



British Geriatrics Society  
Improving healthcare  
for older people

# BGS Scotland Summer Newsletter 2018

## Presidents Report

It had been a busy and somewhat trying winter for most of us, between flu epidemics, staffing shortages and the challenging weather – I think everyone had been looking forward to the Spring and Summer.

We were delighted to have around 90 people at the meeting in Rutherglen on 27 April. It was a joint meeting with the NRS Specialty Ageing Group with the morning session focussed entirely on care home research. Congratulations to Gemma Alcorn on winning the Taylor Brown prize for best oral presentation and to Heather McCluskey for winning the prize for best poster. See meeting report later in the newsletter.

We had a very successful meeting last November in Aberdeen and the report of this is on the BGS website, along with the slides from some of the talks. As a result of this meeting, Bob Caslake will shortly be writing a blog for the BGS blog series about the very successful GP/geriatrician joint working in the North. If you would like to write a blog for the BGS please do volunteer – they are keen to increase blogging and feel they don't get enough from Scotland!

We realise the BGS website is not the easiest to negotiate and you will be pleased to know that a major redesign of the website is nearly complete. Allan MacDonald the BGS Scotland webmaster and our link to the ongoing work reports that the new website is much more user-friendly with lots of new features - expected to launch in August.

Christine

## Well done Jackie!

We were delighted to hear that Dr Jackie Taylor was appointed as President Elect of the Royal College of Physicians and Surgeons of Glasgow. She will be the first female President in the history of the college when she takes over from David Galloway in a year's time. She has been a full-time consultant physician in geriatric medicine at Glasgow Royal Infirmary since 1997 and has developed a subspecialty interest in heart failure. She has a major interest in training and education of health care professional and within the BGS has chaired the BGS Cardiovascular Section. She has contributed to medical management over her career with spells as Clinical Director, Associate Medical Director and Clinical Quality Lead in Geriatric Medicine.

Her involvement with the college has been longstanding and she has had roles as Council Member, Honorary Secretary and Vice President Medical. Colleagues may not be aware of the lead role she had in the innovative Triennial and Medicine 24 conferences.

We know she will be well placed to lead the college in tackling the key challenges facing the NHS today and know she will be keen to hear from BGS colleagues for good ideas and support in this role.



## **BGS Scotland Council Members**

Following the AGM on 27<sup>th</sup> April there were a number of changes in the BGS Scotland committee, which is now as follows:

Chair	Trisha Cantley (from summer 2018)
Deputy Chair	Alan McKenzie
Secretary and Treasurer	Rowan Wallace
Deputy Secretary	Suzanne Burns
Co-opted member as HIS lead for older people	Graham Ellis
Academic Representative	Alasdair MacLulich
Specialty doctor representative	Keri Jamieson
Trainee representatives	Jennifer Harrison
	Lindsay Whyte
Nurse representative	Karen Goudie
AHP representative	Claire Ritchie

### **Board representatives:**

Ayrshire and Arran	Rowan Wallace
Borders	Jenny Lonnen
Dumfries and Galloway	Amy Conley
Fife	Suzanne Burns
Forth Valley	Tony Byrne
Grampian	Bob Caslake
Greater Glasgow and Clyde	Andy Breckenridge
	Lucy McCracken
Highland	Allan MacDonald
Lanarkshire	Ben Adler
Lothian	Rowan Harrison
Tayside	Donna Clark



## **BGS Newsletter Blog**

We are hoping to have an official update on the outcomes from the ihub Frailty in Acute Care Collaborative in the next newsletter. You will remember that 5 sites were chosen in December 2017 and that the programme will run for 18 months.

In this edition of the newsletter we hear from **Dr Lucy McCracken** Consultant Geriatrician at Royal Alexandra Hospital in Paisley.

In 2013, the Renfrewshire Development Project (RDP) was established to develop and evaluate new service models that could be shown to be effective, deliverable and affordable. The clinical services review (CSR) at that time had recommended three clear priorities for the future care of our ageing population:

- Earlier access to comprehensive geriatric assessment (CGA)
- Identification of frailty
- Anticipatory care planning

The Older Adults Assessment Unit (OAAU) in the Royal Alexandra Hospital, Paisley, was developed by Dr Oona Lucie and Dr Janice Murtagh as one of the key projects of the RDP focusing on two of the aims of the CSR; identification of frailty and early access to CGA.

Prior to the development of OAAU the DME consultants would visit the receiving ward after the post take ward rounds and identify patients requiring DME input. Review of the approach suggested that even if patients were 'accepted', only about 30% moved directly to an elderly care ward. The previous model did not offer CGA at the front door.

The OAAU was established as a new unit, focused on the assessment of frail, elderly patients, with a view to early supported discharge where possible. It is a 12 bedded unit with 8 short stay beds, and 4 assessment beds. The unit had input from the dementia nurse specialist who ensured it was optimised for good dementia and delirium care. The unit is staffed by a Consultant Geriatrician, Elderly Care Assessment Nurse (ECAN), Physiotherapist, Occupational therapist, Ward doctor, Ward manager and nursing staff with an interest in the care of the older adult. We have close links to the community teams and they attend the daily multidisciplinary team meeting. We use day hospital and other community services to facilitate earlier discharge. Patients are admitted from A&E and the medical admissions units. The HIS 'Think Frailty' screen is used to identify patients with the additional caveat that NEWS must be 2 or less, however patients with a higher NEWS are accepted but must be discussed with clinical team first. The ECAN help identify suitable patients and facilitate movement.

The unit was evaluated during the pilot:

- 76% are discharged home directly from OAAU (10% at day 0, 55% within 72 hours)
- Average length of stay is 3 days
- Of those identified as frail and admitted to the OAAU then transferred to a DME bed the overall LoS is 3 days less than usual care (12.5 vs 15.6 days)
- In repeated audits 100% of patients who are identified as requiring DME input now make it to a DME bed from the receiving areas

In addition, we had independent qualitative data from the Patient Centred Health and Collaborative feedback team. The feedback was very positive, and the keys areas commended were the positive staff attitudes, values and behaviours, the high-quality care and good communication with families and carers.

I was fortunate to take up post at the RAH and as lead for OAAU in March 2017 after visiting the unit and being impressed and inspired by the excellent care and atmosphere in the unit. A recent HIS visit commended the 'x factor' of the unit - the thing you can't describe, the feeling you get when you're there. We have improvement work ongoing to improve the throughput of the unit, extend the admission times and improve the continuity of care with possible views to expansion but without compromising the excellent patient care.

## **BGS Scotland Spring Scientific meeting report**

This meeting was held jointly with the NRS Ageing Specialty Group on 27th April 2018 in Rutherglen Town Hall, at their invitation. This was a 'first' for BGS Scotland and we look forward to feedback from delegates about whether we should do this again in the future.

The morning was all about care home research. Heather Edwards of the Care Home Inspectorate outlined the work on standards of care and highlighted the need for ongoing work to ensure a high quality of life for people living with dementia in a care home. Jo Hockley then told us about the work setting up a teaching/research-based care home in Lothian – this inspiring talk led to lots of Tweets supporting the ideas. We went on to hear from Louise McCabe about CHARMS – which is successfully improving movement in care home residents (a little like 'end PJ paralysis' in hospitals). Finally, in that session we had short talks about reducing UTIs (Lesley Shepherd), reducing pressure ulcers (Amia Ibanez de Opacua) and some music participation to finish (Rory Campbell and Fiona Crow) – almost all the audience joined in!

After coffee and poster viewing we heard from Terry Quinn and Jenni Burton about the challenges of using routine data for care home research and QI – such challenges being considerable; then Professor Adam Gordon from Nottingham outlined lessons from research including the OPTIMAL study of structuring effective health care provision in UK care homes (a video outlining the results of this is available on YouTube) and his current PEACH (Proactive Care of Older People living in Care Homes) study. Alison Donaldson, Julie Watson and Gemma Logan each gave us a 5-minute update on their care home-related research projects; and then to complete this session Emma Law of NHS Research Scotland talked about enabling clinically relevant research in care homes – and encouraged us to re-invigorate the Scottish care home research network.

After lunch and the BGS Scotland AGM we had a masterclass in geriatric oncology liaison from Dr Kirsty Colquhoun then 4 short talks : Imogen Smith on Balint groups for trainees, Heather McCluskey on delirium in acute heart failure, Claire Robson on assessing cognition in an innovative day hospital-based service, and Gemma Alcorn on preparing for uncertainty around end of life events in care homes.

The Taylor Brown prize for the best oral presentation was won by Gemma Alcorn and the poster prize was won by Heather McCluskey.

The meeting closed with a vote of thanks for an excellent meeting to Susie Shenkin for the NRS session and Ben Adler for the BGS session, and to Rowan Wallace for setting up the meeting in what was an interesting and unusual venue.

We look forward to seeing everyone again at the autumn meeting on 1 November in North Queensferry.

Christine McAlpine



## **Upcoming Meetings**

BGS Scotland Autumn Meeting 1.11.18 Inverkeithing.

(Programme and registration available via <https://www.bgs.org.uk/events/scotland-autumn-meeting-2018>)

‘Syncope, Everyone’s Problem’ at Royal College of Physicians and Surgeons Glasgow 28.9.18

(Programme and registration available via <https://rcpsg.ac.uk/events/syncope>)

## **AND FINALLY....**

**\*\*BREAKING NEWS\*\***

## **BGS President-Elect Elections 2018**

We are delighted to extend our congratulations to Dr Jennifer Burns, Consultant Geriatrician at Glasgow Royal Infirmary on her successful bid to be the next President-Elect of the British Geriatrics Society UK. An Excellent result!



Newsletter Editor  
Rowan Wallace  
[rowan.wallace2@aapct.scot.nhs.uk](mailto:rowan.wallace2@aapct.scot.nhs.uk)