

LIBERTON OUTPATIENTS AND DAY HOSPITAL SERVICES

The Liberton Outpatient and Day Hospital Service aims to provide Comprehensive Geriatric Assessment in an outpatient setting for frail elderly patients living in South Edinburgh and Midlothian localities.

Our consultant team are Dr Carolyn Armstrong, Dr Andrew Coull and Dr Ren Ping Lee supported by our senior Specialty Doctor Dr Claire Robson.

All referrals are made via SCI Gateway to Liberton Medicine of the Elderly. Most are from Primary Care clinicians, but we also receive referrals from acute services and ED. All referrals are triaged by the multidisciplinary team including pharmacy.

Patients will be triaged to have an appointment in one of our locality clinics or at the Liberton Hub. Please continue to refer via SCI Gateway.

We will usually see referrals face to face but occasionally will do a telephone consultation.

If indicated, physiotherapy and occupational therapy can usually see at home. Therapy teams will liaise closely with hub teams to ensure there is no duplication.

Our Pharmacist will liaise with Primary Care Pharmacy Teams.

Investigation and follow up will be arranged as indicated and a letter will be sent to referrer.

Services

- Daily weekday clinic at Liberton Hub for urgent referrals (can usually see within 2 working days or next day if transport not required) or those that require specific physiotherapy interventions.
- Southwest Edinburgh Locality Clinic at Sighthill Health Centre on Monday and Friday mornings.

- South East Edinburgh Locality Clinic currently at Liberton Hub on Tuesday mornings but soon to move to Craigmillar Health Centre.
- Midlothian Locality Clinic at Midlothian Community Hospital on Wednesday mornings.
- Dedicated memory assessment clinic for frail elderly.
- Dedicated continence clinic for frail elderly.
- Chronic pain clinic run by Specialist Pharmacist.
- Parkinson's Disease Outpatient Clinics led by Dr Jo Renton and Dr Sarah Marrinan.
- Weekly meetings with hub SE and SW hub prevention of admission teams to refer frail and housebound.
- Weekly meetings with IMPACT to discuss patients with long term conditions (often those referred on by Hospital at Home).
- Alternate weekly meetings with Primary Care Pharmacy to discuss medication issues.
- We can offer Edinburgh wide care home polypharmacy reviews via email LibertonDayHospital@nhslothian.scot.nhs.uk
- Weekday advice via LibertonDayHospital@nhslothian.scot.nhs.uk or SCI Gateway. Responses within 2 working days.
- Urgent advice to Geriatrician of the Day via Flow Centre on 0131 446 4500 option 1 then 4 and ask for duty IOPS consultant or via 07814 765 110.

Investigations available

- Phlebotomy
- ECG recording
- Plain radiology
- 24 hour tapes and echo via cardiology teams
- CT / MRI accessible via acute sites

Interventions available

- Blood transfusions

- Iron infusions
- Management of BPPV

<u>Who to refer</u>	<u>Who not to refer</u>
<p data-bbox="188 443 341 481"><u>Patients</u></p> <ul data-bbox="188 495 769 696" style="list-style-type: none"> • Patients from south Edinburgh or Midlothian • Age 65 and over with frailty or multiple comorbidities <p data-bbox="188 757 732 795"><u>Common reasons for referring</u></p> <ul data-bbox="188 808 769 2011" style="list-style-type: none"> • Unexplained falls, syncope or change in mobility • Nonspecific symptoms such a dizziness, pain, weight loss • Management of anaemia in frail elderly • Management of long-term conditions eg heart failure, COPD, neurological disease • Full functional assessment • New onset cognitive impairment to exclude a physical cause • Review of complex polypharmacy • Frail and housebound patients will be considered for domiciliary visit • Suspected Parkinson’s disease (refer UNTREATED) • We can facilitate investigations such as CT/MRI/cardiac investigations 	<ul data-bbox="794 443 1378 1061" style="list-style-type: none"> • Patients under 65 (younger frail patients will be considered on an individualised basis) • Single organ pathology in an otherwise fit older person (refer to appropriate speciality) • Acute TIA/stroke (refer to TIA clinic) • Patients already attending multiple clinics elsewhere

for Primary Care colleagues as indicated and follow up as indicated	
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