A report of the Director of Acute Services Strategy, Implementation and Planning [Board Paper No 08/41] asked the NHS Board to receive the pre-consultation document setting out the vision for the Vale of Leven Hospital and endorse a period of engagement on the vision of the Vale of Leven, from 17 September until the end of October 2008, followed by a period of formal consultation over 13 weeks from 31 October 2008 to the end of January 2009, with a formal report on the outcome to the February 2009 NHS Board meeting.
The NHS Board was also asked to note that issues raised during the engagement period would be addressed in the document that was circulated for formal consultation.

The Chair stressed the important role played by the Vale of Leven Hospital in the provision of health services to the West Dunbartonshire, Helensburgh and Lochside communities. However, for the last decade, the future of the hospital had been the subject of much debate and considerable concern following changes to services and transfer of services to other locations. He believed that the proposals being set out today showed that the Vale of Leven Hospital campus would continue to be a vibrant and busy NHS site that would have a continued role to play in the provision of NHS care to the local communities.

The Cabinet Secretary for Health and Well-Being had commissioned two independent reviews of unscheduled care at the Vale of Leven – the first was the Independent Scrutiny Panel, Chaired by Professor Angus Mackay, and the second was a group of expert clinicians, Chaired by Professor Chris Dodds. Both had concluded that anaesthetics was unsustainable at the Vale of Leven Hospital. Professor Mackay’s review had recommended that an option be explored that anaesthetic services be sustained for two years to allow the further piloting of the prediction element of the Lomond Integrated Care model. The second review gave a definitive recommendation for how unscheduled services at the Vale of Leven could be delivered in the future and the Board’s proposals took account of these recommendations in setting out a vision for the Vale of Leven which was hoped would end the uncertainty surrounding the hospital’s future.

Mr Divers reminded Members that following the dissolution of NHS Argyll and Clyde, this NHS Board was asked to take responsibility for the services provided from the ‘Clyde’ area with effect from 1 April 2006. NHS Highland had taken responsibility for the remaining area of the former NHS Argyll and Clyde. Since April 2006 detailed work had been undertaken to review the health care services which were not already part of an agreed strategy. These reviews had included a comprehensive assessment of health need for the population of West Dunbartonshire. The current position was that the NHS Board had publicly consulted and approved recommendations for services to Older People, In-Patient Disability Services, Mental Health Services and the Community Midwifery Units at Inverclyde and the Vale of Leven. The NHS Board recommendations for the first three had been submitted to the Cabinet Secretary for approval, although for mental health services, further work was needed on the in-patient service north of the Clyde and this would be included in the pre-engagement document for the Vale of Leven Hospital. On the Community Midwifery Units, the NHS Board had concluded it would retain these for a further 3 years and launch a positive publicity campaign to encourage expectant mothers to consider using the units in future.

In addition, the NHS Board was required to implement a 3-year plan to reduce the recurrent financial deficit within the Clyde area of £26m: this work was well under way and due to be completed at the end of financial year 2009/10. An increasing proportion of cost savings delivered and attributed to Clyde will be as a result of integrating Greater Glasgow and Clyde services. Therefore savings released from Greater Glasgow service budgets as a direct result of that work would be attributed to Clyde. This follows the approach adopted in relation to establishing single services for financial services/payroll/internal audit and procurement.

Mr Divers advised that in addition to other deeply held concerns, two strong messages had come out of the public meetings he had attended on the Vale of Leven – firstly, the NHS Board should end this period of uncertainty and, secondly, there was a perception that NHS Board officials only ever came to speak to these local communities when services were being withdrawn as they could no longer be sustained. The proposals for the future of the Vale of Leven campus/…
were designed to give a vision for the future and end the uncertainty. The pre-engagement and consultation period thereafter could also discuss new and sustainable services that could be delivered at the hospital. By investing in the range of services that could be delivered on the Vale of Leven campus this would see an additional 16,000 appointments which are currently scheduled in Glasgow and Paisley being delivered locally. In addition, the vision included the development of a new Alexandria Medical Centre and a new Care Home on the Vale of Leven site delivered in partnership with West Dunbartonshire Council.

The Independent Review Report by the expert clinicians, Chaired by Professor Chris Dodds, was published on 15 August 2008 and provided conclusions and recommendations into the sustainability of anaesthetic services at the Vale of Leven Hospital. An important outcome of this review was the potential development of a model of care which would allow as many of the 6,000 patients who currently attended the Medical Assessment Unit as was clinically appropriate to continue to receive their care at the Vale of Leven. This model was described by the Review Team as being ‘a supported GP Acute Unit’. These would be patients with medical conditions who had either been assessed by a GP as suitable for receiving care at the Vale of Leven or had presented at the hospital and had been deemed appropriate to treat. Initial work suggested that such a service could be developed which allowed 24-hour unscheduled care to be delivered by a team of doctors and nurse practitioners who were trained to provide GP services and skilled to deliver the required level of hospital care. The Review Team described the approach as one which “balances the need to provide care locally for as many patients as possible whilst delivering appropriate specialist care for those who needed it”. It had been confirmed by both the Independent Reviews that the anaesthetic service was not sustainable: however, the proposal from Professor Dodds would enable the development of a model of care which would see a band of cases in the range of 36-83% being treated appropriately at a supported GP Acute Unit.

Mr Divers explained that the next 6 weeks of pre-engagement would allow time to firm up on the case-mix; develop a staffing model to support an experienced GP-led model; develop protocols for GP assessments and engage with staff, local groups and the public in order to shape the final proposals on the vision for the Vale of Leven Hospital for public consultation to commence on 31 October 2008. It had been agreed with the Scottish Health Council that a 6-week pre-engagement was reasonable on the basis of previous discussions with staff and the public on such matters affecting the Vale of Leven and it was planned to run the public consultation period from 31 October 2008 to 31 January 2009 with a full report on the outcome to go to the NHS Board meeting on Tuesday, 24 February 2009.

Ms Byrne took Members through the paper and presented in detail the services which it was proposed would form the vision for the Vale of Leven Hospital.

- **Unscheduled Care**

The Vale of Leven Hospital would treat patients who had either been assessed by a GP as being suitable for treatment or who had presented at the hospital and were then assessed as being suitable for treatment.

Weekly meetings were taking place with local GPs and Hospital Physicians to establish how many patients could safely be seen and identify the level of the physicians’ support to the new model. Ms Byrne had also met with the wider community of GPs and this collaboration would continue. Two meetings with staff from the Vale of Leven Hospital had also taken place, with more meetings planned. Training had been identified as a significant issue for GPs and other clinical staff and this would require to be addressed.
• Unscheduled Care: Transport

It was clear that some of the patients who currently attend the Medical Assessment Unit would need to transfer to the Royal Alexandra Hospital, Paisley for treatment. This would be in addition to the 5,000 patients from the Vale of Leven area who currently attended A&E at the Royal Alexandra Hospital, which included those patients who were most seriously ill. The Scottish Ambulance Service recognised the public’s concern at the perceived risk associated with transferring patients but were confident from previous experiences that there were no additional risks in transferring this cohort of patients.

• Unscheduled Care: Primary Percutaneous Coronary Intervention (PCI): Golden Jubilee National Hospital

A recent development had been the treatment of acutely unwell patients who suffer the most severe form of heart attack with Percutaneous Coronary Intervention as their primary treatment. The Scottish Ambulance Service, after an assessment of the patient, would take these patients directly to the Golden Jubilee National Hospital, Clydebank, in the same way as other patients in Glasgow and the West of Scotland.

• Unscheduled Care: Treatment after Minor Injuries

There would be no change to the current service for the 9,000 unplanned patients who currently attended the Minor Injuries Unit.

• Unscheduled Care: Primary Care Emergency Services

The out of hours primary care emergency services currently provided at the Vale of Leven Hospital would remain unchanged.

• Planned Care

Most of the patients currently receiving care at the Vale of Leven Hospital, attended on a planned basis by way of an appointment.

Ms Byrne explained that there were plans to enhance planned care services. In particular, there were plans for the expansion of Community, General and Secondary Dental Services, Surgical Services (Ophthalmology and Urology), General Medical Services (Rheumatology) and Regional Specialist Services (Renal Dialysis and Cancer Services).

• Rehabilitation and Older People’s Services

The provision of a comprehensive rehabilitation service was a key element of the NHS Board’s vision for the Vale of Leven. It would be delivered by a Consultant-led multi-professional team and would include assessment, goal setting, intervention and evaluation. In addition to in-patients there would continue to be Consultant-led out-patient clinics for older people, stroke patients and those with movement disorders. There would be a Day Hospital for Older People; out-patient services for adults with a physical disability and the possible development of an enhanced community rehabilitation model in order to prevent older people being admitted to hospital. End-of-life care would also be part of the vision to be delivered from the Vale of Leven Hospital.
• Adult Mental Health Services

Ms Byrne advised that between April and July 2008 a comprehensive formal public consultation on Modernising Mental Health Services in Clyde had taken place. The feedback from the consultation highlighted a low level of local public support for the proposal to transfer adult and elderly mental health acute admissions from the Vale of Leven Hospital to improved accommodation at Gartnavel Royal Hospital.

As a result, the pre-engagement document included proposals for mental health services within the overall vision for the Vale of Leven Hospital. During the pre-engagement and consultation process, the advantages and disadvantages of both the integration of adult mental health services within the new facilities at Gartnavel Royal Hospital and of a local adult acute in-patient service at the Vale of Leven would be explored.

• New Alexandria Medical Centre

Ms Byrne informed the NHS Board that plans were being developed for the provision of the new Alexandria Medical Centre. The Outline Business Case was due to be completed by the end of October 2008 and it was intended to provide a single purpose-built medical centre to accommodate a range of GP, Primary Care, Community Health and Social Care services for Alexandria. The preferred and available site was within the grounds of the Vale of Leven Hospital and planning permission had been granted for this facility on the preferred site.

• New Care Home

The NHS Board was working with West Dunbartonshire Council on the development of a care home facility which could also provide continuing care for NHS patients. The Community Health Partnership was taking this proposal forward with the Council and locating it on the Vale of Leven Hospital site would allow for good synergies with both the hospital and primary care facilities.

• Next Steps

Ms Byrne advised that meetings had been planned with the Community Health Partnership, HospitalWatch, Helensburgh and Lomond Planning Groups, and NHS Highland to set out the proposals for the Vale of Leven Hospital and receive feedback in order to shape and complete the consultation document to be launched on 31 October 2008. An invitation to West Dunbartonshire and Argyll and Bute Councils for meetings would also be offered.

Eight Focus Groups for community-based groups had been arranged to establish what required to be addressed in the formal consultation document.

When formal consultation had commenced, there were plans to hold consultation forums from late October 2008 through to end January 2009 and also public meetings to set out the NHS Board’s proposals.

Mr Divers described his initial discussions with the Post-Graduate Dean and GP Postgraduate Adviser on the proposed GP Acute Unit at the Vale of Leven on how the medical staffing model could be developed and maintained.
The Chair thanked Mr Divers and Ms Byrne for their hard work in preparing an excellent report. He then invited questions from the NHS Board Members.

Cllr. Robertson was pleased with the vision and future which had been set out for the Vale of Leven Hospital and believed that a major corner had been turned and following the pre-engagement period he welcomed the prospect of the NHS Board consulting on proposals for this area which would be well received by the local communities. He recognised how important the GPs were to the model described for unscheduled care and the requirement to offer appropriate training in order to build up the skills and confidence of those referring into and delivering this new level of care.

He was keen that structures were put in place to continue a dialogue with the communities beyond the implementation of the current proposals.

Mr Williamson welcomed the overall thrust of the vision for the Vale of Leven Hospital. He offered comments on improving aspects of the document, including making mention of the retention of the Community Midwifery Units at the Vale of Leven and Inverclyde Hospitals and enhancing the description of the cancer services to be offered from the Vale of Leven. He also raised the issue of GPs having a 3-tier on-call system – GP out-of-hours, the GP Acute Unit and providing support in relation to aspects of out-of-hours mental health services.

Mr Divers welcomed Cllr. Robertson’s and Mr Williamson’s comments and suggested that the West Dunbartonshire Community Health Partnership and the Council should work together on how to ensure continued engagement with local interests in a sustainable way going forward. Issues of out-of-hours care and GP training would be worked through with GPs and staff as the pre-engagement and consultation periods were under way. Mr Divers suggested that Ms Byrne work with Mr Williamson to progress discussions on cancer.

Dr Kapasi expressed his satisfaction with the work described in the vision for the Vale of Leven and believed that there was a huge amount of excellence within the GP community which could be tapped into to provide the new service recommended by the Independent Review Team.

Mrs Stewart, in welcoming the proposals, was concerned about possible changes to the existing renal service and whether the new service could be adequately staffed. Mr Divers and Dr Cowan indicated that some services would require to be re-distributed and the discussions on the medical staff model for the GP Acute Unit would determine how it was best run and staffed.

Mr Sime hoped that the community and staff would welcome these proposals. Both Independent Review Reports had confirmed that the anaesthetic service was unsustainable and therefore it would be the case that some patients would not receive their care at the Vale of Leven. Mr Divers confirmed that some patients would indeed access the services of more specialised A&E care along with the 5,000 patients from this area who currently attended the Royal Alexandra Hospital. The task for Board officers was now to work through the case mix of which patients could be safely and sustainably treated at the Vale of Leven Hospital.

Mrs Smith welcomed the report and felt the local community would be encouraged with the proposals it contained. She did, however, have a concern that the 6-week pre-engagement period might not be long enough to conclude the detailed work required to complete the consultation document in sufficient detail for the community and staff to fully understand what was being proposed. She also raised a concern about the availability of the necessary capital investment required to deliver the vision for the Vale of Leven Hospital. Mr Divers advised that a significant element of work was already under way and he was chairing weekly/…
meetings to ensure the various work streams came together in time for the start of the consultation period. In terms of the required capital investment required – the Alexandria Medical Centre had been planned and had been taken account of in the Board’s current 3-year Capital Plan. The remaining elements would be included in a Capital Investment Plan for the Vale of Leven Hospital and the availability of capital funds would influence how best to achieve modern fit-for-purpose accommodation, whether by upgrading of existing facilities, a new-build programme or a combination of these approaches.

Mr Divers advised that some Non-Executive Members of the NHS Board had offered to be involved in the public consultation stage and he would arrange to contact those Members in order to ensure their involvement in the public meetings and meetings with the local communities.

The Chair thanked Members for their response to the proposals for the vision of the Vale of Leven Hospital and hoped the pre-engagement period would be used to fully inform the proposals to be launched in late October 2008 for public consultation.

**DECIDED:**

- That the attached pre-consultation document setting out the vision for the Vale of Leven Hospital be received.

- That a period of engagement on the vision of the Vale of Leven, from 17 September until the end of October 2008, followed by a period of formal consultation over 13 weeks from 31 October 2008 to the end of January 2009 and that the outcome be submitted to the NHS Board at its meeting on 24 February 2009, be endorsed.

- That issues raised during the engagement period would be addressed in the document that was circulated for formal consultation be noted.

**95. PHARMACY PRACTICES COMMITTEE MEETING MINUTES:**


The Minutes of the Pharmacy Practices Committee meetings held on 4 August 2008 [PPC(M)08/11]; 6 August 2008 [PPC(M)08/12]; 12 August 2008 [PPC(M)08/13]; 13 August 2008 [PPC(M)08/14]; 20 August 2008 [PPC(M)08/15]; 22 August 2008 [PPC(M)08/16] and 25 August 2008 [PPC(M)08/17] were noted.

**NOTED**

The meeting ended at 12.55 p.m.