinross
Dr Tracey Gillies, Medical Director NHS Forth Valley
Dr Sureshini Sanders, Consultant Geriatrician

SACH Alumni on Expert Panels and Facilitating Discussion Groups

Dr Alastair Noble MBE, Chair SACH Alumni & previously GP Nairn
Dr Hamish McBride GP Aberfeldy (retired)
Dr Bruce McMaster GP Girvan
Dr Bob Liddell, Clinical Lead Aberdeenshire IJB
Professor Gordon Peterkin GP Forfar (retired) Previously Medical Director of Grampian
Dr Hamish Greig, GP Brechin
Dr Graham Cook GP Jedburgh (retired)
Dr Joan Noble GP Nairn (retired)
Dr Ed Wallace, GP Tutor and Hon Senior Lecturer at the University of St Andrews

Conference Facilitators

Ken Crowden
Iain Buchan

A Selection of Comments and Suggestions

- Reconsider artificial boundaries such as “in hours and out of hours;” “primary and secondary care.”
- Encourage further discussion options for out of hours, and in particular the position of providing a medical service to a community hospital 24/7 with continuity of care.
- Review how to shift services from secondary to primary care and also shift and target resources to primary care to match increasing workload and responsibility.
- Recognise and value “generalist” skills – the term “*expert medical generalist*” and to discourage the culture of referring to “*just a GP.*”
- Recognise GPs generalist and intermediate care skills – not separate intermediate care doctors
- Consider the role of community geriatricians in communities and community hospitals, and examples of excellent joint working in teams between doctors – GPs and community geriatricians.
- Recognise that many people work where they train – need to ensure we expose doctors within their training to where we want them to work, with more exposure to GP practices and community hospitals.
- Doctors need to manage ill-health and also diagnose wellness.
- Consider doctors as part of an integrated team, and design services, systems and measures accordingly
- Consider community hospitals as part of the whole health and social care system – not in isolation
- Consider ways of measuring things that are important to patients and the community, and which reflect the essence of community hospitals
- Community hospitals vary considerably, with wide diversity across Scotland – ensure any model supports and does not restrict this homogeneity
- Recognise Community Hospitals as a learning environment
- Learn from evidence nationally and internationally and apply accordingly
- Work with patients and communities such as in locality planning
- Value the tradition of working in an integrated way in community hospitals which are local, offer person-centred care and have co-located teams.
- Provide clarity on community hubs/community hospitals.
- Assess and measure progress in line with the Scottish Community Hospital Strategy and its Refresh and promote further progress.

A Selection of Quotes

“I see community hospitals as an intrinsic part of health and social care in Scotland.” Paul Gray

“In a visit to a community hospital I found that it was not fancy but that it was functional and that it worked. I saw that people liked being there. I also noticed that it was not just health people there, but other kinds of folk too.” Paul Gray

“On the “Challenge/Cherish matrix” people perform best if highly cherished and challenged, and are more likely to be motivated, enthusiastic, innovative, productive and enthusiastic – and then you get growth.” Paul Gray

“GPs are very special for being general” Dr Sureshini Sanders

“Those who receive services are entitled to shape them” Professor Sir Lewis Ritchie

Concluding Thoughts

Around 90 people took part in the conference. At the end of the conference delegates were thanked for attending and for contributing in such an honest and open way. The delegates were asked if they would be prepared to share their views and ideas with the SACH Alumni after a period of reflection. They were advised to expect an email from the SACH Alumni, and encouraged to respond. They were also encouraged to contact any member of the SACH Alumni if they wanted to. They were advised that information from the conference such as presentations, notes from discussions, reports and supporting information and links would be put on the website.

<http://www.knowledge.scot.nhs.uk/chin/community-hospitals.aspx>