

1 DEFINING THE PARTIES

- 1.1 The purchaser in this Agreement is NHS Shetland (hereafter known as “NHS S”) and the provider is NHS Grampian (hereafter known as “NHS G”)

2 OBJECTIVES AND GENERAL INTENTION

- 2.1 NHS S wishes to obtain from NHS G the range of in-patient, daycase and out-patient services within Mental Health & Learning Disability Services as detailed within Appendix A to this Agreement.
- 2.2 The purpose of the agreement is to achieve the best service possible to the people of Shetland and to ensure that health services are provided in Shetland when it is appropriate to do so and, when it is not, that suitable arrangements are made elsewhere.
- 2.3 The service provided will therefore reflect the NHS S’ stated intention to access to health services for all, irrespective of financial means, age, sex or religion and those standards outlined in the national Patient’s Charter and the Board’s Local Charter for Health.
- 2.4 It is a matter of principle that the Board shall be treated no less favourable than any other purchaser with regard to costs and conditions for provision of services.

3 DURATION OF AGREEMENT

- 3.1 This agreement is a one year Agreement with re-opener clause as detailed in Section 6. It shall commence on **1st April**, and continue to operate for a period of 12 months. The agreement is designed to be rolled over on a yearly basis with adjustments being made to financial appendices subject to the agreement of both parties.
- 3.2 **NOTICE:** A minimum of twelve months written notice will be given by either party of any intention to stop either purchasing or providing a service defined in this contract.

4 SERVICES COVERED BY THE AGREEMENT

- 4.1 See Appendix A for full details of Services covered by this agreement.
- 4.2 Services shall be made available on an even basis throughout the year taking account of expected seasonal fluctuations. Case mix should remain broadly as is at present unless by prior agreement. Emergency services will be available on demand.

5 LEVEL OF SERVICE

- 5.1 Provision of services will be supplied according to the normal demands from clinicians and others with traditional rights of referral.
- 5.2 NHS S undertake to continue with referral patterns, and NHS G continue to offer the same level of provision. Thereby neither party will be prejudiced in its planning intentions.

6 VARIATIONS

6.1 Any significant planned changes to the volume or case mix in services to be purchased/provided will be agreed between the NHS S and NHS G in a timescale which allows both parties reasonable period to make necessary alternative arrangement. This will also include the introduction of new services.

6.2 Re-opener Clause

- NHS G agree with NHS S to review actual against agreed, indicative contracted activity annually between January & March prior to closure of accounts.
- Where there is a variance of +/-10%, both parties agree to re-open contract negotiations.
- The options considered will include, inter alia, an amendment to the contract in the form of proportionately reduced/increased activity for a proportionately reduced/increased contract.
- Where either party believes that the indicative activity has proved to be erroneous, steps will be taken to investigate the figures as appropriate to establish the true position. Where necessary the contract will be amended as required.

7 TERTIARY REFERRALS

7.1 Within Scotland

NHS S will be responsible for meeting the costs of tertiary referrals in relation to the treatment of any patient included in the contract who is referred onwards to a hospital within Scotland. Authorisation will not be required although referring clinician should inform the Director of Public Health

7.2 Outwith Scotland

NHS S will meet the costs of tertiary and other onward referrals in relation to the treatment of any patient covered by this agreement only when prior authorisation of the Director of Public Health has been obtained.

8. SUB-CONTRACTING

NHS G will not sub-contact any of its obligations under this contract to a third party without the prior knowledge and consent of NHS S except in the case of a major emergency.

9 FINANCIAL ARRANGEMENTS

9.1 NHS G will be credited with a payment equal to 1/12 of the agreed agreement fee per month subject to satisfactory performance against this agreement.

9.2 The price agreed shall include an allowance to cover the expected cost of pay and price inflation during the period of the Agreement. However, in the event of NHS S itself receiving supplementary funding e.g. for the excess cost of pay review body awards, an appropriate increase will be made to the Agreement fee.

9.3 All claims arising from 1st April 1993 to meet the cost of medical defence and compensation claims will be the responsibility of NHS G.

9.4 Payment will be conditional upon NHS G making available to the Board the agreed information required to monitor the Agreement. Notice should be provided by NHS G to NHS S for any reason why the information may be delayed.

9.5 NHS S will occasionally wish to encourage developments in particular services and, subject to the availability of funds, may discuss with NHS G during the period of this Agreement the possibility of an additional payment in return for an agreed development. Negotiations will be subject to sufficient staffing levels to provide the additional services. NHS G will indicate at such times whether the development is likely to be of a recurring nature, subject to the conclusion of satisfactory agreements for succeeding periods.

9.6 **ANNUAL PRICE:**

The annual price for the services covered in this Agreement is **£322,546**

10 HEALTH PROMOTION

NHS G shall use all appropriate opportunities to promote a greater awareness of healthier living and to advise consumers on how they might improve and maintain their health.

11 MONITORING

11.1 NHS G will ensure that the information, records and documentation necessary to effectively monitor the performance of the Service Agreement are maintained accurately at all times and that their validity is checked at regular intervals. NHS G will grant NHS S's nominated officer(s) access to the relevant information and the facilities utilised, to enable services to be monitored effectively. NHS G will also ensure the provision of information to the board on a monthly basis to enable the board to meet its statutory obligation as determined by the Management Executive of the Scottish NHS. NHS G will provide notice if this information will be delayed.

12 QUALITY

NHS Shetland and NHS Grampian accept the Quality Standards agreed by Grampian Primary Care NHS Trust and Shetland Health Board (1997/98 Service Agreement) which meet the minimum National Standards.

13 DISPUTES

13.1 In the event of a dispute arising which cannot be resolved locally, the matter will be referred to the Management Executive as arbiters on behalf of the Secretary of State for Scotland.

NHS GRAMPIAN & NHS SHETLAND

SUMMARY OF SERVICES PROVIDED UNDER SERVICE LEVEL AGREEMENT

NHS Shetland currently Contract NHS Grampian for the following Services:

- **IN-PATIENT** - Occupied Bed Days for all Adult & Old Age Psychiatry Admissions to Royal Cornhill Hospital (Including transfers to Blair Unit, Forensic)
- **IN-PATIENT – PERINATAL UNIT**
- **CONSULTANT PSYCHIATRIST – (OLDER ADULTS)** Out-patient Services & Support
- **ADOLESCENT PSYCHIATRY SERVICES** - Visiting Service & In-patient Service
- **LEARNING DISABILITIES** - Visiting & In-patient Service

IN-PATIENT SERVICES

Adults - Shetland In-patients to the service are admitted to the receiving ward as per the Adult Carousel System. An in-patient will be admitted to either Crathes Ward, Corgarff Ward, Drum Ward or Brodie Ward which are all 28 bedded mixed sex facilities, which are part of a teaching hospital that caters for individuals between the ages of 16 – 64 with a range of mental health conditions.

Perinatal – Mother's & Baby can be admitted to the Perinatal Unit which is a 1 bedded unit facility which is based off of Brodie Ward – a 28 bedded adult in-patient Ward. This facility is managed under the Medical Care of Dr Paul Sclare, Consultant Psychiatrist. Any admissions to the service will be charged to NHS Shetland on a cost per case basis and invoiced individually.

Adolescents – Adolescents that require in-patient care will be admitted to Crathes Ward, however should longer term more specialised treatment be required, they may be transferred to an adolescent in-patient unit most likely in Dundee.

Older Adults – Patients aged 65 and over with functional illnesses are currently admitted to Skene or Fraser Ward according to bed availability. Patients with clearly defined organic brain disease are admitted to Davan for acute admission and assessment. Presently, the named consultant is drawn from the OAP carousel but this may change (subject to ongoing discussions in the OMCN and the OAPD) when Dr Vaitheswaran takes up post in December 2009.

Longer term re-ablement care and intervention for those with high level behavioural and psychological symptoms of dementia is provided in Loirston (female) and Strathbeg (male) Wards under the direction of Dr Sue Barton. Admission to these wards is normally via Davan or another pre-agreed assessment facility.

Learning Disabilities - A twenty-four bedded in-patient facility is provided at Elmwood, Ashgrove Road, Aberdeen (on the Royal Cornhill Hospital site). It is divided into two twelve-bedded units, one for acute admissions (Bracken) and the other a close supervision unit for patients who have forensic type problems (Fern). A Day Unit (Hawthorn) is also situated on this site.

Services provided to all In-patients

Diversity is such that patients require varying levels of care and support to meet their holistic care needs. The aim of the wards after assessment is to have an individual therapeutic approach to care that reflects current trends and developments in mental health care. This includes the 3 “RS” Rights, Relationships and Recovery, working to Quality Improvement Scotland standards for patients with enduring mental health problems.

As in line with rights, relationships and recovery, we aim to have a highly skilled team where all members will have opportunities to develop their skills and knowledge, thus contributing to a high standard of care.

The provision of Services to all in-patients include:

- Provision of 24 hour safe and therapeutic environment for patients admitted to the Service.
- Assessment, planning, implementation and evaluation of patient care through effective communication and documentation according to professional policies and procedures.
- Provision of a high standard of evidence/research based nursing practice.
- All nursing & medical care in relation to treatment plan – contributing to the provision of continuity of care for all patients in the service.
- Reviewing observation levels & medication according to local and national policy.
- Documenting all aspects of nursing & medical care in patient’s records.
- Ensuring adherence to relevant legislation, NHS Grampian/local policies and procedures and in particular Mental Health (Care and Treatment) (Scotland) Act 2004 and the Adults with Incapacity (Scotland) Act 2000.
- Reviewing and Discharging of patients ensuring communication with NHS Orkney to ensure the smooth discharge and appropriate follow-up, treatment and review.

CONSULTANT PSYCHIATRIST (OLDER ADULTS)

Out-patient services and Support

This post was developed by NHS Grampian in partnership with NHS Shetland providing Older Adults Out-patient Services and support to the population of Shetland. Dr Sridhar Vaitheswaran takes up post in December 2009 providing one session per week for old age psychiatry patients and staff in Shetland.

Dr Vaitheswaran will provide:

- Telephone and video-conferencing support to staff in Shetland including CPNs, GPs or other senior medical staff working with older people with severe and enduring mental illnesses. Support will be available at specific times agreed in due course at the OMCN.
- Some psychiatric liaison visits in Aberdeen Royal Infirmary and Woodend Hospital
- 2 or 3 days visiting Shetland each year to advise on service configuration.
- There is the potential for Dr Vatheswaran to see up to one or two patients with unusual or exceptional presentation per visit prioritised in advance by the Shetland Mental Health Services Manager. This may be an outcome of negotiations once Dr Vaitheswaran is in post.
- An overview of discharge planning arrangements for Shetland patients in the 5 OAP Wards in Royal Cornhill Hospital.
- Advice to the Shetland Mental Health Service Manger on service delivery and configuration.
- Advice to the Chair of the OMCN on service planning and operational issues.
- Educational support and training to staff in Shetland

This services does not include:

- Taking direct clinical responsibility for managing patients in Shetland.

VISITING SERVICES

Adolescent Psychiatry Services

NHS Grampian currently provide a Visiting Service to NHS Shetland for Adolescent Mental Health Services for individuals aged between 14 – 18. NHS Grampian have contracted Dr Robert Wrate, Adolescent Consultant on a Locum basis to provide this visiting service to Shetland.

Dr Wrate provides the following services:

- To provide community psychiatry services for adolescents in Shetland including: outpatient consultations, assessment and treatment of patients in the community and in a range of care settings.
- Provision of support & advice to Community Mental Health Team & Shetland GPs (Liaison In person and by telephone when not in Shetland)
- Attendance and participation in Management Meetings (as required)
- Attendance at Mental Health (Care & Treatment) (Scotland) Act Tribunals as required.

The service level agreement includes 12 x 3 day visits, liaison, travel & subsistence. Any additional days clinical cover required to assist with Waiting List Management will require to be negotiated further between NHS Grampian and NHS Shetland.

Liaison Services include providing support & advice to the CMHT and Shetland GPs by telephone when not in Shetland. The costs associated with Liaison also include non clinical work undertaken by Dr Wrate to provide CAMHS Representation on behalf of NHS Shetland at quarterly Local/National Planning Meetings.

Learning Disabilities Service

NHS Grampian currently provide a Visiting Service to NHS Shetland for Learning Disabilities Services. This service is provided by Dr Anne Hodges, Consultant Psychiatrist and Ms M. Dawson, Consultant Psychologist both based at Dr Grays Hospital, Elgin.

Dr Hodges and Ms Dawson provides the following services:

- To provide community psychiatry services for Learning Disability patients in Shetland including: outpatient consultations, assessment and treatment of patients in the community and in a range of care settings.
- To provide consultant care of Shetland in-patients and to manage their discharge and follow up in to Community Placements or in Shetland.
- Provision of support & advice to Community Mental Health Team & Shetland GPs (Liaison In person and by telephone when not in Shetland)
- Attendance and participation in Management Meetings (as required)
- Attendance at Mental Health (Care & Treatment) (Scotland) Act Tribunals as required.

The service level agreement includes 4 Yearly visits, liaison, secretarial support, travel & subsistence.

FORENSIC IN-PATIENT SERVICE

BLAIR UNIT

The Blair Unit, Royal Cornhill Hospital, provides Forensic and Intensive Care Psychiatric facilities to Grampian Region, Orkney and Shetland.

Within the Blair Unit there are two acute wards; one eight bedded Forensic Ward (male), and one eleven bedded predominantly Intensive Care Ward (mixed sex – which also provides Forensic beds for females). There is also a sixteen bedded Forensic Rehabilitation Ward, which provides the opportunity for slow stream rehabilitation, and an eight bedded community Hostel (Great Western Lodge). Both acute wards are locked low secure ward facilities, and the Blair Unit is covered by a personal alarm system (Pinpoint Alarm).

Admission to the Forensic Ward generally comes from the Prisons, Courts and the State Hospital. Patients admitted for psychiatric assessment from court or prison may remain in the Blair Unit for treatment or be returned to the criminal justice system. Patients transferred from the State Hospital are generally in process of slow rehabilitation back into the community through progressively lower levels of security.

Admissions to the Intensive Care Ward generally come from other ward settings in Aberdeen and Elgin because they require short-term acute containment in a secure environment. Once these patients improve, they are returned to their referring catchment area ward.

The service provides expert evidence to the Procurators Fiscal, the courts and also offers a liaison role to Grampian Police.

There is a multi-disciplinary team of Nursing Staff, Medical Staff, Psychology, Social Work, and Occupational Therapy. There are three full-time Consultant Psychiatrists, one full-time Psychologist, two full-time Occupational Therapists, and two Social Workers. There is also a Nurse led Outreach Team.

In-patients from NHS Shetland to this Service are very few and therefore any activity to this service is charged on a cost per case basis.

ESCORTING PATIENTS - PSYCHIATRIC EMERGENCY

When patients are travelling on scheduled flights from Shetland to Aberdeen, NHS Shetland will have to arrange escorts as part of the planning and it is only in a Psychiatric Emergency which involves the air ambulance that they would require a recovery team from NHS Grampian.

The agreement therefore is that NHS Grampian will send a recovery team up to NHS Shetland when a patient is required to be transferred as a Psychiatric Emergency via Air Ambulance only. Nursing staff from the islands would be expected to meet the patient and escorts at the airport. In exceptional circumstances, some patient's risks may be so great that NHS Shetland feel that a recovery team from NHS Grampian may be required to come to the hospital for the patient transfer (rather than being met at the airport). NHS Shetland will agree this when booking the team and arranging ambulance cover etc.

In exceptional circumstances where a patient transfer is required out of hours, and the air ambulance or nursing staff are unavailable to be released from the Wards (due to clinical activity levels e.g observation levels/emergencies etc), NHS Shetland will provide the patient with a "Place of Safety" until appropriate escort arrangements can be made the following day.

For routine flights and patient transfers, the Islands would provide their own escorts as required. Again nursing staff from NHS Grampian will meet the patient/escort at the airport.

All charges for Patient transfers will be charged on a cost per case basis at cost to ensure that the Wards having funding to provide appropriate back-fill cover.

SPECIALIST SERVICES

Any adhoc referrals to Specialist Services (listed below) made by a GP or in-house refererals made by a Consultants will not be accepted until this has been discussed and agreed between Karen Gunn, Service Manager and Jeff Shaw, Service Manger to ensure funding is available prior to acceptance. Referrals to a Service can only be accepted if there is capacity within the Service.

- Department of Psychological Medicine
- Substance Misuse – Fulton Clinic
- Integrated Drug Service
- Integrated Alcohol Service
- Forensic
- Therapeutic Community
- Rehabilitation Psychiatry
- Eating Disorder Service – Out-patients

Any referrals agreed and accepted will be charged on a cost per case basis and invoiced separately.