Integration of Acute In-Patient Services for North East Glasgow

Recommendation:

The Board is asked to note that:

- acute medical and surgical receiving, critical care and inpatient elective surgery for North and East Glasgow will be provided from Glasgow Royal Infirmary from 18th March 2011;
- Stobhill Casualty will close on that date although the Minor Injuries Unit will remain open between 9.00 a.m. to 9.00 p.m. each day;
- the extension to the New Stobhill Hospital will be open and fully operational by 26th March 2011.

1. Background

1.3 The Acute Services Review (ASR) approved by the Board in June 2002 described a comprehensive modernisation programme of acute services. Since that time significant progress has been made with the:

- Opening of the West of Scotland Beatson Cancer Centre at Gartnavel General in 2007
- Opening of the West of Scotland Heart and Lung Centre at the Golden Jubilee National Hospital in 2008
- Opening of the new Victoria and Stobhill Hospitals in 2009.
- Opening of new Southern General Maternity Unit in 2009

1.2 Work on the new South Glasgow Hospitals campus is underway with the new Adults and Children’s Hospital development due for completion in 2015.

1.3 The ASR described the creation of two Accident and Emergency Departments for the city at the Southern General and Glasgow Royal Infirmary (GRI) with supporting trauma and related services. Following the initial service moves described above, and in light of ongoing service pressures linked to the changes both in the numbers of junior doctors and in their patterns of work, it was agreed to accelerate the implementation of the ASR for North and East Glasgow, with the aim of rationalising the remaining acute inpatient beds from Stobhill onto the GRI site.

2. Enabling Moves

2.1 In order to create sufficient capacity for services to support the integrated clinical service model at Glasgow Royal Infirmary, a number of other specialty moves have taken place in the intervening period and these are outlined below.
2.2 Urology Services

Inpatient urology services moved from Stobhill Hospital and Glasgow Royal Infirmary to the Southern General and Gartnavel General Hospitals in August 2010. This is an interim position prior to full implementation of the ASR.

Day Case Services are provided at the new Victoria and Stobhill Hospitals. Outpatient services continue to be provided locally and a consultation service is available on the remaining acute inpatient sites.

2.3 Vascular Service

Inpatient vascular services for Glasgow moved from the Southern General and Glasgow Royal Infirmary to West Glasgow with beds at the Western Infirmary and Gartnavel General from October 2010. This is an interim position prior to full implementation of the ASR.

Day Case Services are provided at the new Victoria and Stobhill Hospitals. Outpatient services continue to be provided locally and a consultation service is available on the remaining acute inpatient sites.

2.4 Renal Services

Inpatient renal services will be integrated for Glasgow on the Western Infirmary site in February 2011. This position will be an interim position prior to full implementation of the ASR. Renal surgery was integrated with vascular surgery at the Western Infirmary in November 2010.

Dialysis and out-patient services remain at Glasgow Royal Infirmary, the Western Infirmary and the new Victoria and Stobhill hospitals.

2.5 Phase 2 New Stobhill Hospital

The extension to the new Stobhill Hospital, approved by the Board at its meeting in October 2008, (Board paper 08/43) will replace existing short stay surgical beds and rehabilitation beds for older people. The new twelve 23 hour beds will be in use from 14th March 2011 and the 48 rehabilitation beds for older people from 26th March 2011.

3. Developments at Glasgow Royal Infirmary

3.1 A £37.2m capital investment programme has taken place on the Royal Infirmary site in order to ensure that suitable facilities are available to support the service transfers.

3.2 Phase 1 of the capital programme at the GRI to support this plan was the relocation of the Plastic Surgery Outpatient Department, with the re-provision of out-patient and treatment rooms. This alteration released space to support the expansion of the Accident and Emergency Department.

3.3 The new Accident and Emergency Department has a dedicated Minor Injuries Unit and also a new immediate medical assessment area to deliver new patient care pathways and to support the increased activity from Stobhill Hospital. Work in the Emergency Department was completed in December 2010.

3.4 16 wards at GRI, previously used for non-inpatient services and areas vacated by previous service transfers, such as the move of gynaecology to the Princess Royal Maternity Unit, have been upgraded in advance of the scheduled moves.
3.5 7 additional critical care beds have been created at GRI with construction completed in October 2010. The opportunity has also been taken to use the new beds for patient care and to undertake maintenance within the current critical care unit in advance of the service transfer. These facilities will be augmented by the creation of a Medical High Dependency Unit during 2011 to provide high quality support to patients in need of this type of care.

3.6 Offices and other supporting accommodation are also being created together with considerable investment in improving the infrastructure of the hospital, such as lifts and heating within the site.

4. Staff Engagement

4.1 A Human Resources (HR) sub group has been in place for the last year with staff side partners to ensure that staff have been kept fully engaged and informed about the service moves and that the Board’s HR policies have been observed.

4.2 Directorate management teams have worked through the detailed plans for implementation and, in addition, internal engagement has been undertaken through the following fora:

- Area Partnership Forum
- Acute Partnership Forum
- ASR acceleration updates to the Hospital Sub Committee, the Area Medical Committee, GRI and Stobhill Medical Advisory Committees.

4.3 A dedicated microsite will be set up on the Board’s website and Staffnet and the Core Brief will communicate real time information on the changes.

5. Community and other Stakeholder Engagement

5.1 Externally, work is ongoing with the support of the Community Engagement Team. This has included:

- Briefings offered to constituency MPs, MSPs, Councillors, the North Glasgow and East Dunbartonshire Public Partnership Forums, Community Councils, Area Committees and interested groups
- A DVD explaining how to use the Minor Injuries Service has been produced and circulated to community stakeholders and the SOLUS screens used in North Glasgow will show this in a range of public places. This will also be accessible through the Board’s website
- Outreach sessions scheduled in community settings

5.2 A communications campaign is planned to ensure the community are aware of the change to service and the closure of Casualty. This will include:

- An eight page newsletter delivered to households and GP premises in the catchment area for Stobhill, explaining the changes and how to use hospital services.
- Newspaper advertisements in Kirkintilloch Herald and Evening Times and briefing of media organisations
- A radio advert on Radio Clyde
- A letter to all referring GPs with a copy of the guide
- A dedicated issue of Health News.
6. **Impact on Stobhill Hospital**

6.1 400,000 patients attend the new Stobhill hospital for out-patient and day case appointments every year and their care will be unaffected by these changes. In addition, approximately 20,000 patients attend the Minor Injuries Unit each year and they will also be unaffected by these changes. Diagnostic and therapy services such as X ray, CT, physiotherapy and endoscopy will also remain unchanged for ambulatory care patients.

6.2 Around 13,000 patients are admitted as inpatients to Stobhill hospital each year. 2000 patients will continue to be admitted directly to the 23-hour beds, with the remainder admitted to Glasgow Royal Infirmary. A number of older people who require to stay longer in hospital for rehabilitation will be transferred from Glasgow Royal Infirmary to the new rehabilitation unit.

6.3 In order to minimise service disruption during the move, services will transfer over the period of one week with the final moves being Casualty closing on the evening of 18th March and the remaining services transferring that weekend.

7. **Recommendation**

7.1 The Board is asked to note the above alterations to service provision as outlined within the Acute Services Review process and, in particular, the integration of acute inpatient services for North East Glasgow at Glasgow Royal Infirmary and the closure of the Stobhill casualty department in March 2011.

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