

Cumbræ Summary Information



Demographics

1. At the 2001 census, Cumbræ had a population of 1,434. However, the General Register Office for Scotland (GRO) population estimate indicates a population of 1,379 in 2010. The population has therefore fallen by 3.3% since the last census.
2. Cumbræ has a greater proportion of older residents than either NHS Ayrshire and Arran or Scotland as a whole. In contrast, the child and adult proportions are considerably smaller than NHS Ayrshire and Arran and Scotland wide. There are fewer children aged 0-14 in Cumbræ than those aged over 75, in contrast to Ayrshire and Arran and Scotland (where the child population is over double that of over 75s).
3. The rate of unemployment for people in Cumbræ is significantly higher than in Ayrshire and Arran and nationally, with 6% long term unemployment, compared to 5% for Ayrshire and Arran and 4% nationally. In addition, it is estimated that 10% of people aged 25-49 claim Jobseekers Allowance in Cumbræ, compared to 5.5% in Ayrshire and Arran and 4% nationally.
4. The number of available jobs in Millport declined by 9% between 2004 and 2008. This compares to a 2% decline in Ayrshire and Arran and a 3% increase across Scotland.

5. From the 2001 census, many of the available local jobs are in construction (males) and health and social care (females). However, tourist related employment such as retail, hotels and restaurants taken together were the most significant for both genders. As the census was taken in April before the height of the seasonable work availability, the proportions in tourist related work are likely to be even higher, although it is unclear if a significant amount of the seasonal jobs are taken by non-residents.

Housing

6. There were 1317 dwellings in Cumbrae in 2009, of which 56% were in Council Tax band A (up to £27,000 at valuation in 1993) and 2% in bands F to H (over £80,000). This compares to 32% of Ayrshire and Arran houses and 22% in Scotland at band A and 9% of Ayrshire and Arran houses and 12% in Scotland at band F to H.
7. 54% have three rooms or less (bedrooms and living rooms) compared to Ayrshire and Arran – (36%) and Scotland (42%).
8. The median house price in Cumbrae in 2010 was £92,152 (mean of £90,357). This compares to a median price in NHS Ayrshire and Arran of £111,250 (mean £134,250) and Scotland of £135,000 (mean - £163,429).
9. A significant number of houses in Cumbrae are second homes. The estimate in 2010 was 32%, compared to less than 1% for both Ayrshire and Arran and Scotland as a whole. This is a slight decrease from 2001 figures. The number of second home owners may result in the population being higher at weekends; further analysis is required to determine the impact of second homes on demand for health care services.

Epidemiology

10. Life expectancy is lower for Largs Central and Cumbrae than that for NHS Ayrshire and Arran and Scotland as a whole. It appears that there are higher levels of hospital admissions and mental health related prescribing than Scotland or NHS Ayrshire and Arran. There is a higher than average rates of hospital admissions due to alcohol misuse.
11. There are also indications that people on Cumbrae are following a healthy lifestyle. For example, the percentage of adults smoking is lower than for NHS Ayrshire and Arran and Scotland and more mothers are breastfeeding.
12. From the 2001 census, the overall number of unpaid carers is the same on Cumbrae as nationally. However the proportion of carers providing over 50 care hours a week is significantly higher in Cumbrae. More recent figures for Cumbrae are not available, however, information gathered from the 2009/2010 Scottish household survey indicated that 8% of North Ayrshire Households had someone who provided regular informal care, compared to 7% across Scotland

Service Activity

13. Health care services are provided through a number of routes namely:
 - GP led services;
 - Community nursing services;

- Services through Lady Margaret Hospital led by GPs and nursing services;
 - Community based services provided either off the Island or by visiting clinicians, including nursing and Allied Health Professionals; and
 - Acute services – outpatient and inpatient – provided off the island.
14. In addition, there are services provided by partner agencies, particularly those provided by North Ayrshire Council Social Work services and by the Scottish Ambulance Service.

GP Services

15. There is a single practice on the Island with three partners based in the Garrison premises also accommodating council services.
16. The practice size is just over 1,300, less than a third of the size of the average practice size in Ayrshire and Arran. It currently has an attached dispensary.
17. The prevalence rate of certain long term conditions is considerably higher within the Cumbrae GP practice than the national average, including learning disability (due to the presence of a care home for people with learning disabilities), epilepsy (likely to be for the same reason); atrial fibrillation, stroke, depression, chronic obstructive pulmonary disease and coronary heart disease. The only long term conditions where the Cumbrae practice has a lower than average prevalence is mental ill health and obesity.
18. Until 2012, the local GPs have provided all GP out of hours services. Information on the number of out of hours call outs between 2007 and 2011, shows that the average number per month is 31. However, the level of activity in the summer is twice the level than that in the winter.
19. Analysis of the GP callouts out of hours indicate that between 48 – 57 % could potentially be provided by other Health Care clinicians such as Nurse Practitioners, District nurses, Paramedics, Pharmacists or NHS 24. The remaining would require input from a GP (in situ or via telemedicine). Alternatives to GP care would require a new staff skill mix and suitable training and support.
20. The three GPs are also close to retiral age and the sustainability of primary care services for the population of Cumbrae in the longer term is a major driver for the development of a new model of care.
21. As part of its General and Enhanced medical services, the practice also provides family planning and sexual health advice.

Lady Margaret Hospital

22. The hospital provides a range of health services and includes ten inpatient beds, a day centre (jointly managed with North Ayrshire Council), A&E services, outpatient services AHP support and out of hours telephone service.

23. Inpatient services are provided for rehabilitation, detoxification, observation, and end of life hospital care. There are no interventional (OPCS04 recorded) treatments provided in the hospital. The most significant conditions admitted were acute lower respiratory problems, (e.g. chest infection, chronic bronchitis, breathlessness), syncope and collapse (syncope is the temporary loss of consciousness caused by drop in blood pressure), abnormalities of gait and senility (mental or physical deterioration associated with old age). The treatment for decompression sickness is provided by an independent sector provider and the service is currently part of a national review.
24. The average occupancy of the hospital is around 50%. There has been a decrease in the number of admissions since 2004, but this has levelled off in the last few years. This is due, at least in part, to a review of admission protocols undertaken in 2004.
25. The average length of stay in the hospital has continued to increase over recent years, against the trend in Ayrshire and Arran and Scotland as a whole. This may be partly affected by the lack of alternative care models on the island.
26. Outpatient clinics are run for audiology, radiology and nurse led Cryotherapy. The latter has shown signs of an increase in activity.
27. The nursing staff also provide a telephone health information service as an alternative to the service provided by NHS24 on the mainland. There is however, evidence that NHS24 is still used on occasion with out of hours call accounting for 10% of the total.

A&E Services

28. From data provided for 2010/11, the activity in A&E indicates a range from 23 presentations per month to 61. It shows that, while the number of presentations from Cumbrae remains largely constant at between 20-30 a month, in the summer months (May to September) the presentations from non Cumbrae residents increases significantly to account for half of activity.
29. The main reasons for presentation in Cumbrae are minor injury, infection and general medical. The attendances due to infection are four times higher than the Ayrshire average.
30. Detailed examination of A&E activity has concluded that;
 - 54% could potentially have been seen by a Nurse Practitioner competent in the management of Injury presentations;
 - 36% could potentially have been seen by a Nurse Practitioner competent in the management of illness presentations;
 - In total, 90% could potentially have been seen by Nurse Practitioner with competencies in both injury and illness management i.e. Unscheduled Care;
 - 46% should have been seen at GP Practice - they were not emergency or urgent cases;
 - 16% could have been assessed by community pharmacist;
 - 10% would have to be seen by a medical practitioner.

31. Of the total A&E presentations, only an average of four per month required immediate medical intervention, with the remainder being able to be seen by other disciplines or within surgery hours. Alternative ways of providing A&E treatments could be considered as part of a new health care model, requiring additional training and skills development.

Inpatient activity

32. Around 43% of emergency hospital activity takes place within Inverclyde Royal Hospital with another 41% taking place in Lady Margaret. The majority of the remainder are in Crosshouse (8%) and other NHS Greater Glasgow & Clyde hospitals.
33. In contrast, Lady Margaret only accounts for 3% of total elective inpatient treatment, and almost no day case treatment. 28% of planned transfers were into Lady Margaret from other hospitals, mainly Inverclyde Royal Hospital, for rehabilitation.
34. The main centres for elective inpatient and day case treatment are Inverclyde Royal Hospital, Western Infirmary Glasgow, Crosshouse and the Royal Alexandra Paisley.
35. In the five year period between 2005/06-2009/10, there were 89 deaths of Cumbernauld patients in hospital, which equates to around 66% of the total deaths of Cumbernauld residents. This compares to a 2009 figure for the whole of Ayrshire patients of around 52%. The most significant site was Lady Margaret Hospital, which was the location for 44% of hospital deaths and another 38% in Inverclyde Royal Hospital. The role of Lady Margaret Hospital is significant given that it accounts for only 20% of hospital admissions and a potential indicator that the Hospital currently provides a major role in end of life care. .
36. 62% of patients who died in Lady Margaret were admitted from home; 28% from another hospital (largely from Inverclyde Royal Hospital) and 8% from a care home. There was no record of any residents who died in a hospice, in contrast to around 5% of deaths in Ayrshire and Arran as a whole.
37. Overall, the conditions that Cumbernauld patient present with are similar to Ayrshire and Arran as a whole, such as malignant neoplasms, pain in throat and chest; cataract and lower respiratory infections. As stated, hospital admission for alcohol related disorders are higher than average, although that is likely to be due to practice rather than epidemiology.
38. As stated above, visitor presentations to A&E in Cumbernauld can account for around half of the total in the summer months. A small number of these result in hospital admission (on average around 15 – 17 a year). Of these admissions, 43% are for people whose home residence is Glasgow, with 36% for people whose homes are outwith Scotland. Only 7% of admissions are for patients resident in the rest of Ayrshire and Arran.

Outpatient activity

39. The national data shows that all consultant led outpatient appointments take place off the Island with 34% taking place in Inverclyde and 13% in Western Infirmary Glasgow. Only 23% of outpatient appointments took place in NHS Ayrshire & Arran locations, including Brooksby (which accounted for 3.7% of the total).
40. The largest proportions of outpatients are for ophthalmology, and general surgery (10%) with clinical oncology, general medicine, gynaecology, and ENT. This is similar to Ayrshire and Arran as a whole
41. The “Did Not Attend” (DNA) at outpatients for Cumbrae residents indicate a slightly higher rate than the Ayrshire & Arran and Scottish averages, but for attendances in Greater Glasgow and Clyde the rate appears the same as for the total Greater Glasgow and Clyde DNAs. The highest DNA rates are in Brooksby clinic, possibly because of the clinics for mental health conditions, which are generally higher than for medical and surgical conditions.

Day Care Activity

42. Day Care is run from an annexe to the Lady Margaret Hospital and is an integrated service staffed and managed jointly by NHS Ayrshire & Arran and North Ayrshire Council.
43. The service is available three days per week with a maximum of 24 places available over the three days.
44. The service opened in August 2009. The initial attendance was 77% of capacity, but this has since decreased to 53% in 2011. A joint review of the service to address the low capacity is underway and outcomes will form part of the overall review of the health and social care on the Island.

Community Nursing

45. This service is provided by two part time Community nurses, supported by nursing staff in the Lady Margaret hospital. Community nurses provide an on call and out of hours service when the ferry is on – ie weekends and early evening.

Scottish Ambulance Service

46. This service is available on a 24/ 7 basis with staff available from their own homes. There are currently two paramedics, two technician grades and one urgent grade staff in post.
47. Paramedics are trained to high standards and are able to follow the West of Scotland protocols for ST Elevated Myocardial Infarctions, including the administration of thrombolytic drugs. Technicians are also trained in taking and interpreting ECGs.
48. The service over the period of the last year undertook 78 emergency call outs of which 74% were 999 calls. 31% of calls were assessed as Category A (life threatening conditions) and 53% were assessed as category B (serious but not life threatening).

49. It should be noted that the category given to calls do not always reflect the actual condition of the patient on arrival, which is evidenced by the fact that of the 34 callouts cancelled, 3 were Category A cases.
50. For high risk emergencies, the service can call on the national Emergency Retrieval Service (helicopter).
51. As well as emergency cover, the service provides a patient transport service to outpatient clinics, day care and for treatment off the island, for those patients who qualify for the service on the basis of medical need.
52. Of 168 hospital transfers undertaken between 2007 and 2010, 69% were transferred by ambulance via the ferry and 11% by helicopter. The remaining 20% were patients providing their own transport.

Mental Health Services

53. A range of mental health services is available to residents on the island ranging from learning disability support services, community mental health services, addiction services, residential and elderly mental health service.
54. Clinics are mainly held on the mainland (including Brooksby Hospital). In addition, a number of clinicians from the mental health service undertake visits at the patient's home or in Lady Margaret Hospital. There is also significant Allied Health Profession support to patients resident in the care home, held within NHS premises.
55. Lady Margaret Hospital is classed as a "place of safety" under the Mental Health (Care and Treatment) Act 2003, to provide emergency support to people presenting with acute mental distress. This arrangement is currently under review.
56. Over four years 2006/07-2009/10, there have been 19 admissions to hospital care by people from Cumbrae (most very short admissions but ranging from 1 day to 74 days).

Maternity Services and Sexual Health Services

57. Maternity care is provided from the mainland, specifically by a midwife based in Saltcoats, including the provision of ante natal services in Largs. Women immediately prior to birth are provided with hostel accommodation in the Ayrshire Maternity unit, if required to await the birth of their baby.
58. Antenatal care is provided on the mainland and is offered to all pregnant women. It is planned that antenatal care will be booked by the 12th week of gestation by March 2015, with relevant scans and supports in place thereafter. Part of the wider support to women will be the development of a virtual tour of the maternity unit online to improve accessibility for those living in more remote areas.
59. Family planning advice is available through the GP service, which accounts for around 75% of the consultations. Additional family planning and sexual health advice and treatment are also provided via the Gatehouse Centre in Ayrshire Central Hospital or from the Sandyford Inverclyde in Greenock.

60. The Cumbrae practice is able to make an inter-practice referral to the Largs practice for contraceptive implants and intrauterine devices as staff on Cumbrae have not trained to acquire the necessary skills. Such training is available from the sexual health department but there may not be sufficient demand on the island for a staff member to maintain their skills.
61. There is a fortnightly clinic held in Brooksby providing contraception including free condoms, emergency contraception, pregnancy testing, pre-pregnancy advice, termination of pregnancy counselling and referral, cervical smear testing, advice about sexual health matters. Chlamydia testing and C Card. The clinic is timed to allow Cumbrae patients to be seen well before the last ferry leaves, and Cumbrae patients are offered the earlier appointments within the timing of the clinic whenever possible.
62. The community pharmacy and GP dispensary also provide advice supply condoms under the C-Card Scheme and dispensed Emergency Hormonal Contraception.
63. The school nurse is appoint of contact for Secondary school pupils and holds a Young People's drop in clinic where sexual health matters can be discussed. Chlamydia testing, pregnancy testing and sign up for C-card is offered

Allied Health Professional (AHP) support

64. **Occupational therapy services** are provided on the island one day per week, on a flexible basis, including services in the hospital, in day care and through home visits.
65. **Physiotherapy services** The Island receives a full range of physiotherapy services from acute referrals, out patient clinics, day centre rehabilitation to community based domiciliary visits. The service on the island is available on Monday morning, Wednesday and Friday - a total of 15 hours provided a week (including travel time). There is also physiotherapy available in outpatient basis in Brooksby.
66. **Podiatry services** provide support within the Garrison and are also available off the island and 179 patients were seen in 2010.
67. **Dietetics** is provided on the island once per month covering inpatients, a community clinic in the GP surgery and some home visits. In 2010/11, there were a total of 134 new and review cases seen by the dietetics service.
68. **Speech and Language therapy** is also undertaken by staff from the mainland, who work in schools in the care home and in the hospital. Over six months, it was calculated that there were 11 sessions for children undertaken in schools and support provided to adults in hospital, through home visits and in the care home.
69. There is a visiting **optometry service** provided from Largs.

Dental Services

70. Most people living in Cumbrae are registered with a General Dental Practitioner (GDP) on the mainland. However; there is also a visiting salaried dental practitioner available for people who cannot access GDPs. Between April 2010 and November 2011, there were 55 community dental sessions provided for 45 patients of which 28 had learning disabilities. Patients were aged between 20 years and 95.
71. There is also an out of hours emergency service available in Ayrshire Central Hospital. Since 2006, only two Cumbrae residents have accessed this service.

Imaging Services

72. There is a plan film X-ray machine in the Lady Margaret that can be accessed by a visiting radiographer attending once a month and trained GPs.
73. The equipment requires upgrading but as the usage is low, may be retained longer than the two years in which the equipment would normally require replaced. However, the sustainability of retaining an X-ray machine in the longer term requires addressed.

Pharmacy Services

74. A GP dispensary service is currently operating, which is open during Monday to Friday 9am to 1pm and 4pm to 6pm.
75. NHS Ayrshire and Arran Pharmacy Practices Committee approved the application for a pharmacy on Cumbrae. The pharmacy opened in October 2011 and is open 9am to 5.30pm Monday to Friday (excluding lunch breaks) and 9am to 1pm on Saturday.
76. In addition to core pharmacy services, the service has an agreement to provide a number of additional services including; consulting, advising and providing pharmaceutical on the treatment of minor ailments and chronic conditions; involvement in health promotion campaigns and support to people addressing addictions and sexual health care.
77. Pharmaceutical advice is available to Lady Margaret Hospital from Crosshouse and the service supplies all medicines, wound management dressings, medical gases and infusion fluids.
78. A Crosshouse hospital pharmacist visits the hospital every three months to undertake the statutory check of controlled drugs in the hospital. The visit also provides an opportunity to check the medicine storage and handling arrangements in place and to give advice where appropriate.
79. The Lady Margaret Hospital is a low user of hospital drugs. Drugs supplied to Lady Margaret are similar to those we would expect to see in a primary care setting.

North Ayrshire Council Services

80. There are 100 social housing commissioned by the council from Cunninghame House Association (8% of the total housing stock), of which four are amenity houses for vulnerable older people.

81. The majority of social work services are provided by North Ayrshire Council Department of Social Services and Health.
82. Between January and November 2011, the service undertook twelve Single Shared Assessments for residents identifying their health and social care needs.
83. There are 46 community alarms in place on the island, the majority of these are termed as “stand alone”, and are provided where the person is not in receipt of other social care services.
84. Response for the community alarms is provided via the Care at Home Service, which has mobile attendant/response staff on the island. Staff work flexibly between the hours of 8am to 11 pm, seven days a week.
85. Some key-holding provision is also available on a good neighbours’ basis by a local home care provider.
86. There are around 16 people who receive meals on wheels service.
87. There are around 13 residents (aged between 74 and 95) receiving a flexible care at home service delivering a full range of personal and extended personal care tasks, including a tuck down service, 7 days per week.
88. Residential and continuing hospital care for older people is delivered in the mainland.

Other Service Providers

89. As well as statutory service providers, (including those commissioned by statutory services) there are two significant independent sector providers operating on the island:
 - a. Cumbrae Home Care Plus providing care in the home to 26 residents including personal care and key holding response to community alarms.
 - b. Cumbrae Home Care Plus Millport Care Centre, providing residential care to 32 residents with learning and/or physical disabilities, including respite.

Policy Drivers

90. There are a number of national and local policies that have or will have a direct consequence of health care service delivery in Cumbrae.
91. National strategies and reports include:
 - Commission on the Future Delivery of Public Services (The Christie Report)
 - Equally Well - Report Of The Ministerial Task Force On Health Inequalities The Healthcare Quality Strategy for Scotland
 - Reshaping Care for Older People - include the provision of the Change Fund.
 - Developing Community Hospitals - A Strategy For Scotland
 - Delivering for Remote and Rural Healthcare
 - Getting It Right for Every Child (GIRFEC) and

- Patients Rights (Scotland) Act 2011.

92. Recent NHS Ayrshire and Arran strategies and policies include:

- Your Health - We Are In It Together – Primary Care Strategy
- Maternity Strategy
- Mind Your Health, Mental Health strategy

93. The Scottish Government has recently announced its intention to implement Integration of Health and Social Care services, including replacing Community Health Partnerships with Health And Social Care Partnerships with single accountable officer, jointly responsible to the NHS and Local Government. This integrated and multidisciplinary approach has been the defining driver for the development of the model of care for Cumbrae.

Conclusions

94. The information outlined in this paper and detailed in full in the Cumbrae Fact File has highlighted a number of key aspects:

- Cumbrae is an island community which utilises local health services (provided by island based and visiting staff) and services on the mainland.
- Cumbrae is a relatively deprived community with a greater proportion of older residents and patients with long term conditions than A&A or Scotland as a whole.
- The GP practice list size on Cumbrae is less than a third of average practice in A&A; the current GPs are close to retiral age; responsibility for providing out of hours cover has recently transferred from the GPs to NHSA&A (local GPs have agreed to continue to provide this cover at present).
- Bed occupancy in Lady Margaret Hospital is less than 50%; emergency admissions to LMH are around 100 per year.
- LMH A&E activity varies between 23 and 61 cases per month; 90% of A&E attendances could potentially be managed by Nurse Practitioner with minor illness and minor injury competencies; 46% A&E attendances should have been seen at GP practice
- SAS paramedic cover is available 24hours a day/seven days a week on Cumbrae; in 2011, paramedics undertook 78 calls, 74% of which were 999.
- Health and social care services are currently provided relatively separately from each other, with potential to work in more integrated ways.
- GP and hospital facilities are in separate parts of the island at present; there may be benefits in considering more integrated arrangements,
- Telehealthcare is relatively underprovided on the island, with potential to develop for the benefit of residents.

