

NHS Shetland Annual Review 4 October 2016 questions sent in to BBC Radio Shetland:

	Question	Response (to be published on Radio Shetland Facebook)
1	<p>Why when the Accident and Emergency Department at the Gilbert Bain Hospital and Professionals at Out-patient Clinics at Woodend Hospital in Aberdeen have easy access to the GP Medical files of Shetlanders online does the GP drop-in Clinic at the Gilbert Bain on a Saturday morning not have the same? The GP Clinic is just 50 metres away from the A and E Department! Clearly, the absence of Computer Records make the practice of the GP unsafe in many situations -</p> <ul style="list-style-type: none"> when the patient is confused. When the patient has memory impairment When the patient has mental health issues When the patient does not know what medications they are currently prescribed When the patient fails to tell the GP some significant factors that are important to their healthcare. <p>I am sure there are many situations, especially when the patient is a vulnerable adult, child or have any illness or disability that causes cognitive impairment where this makes the practice unsafe.</p>	<p>We would agree that it would be better for GPs working in the Saturday morning clinic to have access to the patient's GP record.</p> <p>We understand that in the medium term (i.e. 1-2 years) there is a national project on GP IT systems that we would expect to address this, with suitable IT security built in to address confidentiality issues.</p> <p>However in the meantime we will look again at what can be done to make sure that the GPs working in the clinic can at least access the Emergency care summary for all patients in the same way as the A&E staff are able to.</p>
2	<p>What plans does NHS Shetland have to improve Disabled Access to the Breast Screening Service which continues to take place in a portacabin. Access for disabled women using the external lift is slow and really unpleasant when it is cold, wet or windy. Could some form of weather protection be put into place or does NHS Shetland arrange for all women in this group offer them breast screening at an alternative location?</p>	<p>The Breast screening service is provided as part of a National programme and not directly by NHS Shetland. In most remote & rural areas of Scotland this is provided by a mobile unit, as it is in Shetland, and while we acknowledge this will create some issues, particularly for the disabled or those with mobility issues this is preferable to a long journey to a Breast screening unit on the mainland.</p> <p>However we will bring this issue to the</p>

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		attention of National Services Scotland who provide the Breast screening service on behalf of the NHS in Scotland.
3	<p>Research states that between 8 and 17% of Shetlanders are dyslexic, why does NHS Shetland not use at least 14 point font and a font style (Comic Sans or Ariel)that is readable for this section of the population? This is a significant group and it would be easy just to do all correspondence to patients in this style so nobody is discriminated against and the NHS is practising within the rules of the Disability of Discrimination Act 1995 and the Equality Act 2010? This is also needing to be put into place on the NHS Shetland Website and the Information available from the Public Health Department and the Health Promotion Department.</p>	<p>The Board's Accessible Information Policy requires documents to be in minimum 12 point size in a clear font such as Ariel. They should also be high contrast (e.g. black and white). This standard is adhered to for Board and Committee papers, however, staff will be reminded to ensure they are compliant with the policy for all documentation produced. The NHS Shetland website uses style sheets and, with modern day browsers, visitors to the site can zoom in on information provided. There is no standard font size as such as it is not possible to control how different screens (and screen resolutions) will display content. The website is audited against recognised accessibility guidelines established by W3C and this has not highlighted any areas of concern.</p>
4	<p>What plans do NHS Shetland have to improve services for women's health? The NHS run a Sexual Health Clinic but do not run a Women's Health Clinic where the range of services offered in other NHS Services are offered-</p> <ul style="list-style-type: none"> gynaecological problems family planning cervical smears breast disease the menopause <p>Rather than running a narrow Sexual Health Clinic could this evening clinic not be widened to run this range of services as many women would prefer to attend this as an alternative to</p>	<p>NHS Shetland is always keen to hear feedback and suggestions from patients and the community.</p> <p>We are therefore happy to review this although we would always need to ensure that staff providing these services were able to maintain their skills and expertise in the services that were being provided.</p> <p>We are also working with NHS Grampian to appoint a Consultant Gynaecologist who</p>

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	receiving them at their General Practice. It would also allow Nursing and Medical Staff to specialise in Women's Health and have a significant impact on the take up of smears and breast screening. Would NHS Shetland consider this?	<p>would visit Shetland and this will also increase the range of women's health services that we can offer in Shetland.</p> <p>As indicated in the question these are services that we would normally expect to be provided by the patients GP initially with the provision of further specialist input provided through our hospital service and visiting consultants</p>
5	In January this year there was such a shortage of carers in the Walls and Brae area that there was an 89 year old lady couldn't get all the help she needed. If that was the case, will they start again taking in agency staff which costs much more money.	<p>The provision of carers is ultimately the responsibility of Shetland Island Council and not NHS Shetland, although with the development of more integrated services we are increasingly working together to manage these services.</p> <p>We recognise that there have been challenges in the recruitment of Social care workers in some areas of Shetland and if an individual has any particular issues with their care package they should contact the Duty Social Work at Grantfield, Lerwick on 01595 74 44 00</p>
6	How much will it cost an individual to go into Montfield Care Centre. The Shetland Times said there'd be a charge, but that hasn't been mentioned again.	If an individual is admitted to a Care centre for a period up to 6 weeks for rehabilitation and re-ablement then the Council will waive the charge for this care (in line with their current charging policy).
7	Can you please put this question to your NHS guest tonight: 'It was recently claimed that 100% of people diagnosed with	NHS Shetland offers 100% of individuals diagnosed with dementia a year's ongoing support. We recognise that not everyone

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	<p>dementia in Shetland is given a year's support. Can you please outline what form this support takes?'</p>	<p>takes up this offer because some people do not feel they have a need at that time.</p> <p>The support offered includes a link worker who will help the individual and the family to access additional support and information as necessary. The local branch of Alzheimers Scotland also provides a range of activities for people with dementia and their carers.</p> <p>www.alzscot.org/shetland</p>
8	<p>What is the Health Board's understanding of what happens if a patient phones the Lerwick health centre and asks for an appointment to see a doctor. My experience was it took 35 mins on the phone. 20 mins in a queue listening to music, five mins talking time, then another ten minutes of music. I was unable to get an appointment. I can only make an appointment for a phone consultation and that took 35 mins to set up.</p>	<p>When a patient phones the LHC we would expect them to be offered an appropriate appointment. Depending on the individual's clinical need or issue this may be an appointment with an ANP (nearly always on the day) or a phone consultation with the GP or a home visit / emergency appointment with a GP. Therefore all patients will have access to an appropriate clinician within 24 or in a small number of cases 48 hours</p>
9	<p>What is being done to address the unacceptably long waiting times to see a doctor at Lerwick Health centre? I currently am having to wait 4 weeks for the first available appointment. None of the measures put in place at the Health Centre lately seems to have done anything to reduce this.</p>	<p>Where a patient needs to see a clinician urgently they will be seen that day with the Advanced Nurse practitioner service. This has been excellently received and has resulted in much better access to urgent appointments. We recognise however that follow up appointments to see a GP have been taking longer and we would also want to improve this. Unfortunately, however, despite a number of attempts to recruit to our 2 vacant GP posts we have been unsuccessful. This</p>

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		<p>situation is, unfortunately, not uncommon across Scotland and the UK. To address this we have already introduced the ANPs and a Clinical Pharmacist who can see some patients and take appropriate work away from the Doctors.</p> <p>We are also looking to make sure we continue to train new GPs because this is a proven way to recruit staff to remote and rural areas.</p>
10	<p>Quite a few years ago I had to attend the day surgery in the hospital - just for a procedure, but there were complications and I ended up having to stay in for a few days...</p> <p>The day before I was well enough to go home - there were so many patients staying in overnight after surgery that there weren't enough beds in Ward one - and I was moved to Ronas overnight. How would you cope with a situation like that if you close Ronas Ward?</p>	<p>In developing the proposals for changes to our Rehabilitation services we have carefully reviewed the occupancy in the Gilbert Bain hospital. On most days we have less than 80 % of our beds occupied and this should not, therefore be a significant issue.</p> <p>We do already have an ability to open up additional beds in Ronas for the small number of occasions when we need additional hospital capacity and this option will still be there under our current plans</p>
11	<p>The former well equipped hospital unit at Montfield is now used for offices. If patients are in the Montfield care unit, where will they be treated? When they go home - how and where will their rehabilitation be continued - as few houses are suitable for this.</p>	<p>We would expect patients who need ongoing overnight care while having rehabilitation to have this care in Montfield Support services. When this unit was created it was always intended to provide short term care and rehabilitation for patients and so this proposal is an extension of these original plans. We are currently working up detailed plans for how we can develop the facilities in Montfield to support this. Patients would only be expected to receive rehabilitation at home where this was assessed as appropriate by the</p>

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		Therapists involved
12	<p>You say there is now better provision of mental health in Shetland - but as a long term user of that service, I think that is quite inaccurate!</p> <p>I think the service is STILL shocking - please make more regular appointment available to see the experts. I have seen no evidence of improvement.</p>	<p>We believe we have made progress with our Mental Health services but we also recognise that there is more we can do to develop our services and we are working hard with our staff to do this.</p> <p>We are also pleased that we have appointed a Consultant Clinical Psychologist who will start work in November and this will provide further treatment options for patients</p>
13	<p>Why would the X-ray department at the Gilbert Bain Hospital not X-ray our son's suspected broken wrist? It was 4.50pm on a F - and the nurse had informed them of it as soon as we arrived. We had to wait until the Monday - is that acceptable?</p>	<p>In the evenings and at weekends we only provide an On Call X-Ray service (because of the small number of cases required).</p> <p>However we would always expect a patient to receive an X-Ray if the clinician involved needed this to decide on the clinical treatment. In some cases where it would make no difference to the patient's short term treatment then we will ask them to come back when the department is next open and this will be a clinical decision.</p>
14	<p>Why is there no dentist in Yell, and when are we going to get one? Why are the staff being employed in the Mid Yell Health Centre if there is no dentists?</p>	<p>We know we have had difficulties staffing Yell clinic with dentists. As a result of changes in our funding we have not been able to recruit new dentists and have therefore had to look at alternatives including visits from the Dental Hygienist. We are pleased to confirm that from the beginning of November there will be a Dentist visiting Yell on a 2 day a week basis.</p>

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15	<p>Have any of these panellists been a recipient of health care in Shetland? They wouldn't be speaking like this if they had. The standard of healthcare in Shetland is DIRE - no matter how simple, they seem to make a backside of it. Kinniburgh and co imposing the changes at Ronas ward smacks of arrogance. No consultation with the public, and no idea about what goes on outside of Lerwick.</p>	<p>All our Board members are residents of Shetland and live in communities from Unst to Sumburgh. Between us we have had a range of experience in using our services whether as individuals or through our families and friends.</p> <p>We are proud of the service provided by our staff. The most recent survey, for example, of care provided at the Gilbert Bain Hospital, demonstrated that 93% of patients were positive about the care they received and this was higher than most other areas of Scotland. However we are not complacent and are determined to use feedback to improve our services further.</p> <p>In relation to the proposals on our Rehabilitation services, these are consistent with National policy to provide as much care as possible in the community.</p> <p>The development of these proposals have included extensive engagement with staff, clinicians and a number of patient groups, We have done this in line with recommendations for managing service change in the health service and following the most recent discussions we have agreed to do some further work so that these are better understood and fully address the issues raised. This is because, as with anyone who lives in Shetland we want to make the best possible decision for our patients and community.</p>

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		<p>We are therefore clearly responding to the comments we are receiving and will continue to do this.</p> <p>In making any final decision the Board will make this based on all the information available while recognising the competing demands on our resources so that we provide the maximum possible healthcare for the local population.</p>
16	<p>The Integrated Joint Board, what is it, is it a council committee~? With elected councillors who must have the interests of Shetland people at their heart, if so. Don't they know better what people want and need than people who never leave their health board offices</p>	<p>The Integrated Joint Board (IJB) is a Joint committee established by NHS Shetland and SIC. This is in line with the recent Public Bodies act passed by the Scottish Parliament. The membership of the IJB includes Members of the Health Board and councillors and also includes professional advisors such as clinical staff. In this instance the Clinical advisors have supported the proposed changes as the right thing to do for future provision of services</p>
17	<p>Staff attitude and manners at Lerwick Health Centre has been a common complaint for quite a few months now. What are NHS Management going to do to solve this as more elderly folk are quite afraid to ring up for services, appointments as some cases this year has seen a few complain about the ill tempered staff member/s being rude. Is this the case or not?</p>	<p>We are disappointed to receive this feedback. While we recognise that staff in Lerwick Health centre have been working under increased pressure because of the challenges around appointments we expect staff to act professionally at all times. We will ensure this feedback is given to our staff. We have recently appointed a new Practice manager for Lerwick Health centre and they will be working with the staff to review and develop the appointment system.</p>

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18	<p>Is it my doctor that would have to give me permission to get a taxi down to the hospital in Lerwick? I live in Unst - and other people seem to get it.</p>	<p>Patients accessing hospital appointments from Unst are able to receive assistance with their travel costs. Patients are expected to use the most cost effective method possible including public transport wherever possible. Further advice is available from the Patient Travel office at the GBH on 01595 743305 and in detail on the Board's website under the Highlands and Islands Travel Scheme (HITS) on www.shb.scot.nhs.uk/hospital/hits.asp</p>
19	<p>Ronas Ward - It's fine that people are being looked after at home during the day – but what happens at night time? Some folk can't get up for themselves!</p>	<p>Under our plans for community rehabilitation patients would only be discharged from the hospital when it was agreed this was safe and appropriate to do so. If this was straight home then this would only be because they did not require overnight nursing or medical care. If they needed overnight care then we would expect them to receive this care & re-ablement support in Montfield support services so that the appropriate support was available. The patient would only go home from Montfield once it was agreed this was right for them.</p>