The Nairn Model for Integrated Health and Social Care- Helping Highland and Scotland find the right way forward.

The basis of all the work we have done in Nairnshire is to put the individual patient at the centre and support an integrated Community Team Capacity to provide an alternative to Consultant Care except where that Specialist Care is best for the individual. The Consultant Team and the GP Team should agree clinically who will benefit from Consultant Care and even more importantly when the individual will not and needs transferred back to Integrated Community Care Team. The 'Clinical Decision is the Purchasing Decision.'

An overhaul of the structures and governance of the NHS should be undertaken jointly between the Scottish Government , NHS and Social Care Staff, Local Government, and patient representatives. There should be widescale decentralisation of decision making from both the existing territorial health boards and specialist health boards to self-managing Community Level. The role then of the Health Board is strategic, setting realistic targets, Fair Share Budgets per locality, overseeing operation, performance and outcomes and above ensuring ' Good Governance' throughout the Integrated Health and Social Care locality Team and Specialist Team. Shared IT system based on each individual patient will drive this becoming reality and make real time DATA available.

The Integrated Building (Nairn Town and County Community Hospital) is seen as a massive benefit to 'Team Efficiency.' Everybody knows each other and referrals can be quickly and correctly made. It is also one of the few places in the UK where our own nurses answer the phone out of hours and our own GPs are on call 24/7.

Most patients want continuity of care and where possible care in their own community. The Nairn Model supports this .By prioritising the Integrated Community Care Team we can look after patients in their own home, nursing homes ,community hospital, including terminal care and Consultant Care. This gives the patient real options and control. The Multi - Agency Inspections of Services for Older People (MAISOP) clearly showed different patterns of care not based on any clinical need. Which Bed did you sleep in last night?-tells us we need to know about the quality of Community Care for the over 75 population, who are the highest users of Health and Social Care. This MAISOP work demonstrated how valuable

this locality-based DATA is . This depends on Pharmacists, Nurses, Social Workers, Allied Health Professionals, Home Helps ,Third Sector, Charities, Social Prescribing all being funded as well and playing their essential roles in the Community Team. All against contracted definite and measure able outcome DATA

Last ,but by no means least, we have to look at recurrent 'Funding Streams.'

This must be on a 'Fair Share (weighted) allocation to each natural locality/GP Practices. The registration with their own GP allows finance to follow the patient. The learning from Fundholding is not to concentrate on money but to prioritise 'resources i.e. People' and make sure we have the right staffed teams available in all localities. This ties in well with 'Place Planning and Sustainable Communities.' Again, the Nairn 'Cost Cube 'work is invaluable and showed how much clinical and financial information we have-but choose not to use!

It is also vital to realise that we are wasting vast sums at present on patients in Consultant Beds-1 in 7 a delayed discharge, probably 50% of Occupied Bed Days in Raigmore for example are patients who do not need to be there. Grampian ,Tayside and Glasow have all shown just how much we are wasting on unnecessary Consultant Care!

The 'Good GPs and Consultants' are very clear clinically about where the patient will receive 'Best Care.' We are wasting millions of pounds on a clinical system that does not work. The Consultants in this Nairn Model can concentrate on what they do best-'Specialist Care' and all other patients are looked after by the Community 'Generalist Team.'

We must use this forced and essential change to the failed 'Lead Agency Model in Highland' to drive us back to our 'natural Communities,' the county town with its rural hinterland and our 'Old Parish' thinking.

By Dr Alastair Noble MBE