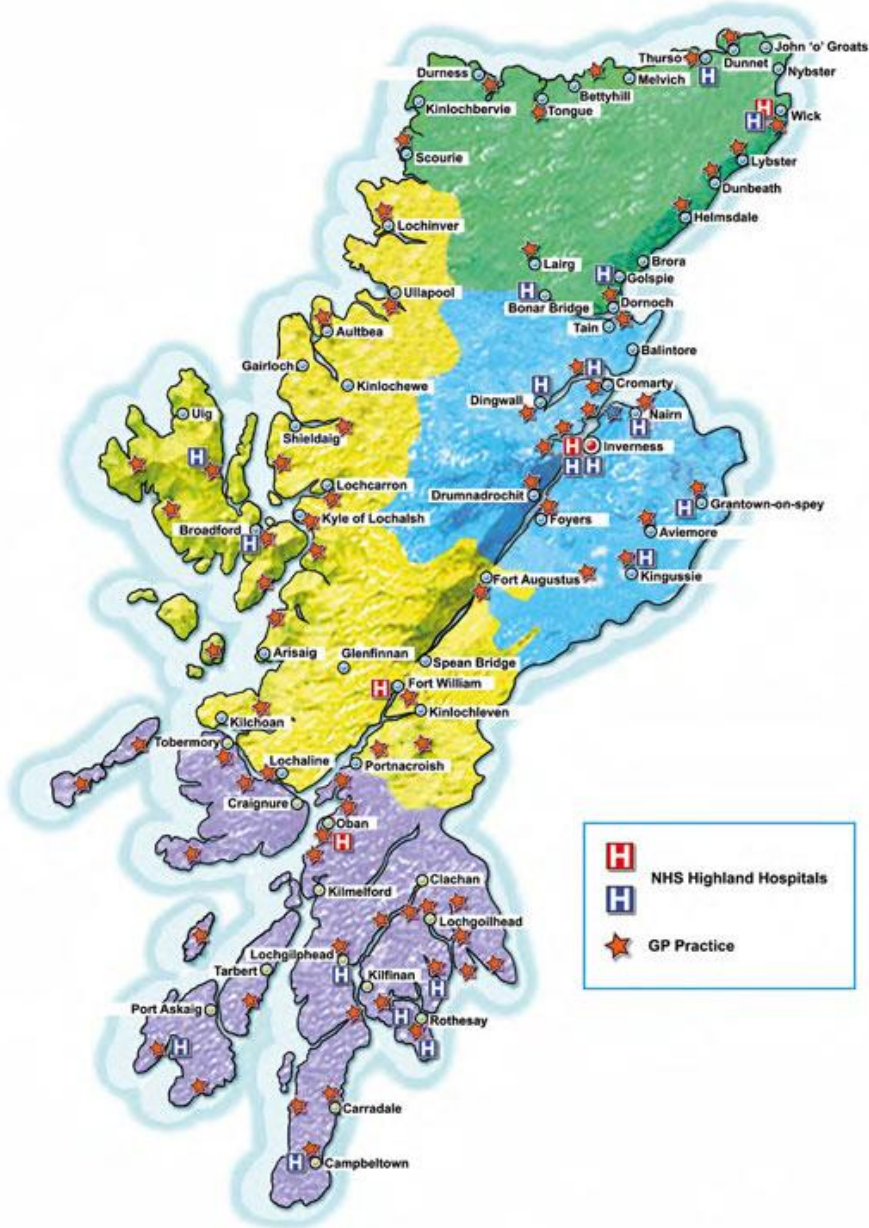
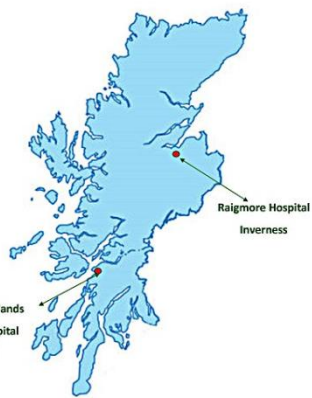


Developing an OPAT Skin and Soft Tissue Pathway Across NHS Highland



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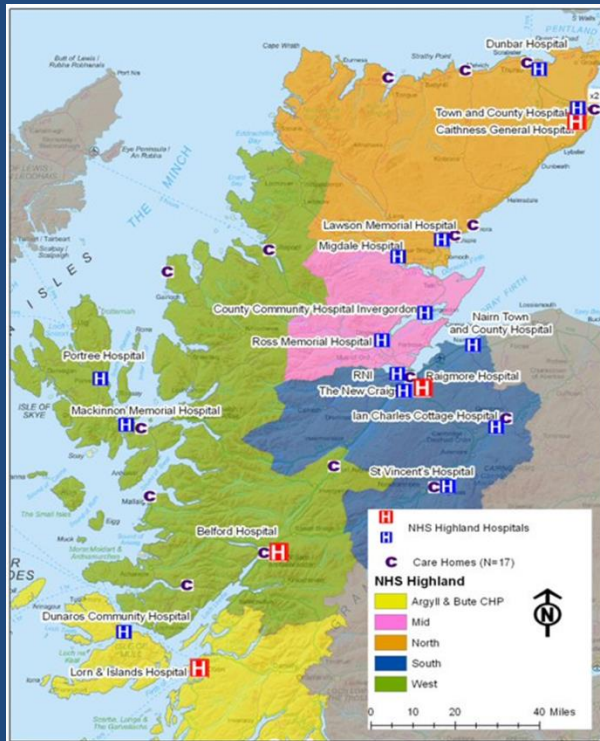
NHS Highland OPAT service 2011-2022



- OPAT service overall Jan – Dec 2021, 226 referrals
3611 bed days saved
- Rural landscape of the board has focused care closer to home
- OPAT skin and soft tissue infection service limited to patients able to travel to Raigmore in Inverness
- New accommodation for OPAT in Raigmore opened this month, good for SSTI service
- Ad hoc administration of antibiotics for OPAT via other hospitals

Skin and soft tissue pathway

NHS Highland Plan



- Hub and spoke model management rural general and other hospitals
- Ensuring good clinical governance
- Improved access in those areas to appropriate care and management
- Adapted Scottish pathway
- Support and leadership for teams
- Nursing education on management and review of patients

Progress with roll out Different models of care

Caithness General Hospital (Wick)

Visit and education completed

New rural practitioner taking lead (in ED)

Longer term plan ambulatory care

Fort William Area (Inc Belford Hospital)

Trained up nurse in ITR clinic but person dependent

Problems with space within ED and ward

Exploring other clinic spaces & more sustainable model



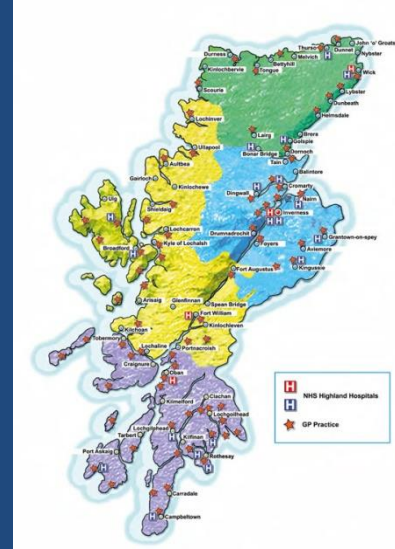
Progress with roll out Different models of care

Skye: Broadford Hospital

- OPAT on ad hoc basis over number of years
- Initial visit for training but on-going discussion about staffing location. 1 patient to date using this pathway

Argyll & Bute (OPAT to date via GG&C, not SSTI)

- Recent meeting set up and wider meeting planned after identifying sites for pilot
- Identified Dunoon and Lochgilphead in first instance
- Plan may use community teams





Feedback at OPAT subgroup meetings



- “We are already doing this and reporting cases to the OPAT service is just extra work for us”
- “Our busy hospital and community teams do not have capacity at this time to do this”
- “It is good to have the pathway and to have antibiotic options other than IV ceftriaxone”
- “Including dalbavancin in the pathway and having it available will lead to uncontrolled use and increased expense”
- “The visit from the OPAT nurses has spurred us on”
- “The small numbers make it difficult to plan for”

Skin and soft tissue infection (SSTI) Service January to August 2022

- The Complex Infections Service has had 66 referrals for SSTI
- 24 Oral Antibiotic therapies
- 38 IV Therapies
- 4 medically unsuitable

- 38 seen by the OPAT CNS in Raigmore
- 24 monitored on Complex Oral regimes
- 4 patients seen in remote and rural locations requiring IV therapy (with the introduction of the skin and soft tissue pathway)



Secondary benefits of our developments



Antibiotic stewardship

- Optimal antibiotic choice
- Reduction in antibiotic duration
- Early appropriate IV to oral switch

Improved patient care

- Regular monitoring for patients
- Improved support for patients and community teams

Upskilling community teams



Challenges for development of the pathway across NHS Highland



- Increasing referrals of skin and soft tissue infection patients NHS Highland wide
- Ensuring training and maintaining competence
- Developing sustainable models for staffing
- Having a SSTI pathway available on TAM for easy access but ensuring it is used appropriately
- Improving the use of virtual consultation by OPAT team linking with teams in other areas to review patients
- Improving data gathering and outcome monitoring

Summary & next steps

OPAT SSTI pathway for NHS Highland delivers:

- Optimal patient-centred care close to home
 - Clinical governance for SSTI pathway
 - Antimicrobial stewardship
 - Leadership and support for teams
 - Achievement of OPAT KPIs
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- Phase 2 – sustainability of models and roll out to other community practitioners