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## RIE

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### Abstract

The building of the New Royal Infirmary is now under way. How can this smaller hospital meet the demands of its surrounding population? The Royal Infirmary of Edinburgh at Lauriston Place is soon to be replaced by a new 869 bed teaching hospital to be built in Little France, 3 1/2 miles from the city centre. Currently the 1067 bed hospital provides acute care, rehabilitation and long term care as in-patient services as well as a wide range of out-patient facilities. The new RIE will be adopting a new method of care provision and will be organised in a different way to maintain the existing clinical services at the same time as meeting the demands of teaching and research.

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# R.I.E.

The building of the New Royal Infirmary is now under way. How can this smaller hospital meet the demands of its surrounding population?

The Royal Infirmary of Edinburgh at Lauriston Place is soon to be replaced by a new 869 bed teaching hospital to be built in Little France, 3½ miles from the city centre. Currently the 1067 bed hospital provides acute care, rehabilitation and long term care as in-patient services as well as a wide range of out-patient facilities. The new RIE will be adopting a new method of care provision and will be organised in a different way to maintain the existing clinical services at the same time as meeting the demands of teaching and research

Lothian Health's strategy to maximise the efficiency of a high technology acute hospital

on a peripheral site is based on the principle of "doing at Little France only those things that can be done at Little France". This goal will be achieved by increasing the proportion of healthcare services in the neighbourhood and at home, supported by modified acute services based on modern facilities at fewer sites. It has been proposed that by spreading services to a small number of out reach facilities (five such locations are planned in Edinburgh) the new Royal infirmary will not only function better but serve its population better too. Out reach clinics, where hospital consultants provide services for patients on GP premises, have been available for a number of years. The most

common service provided is by psychiatrists with more recently an increase in ENT, dermatology and orthopaedics (presently 30% of ENT and dermatology clinics are held off hospital premises). The expansion in out reach out patient clinics has been driven largely by the development of GP fundholding. Many trusts now face pressure from GPs and health authorities to establish out reach clinics in a range of specialties. Moreover, moving towards a primary care led NHS, in which an increasing proportion of care is delivered outside the traditional hospital setting, is now a national NHS priority.

Evaluation of the original concept of out reach, in which a large number of low-tech common clinics should be provided in GP clinics and health centres, has failed to show any benefits except to the immediate local population. Research has also demonstrated that these types of set up have not facilitated the transfer of skills from the specialists to the GPs<sup>1</sup>. A number of basic operational difficulties have also been identified with GP satellite clinics of this kind: a fully equipped clinic requires a large capital expenditure, the administration of patient records poses a problem and travel to outlying clinics is not an efficient use of consultant time<sup>2</sup>. The probable increase in the number of practices that want such set ups make it unlikely that this type of out reach clinic will have a permanent place in the NHS as there are simply not enough consultants.

The new model for out reach services which is to be adopted by the New RIE states that a range of appropriate services could be

developed in appropriate volume to a small number of centres, geographically dispersed within Edinburgh and the Lothians and tailored to suit the population needs which will function as devolved locality clinics. These would provide a range of well staffed and well equipped out reach services aiming at high standards of care, efficiency and quality. Locality clinics could serve geographical subsets of the Edinburgh population not only as out posts of the Royal Infirmary but as visible and effective local centres for a range of health related services and activities.

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**Community Treatment Centres: Types of services to be provided**

Day care/day hospital places  
Community teams  
Pre-admission services  
Diagnostic services  
Hospital out patient clinics/shared care facilities  
Health promotion/information services  
GP out of hours services  
Complementary medicine  
Post acute rehabilitation  
Telemedicine ie. Scanned images sent to hospitalspecialists via satellite link.

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## References

1. Leese B. Health Service Journal December 1996 24-26.
2. Robb P. Health Care Management 11: 34-35.