

## **Greater Glasgow and Clyde NHS Board**

### **Board Meeting**

**16 August 2011**

**Board Paper No. 11/36**

### **Director of Rehabilitation and Assessment**

#### **Re-Design of Rehabilitation Services – Consultation on the closure of Lightburn Hospital**

#### **Recommendation:**

**The NHS Board is asked to:**

- **Recommend to the Cabinet Secretary for Health, Wellbeing and Cities Strategy that Lightburn Hospital be closed and that :**
  - **In patient rehabilitation beds be transferred from Lightburn Hospital to Stobhill Hospital**
  - **Day Hospital and out patient services be transferred from Lightburn Hospital to Glasgow Royal Infirmary**
- **Approve the recommendations of the Transport Needs Assessment should approval to the changes be given**

#### **1. BACKGROUND**

- 1.1 In August 2010 the Board received a paper outlining proposed service changes to the Department of Medicine for the Elderly (DME) services in East Glasgow (appendix 1).
- 1.2 At the August 2010 Board meeting it was agreed to move to a three month public consultation on the Board's preferred option of transferring rehabilitation beds from Lightburn Hospital to Stobhill Hospital and the possible closure of Lightburn Hospital. The closure of the Lightburn Hospital site was dependent on suitable alternative accommodation being identified for Day Hospital and outpatient clinics currently at Lightburn Hospital. The 3 month formal public consultation was launched on 30 August 2010.
- 1.3 Alongside the agreement to move to formal public consultation the Board agreed further work to identify proposals for the relocation of outpatient clinics and Day Hospital activity and to undertake a Transport Needs Assessment to better understand the impact of any changes for patients, carers and visitors.
- 1.4 Towards the end of the formal public consultation it became apparent that, before final proposals could be put to the NHS Board; additional work would be required to

better understand the individual patient experience at Day Hospital and outpatient clinics at Lightburn Hospital. This work has now been completed.

- 1.5 The Board will be aware since the August 2010 Board paper there have been two significant changes to health services in Glasgow. Firstly changes to Community Health Partnerships (CHPs) in Glasgow meaning the main population affected by this change is now within the north east sector of the Glasgow CHP. Secondly the closure of acute receiving at Stobhill Hospital and the transfer of redesigned services into Glasgow Royal Infirmary (GRI).
- 1.6 In 2010 NHS Greater Glasgow & Clyde (NHSGGC) published an 'Equality Scheme 2010-13'. This scheme demonstrates NHSGGC's commitment to understand and tackle inequality. Providing effective healthcare is at the heart of this approach. The strategy outlined in this paper has been subject to an ongoing equality impact assessment (EQIA) throughout the decision making process. The current status of this EQIA is attached at appendix 2. The engagement and consultation process has also been subject to two EQIAs, one to design the process and one to review the implementation of the consultation process. EQIAs help to identify gaps in provision and identify appropriate solutions. These solutions have informed the final recommendations.
- 1.7 The following sections of this paper will
  - Restate the context and options for service change
  - Outline the public consultation process undertaken and the responses received
  - Highlight the issues raised during public consultation
  - Explain the Board's response to these issues; and
  - Summarise the key findings that guide the recommendations

## **2. CONTEXT FOR SERVICE CHANGE**

- 2.1 North East Glasgow has a population with large concentrations of poverty and disadvantage. This is clearly demonstrated in the following data from the Scottish Public Health Observatory (Scot PHO) 'Scottish Health and Wellbeing Profiles 2010'.
- 2.2 There are 26,019 people over the age of 65 years in north east Glasgow, this is 15% of the local population. Unlike other areas in Scotland it is not predicted the over 65 year population in north east Glasgow will increase over the next 10 years. Reports from Glasgow City Council (GCC) indicate this is due to a range of factors including demographic shift of populations some years ago and steady levels of life expectancy. Average life expectancy in north east Glasgow for males is 68.5 years and for females is 75.9 years. This is the lowest life expectancy of all 38 Scottish CHP areas.
- 2.3 There are slightly higher levels of older people (over 65 years) receiving free personal care at home – 7.1% of the over 65 year population compared to a Scottish average of 5.3%.
- 2.4 28.8% of the total population is defined as income deprived.
- 2.5 The February 2008 Health and Wellbeing Profiles published by the Centre for Population Health shows just 1.5% of the former east Glasgow Community Health and Care Partnership area population as being from a minority ethnic background. This is lower than the Scottish average.

- 2.6 These significant levels of ill health and deprivation in the local population make it even more important that health services provide the highest standards of clinical care that people are able to use as easily as possible. The redesign of DME services in north east Glasgow aims to achieve this and is firmly set within the clear direction of national and local policy context of improving quality of care, prevention and anticipatory care, early intervention, rehabilitation and enablement, partnership working across all agencies, reducing delays in discharge from hospital and involving people in decisions about their own care and support.
- 2.7 The NHS Scotland Quality Strategy sets NHS Boards three key drivers for service delivery – patient safety, patient centred and clinical effectiveness. Each of these areas is equally important and the strategy set out within this paper aims to maintain standards and improve service delivery against each of these three areas.

### 3. The Department of Medicine for the Elderly Service - Drivers for Change

The DME in north east Glasgow provides comprehensive multi-professional assessment and rehabilitation services for people over 65 years within the following settings:

DME Services June 2011	GRI	Stobhill Hospital	Lightburn Hospital
<b>Inpatients</b>	Assessment (incl stroke) 183 beds	Longer term rehabilitation 48 beds	Longer term rehabilitation 60 beds
<b>Outpatients</b>	✓	✓	✓
<b>Day Hospital</b>	X	✓	✓

Patient Numbers	Lightburn Inpatients	Lightburn Outpatients (new and return)	Lightburn Day Hospital (new and return)
<b>2010/11</b>	420	2000	950

#### 3.1 Inpatient Services – Longer Term Rehabilitation:

- 3.1.1 Since the August 2010 Board paper all inpatient services in north east Glasgow have undergone significant redesign with the closure of acute receiving at Stobhill Hospital in March 2011. For DME this has meant the planned transfer of beds from both Stobhill and Lightburn Hospitals to GRI and the transfer of the remaining two wards at Stobhill Hospital into purpose built accommodation in the new Stobhill Hospital.
- 3.1.2 These changes have led the service to review the location of longer term rehabilitation beds in north east Glasgow. Options put forward in the August 2010 Board paper were:

**Option 1: Service provision over three sites - GRI, Stobhill Hospital and Lightburn Hospital**

**Option 2: Service provision over two sites – GRI and Stobhill Hospital**

**Option 3: Service provision over two sites – GRI and Lightburn Hospital**

3.1.3 The Board's preferred option and the basis for public consultation was option 2, service provision over two sites - GRI and Stobhill Hospital.

3.1.4 It is recognised that moving inpatient beds from Lightburn Hospital would affect a number of patients who can be in hospital for quite some time whilst they complete their rehabilitation. Based on activity following service changes in March 2011 it is estimated that this would affect c 300 patients a year who stay in hospital for an average of 8 weeks.

3.1.5 The reasons for proposing DME inpatient services move from a three site model (GRI, Stobhill and Lightburn Hospitals) to a two site model at GRI and Stobhill Hospital are based on providing people with the highest quality of care to ensure their stay in hospital as efficient and effective as possible:

- Consolidating smaller DME sub specialties onto one site at Stobhill Hospital: SIGN 111 Management of Hip Fracture in Older People provides clear direction on rehabilitation following hip fracture with a strong focus on the need for good multi-disciplinary team working. Being able to consolidate smaller DME sub specialties such as geriatric orthopaedic rehabilitation on one site will help focus clinical expertise, strengthen multi-disciplinary working and provide people with the best possible care
- Maintaining Effective Cover Across All Inpatient Sites – each hospital site has doctors in training working there during the day and providing an on-call service in the evenings and at weekends. Following changes to the way doctors are trained there are now fewer doctors available to cover all the required duties and in addition the introduction of European Working Time Directives reduces the total number of hours that a doctor can work each week. This means that if the number of sites covered by doctors can be reduced, it increases the overall amount of time that doctors can spend on the wards enabling faster access to medical care and thus improving overall quality of clinical care

Some specialist Allied Health Professionals (AHPs) and nursing staff also work across a number of sites and reducing the number of sites that cover would allow increased flexibility in staffing, and reduce time spent in travel. This improved efficiency would help to provide higher quality of care.

- Access to Diagnostic Investigations – The new Stobhill Hospital provides modern diagnostic facilities in a new fit for purpose building, including x-ray, CT scanner, MRI scanner and ultrasound as well as a cardiology department, a respiratory department and an endoscopy unit. All inpatient areas on the Stobhill site have ready access to these diagnostic facilities.

Lightburn Hospital has part-time x-ray facilities which are currently in need of upgrade to maintain the equipment to expected standards. There are limited cardiology investigations available on site, but no access to CT or endoscopy. Patients in rehabilitation wards may still require investigations during their stay in hospital that are not available at Lightburn. In 2009/10 there were 567 journeys taking patients from Lightburn to GRI to access other diagnostic facilities. This journey means the patient is away from the ward for a number of hours with the subsequent impact on their rehabilitation. There is also a reduction in the ward nurse staffing levels as each patient requires an escort for the journey.

3.1.6 The NHS Board recognises that moving to a two site inpatient model located around specialist facilities at GRI and Stobhill Hospital would mean many relatives and friends who visit people in Lightburn Hospital may have further distance to travel for visiting. The Board also recognises the importance of visitors for inpatients, particularly those who may spend a number of weeks in hospital for rehabilitation. To better understand this impact a transport needs assessment has been carried out and the results are set out in section 7.2. The Transport Needs Analysis is attached in full at appendix 3.

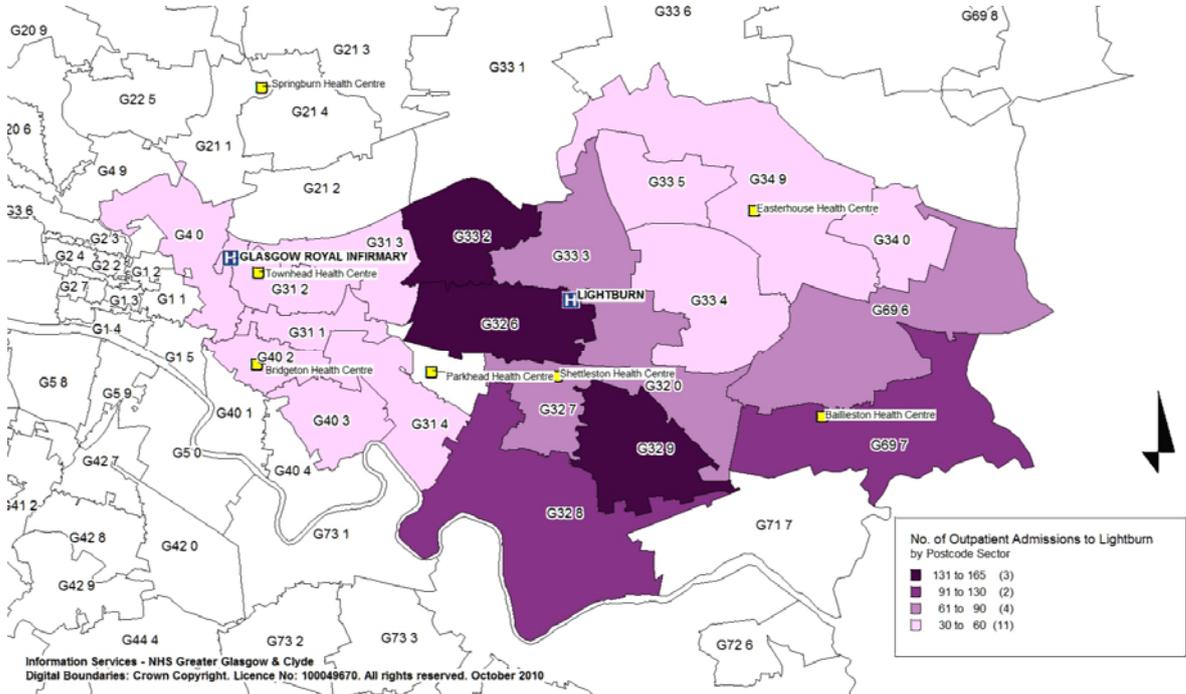
**3.2 Outpatient and Day Hospital Services at Lightburn Hospital**

3.2.1 If inpatient services were to transfer off the Lightburn Hospital site this would leave just a small number of outpatient clinics, a Day Hospital, training and office areas for staff, and a café. The east Glasgow Parkinson’s support group also uses a meeting room at the hospital for its regular meetings.

3.2.2 Of the 9 outpatient clinics held per week at Lightburn Hospital, 5 are consultant clinics, two nurse led clinics and two are clinics run by the Glasgow CHP north east sector.

3.2.3 Looking specifically at the 5 consultant outpatient clinics and the 2 nurse led clinics. There were approximately 2000 out patient attendances in 2010/11

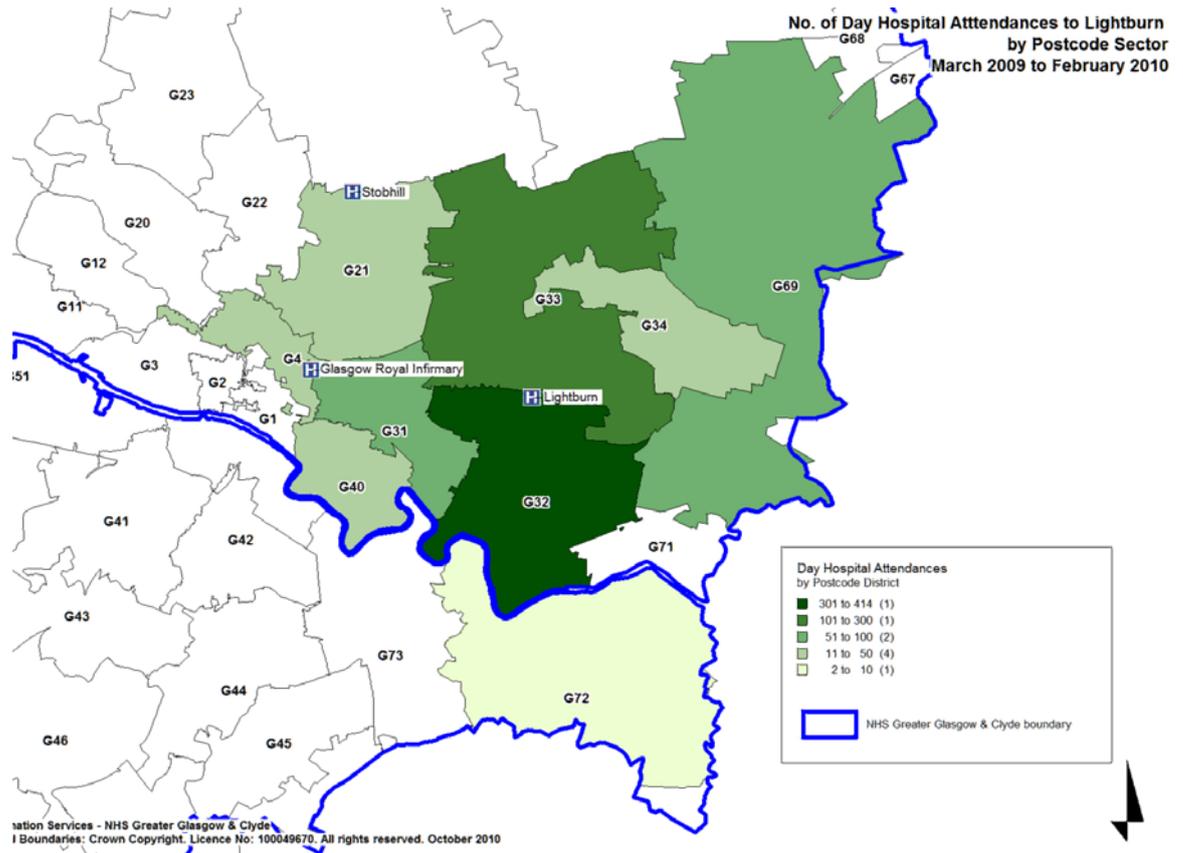
3.2.4 The diagram below is a postcode map of the east end of Glasgow. Lightburn Hospital is in the centre diagram and GRI is to the left of the picture. This map helps to show where people live who attended Lightburn Hospital for an outpatient appointment during 2009/10 and their proximity to both Lightburn Hospital and GRI. The darkest shading indicates areas with greatest attendance at Lightburn Hospital outpatient clinics, lighter shading indicates lower attendance.



- 3.2.5 Often patients attending Lightburn outpatient services will also be attending other hospital services in NHSGGC. A survey in February/March 2011 of 32 outpatients at Lightburn Hospital showed 63% also attended services at GRI.
- 3.2.6 Day Hospital provides multi-disciplinary assessment, medical investigation and rehabilitation for people over 65 years with a focus on:
- Reducing the possibility of hospital admission
  - Supporting people living in the community to reach their rehabilitation potential, and
  - Some delivery of technical procedures such as blood transfusion
- 3.2.7 A recent review of Day Hospitals across NHSGGC has identified a number of key factors in the effective management of patients at a Day Hospital. These include:
- Strong multi-disciplinary team approach to assessment and rehabilitation
  - Close access to investigative facilities including imaging and laboratories
  - Integrated working with outpatient clinics particularly falls, movement disorder and stroke
  - Ability to perform standard day case interventions such as blood transfusion and certain IV infusions
  - Integrated working with community rehabilitation teams in their locality
  - Defined processes for linking in with their local Primary Care and Social Work Services

These factors have informed the proposals for the future of Day Hospital and outpatient clinics at Lightburn Hospital.

- 3.2.8 In 2010/11 there was an average of 17 patients per day attending Lightburn Day Hospital. People attend during the day, they do not stay overnight. Typically people will attend two or three times a week for a short period of time, this may be for up to 5-6 weeks. In 2010/11 there were 400 new patients at Lightburn Day Hospital and 950 attendances in total.
- 3.2.9 The diagram below is a postcode map of the east end of Glasgow. Lightburn Hospital is in the centre diagram and GRI is to the left of the picture. This map helps to show where people live who attended Lightburn Hospital Day Hospital during 2009/10 and their proximity to both Lightburn Hospital and GRI. The darkest shading indicates areas with greatest attendance at Lightburn Hospital Day Hospital, lighter shading indicates lower attendance.



3.2.10 Often patients attending Lightburn Day Hospital will also be attending other hospital services in NHSGGC. A survey in February/March 2011 of 34 Day Hospital patients at Lightburn Hospital showed 68% also attended services at GRI.

3.2.11 In February/March 2011 the NHSGGC Community Engagement Team carried out a series of patient interviews to better understand people's experience of attending Day Hospital and outpatients at Lightburn Hospital.

3.2.12 34 Day Hospital patients who were interviewed described a service with attentive, friendly staff; thorough care; rehabilitation/treatment from a number of different staff; a clean, supportive environment and an enjoyable, sociable atmosphere but with long periods of apparent inactivity. (Lightburn Day Hospital patients attend for full days as opposed to half days at all other NHSGGC Day Hospitals). Location of the service did not feature in people's response possibly as the majority (91%) arrived by the Scottish Ambulance Service's patient transport.

3.2.13 32 outpatients were interviewed from a variety of DME outpatient clinics at Lightburn Hospital, of these 25 were attending for the first time. Patients were positive in their assessment of the service, describing attentive, caring staff; a person-centred ethos; a perception of effective treatment and a clean, supportive environment. Very few patients (9%) highlighted the location of Lightburn as a factor in their appreciation of the service despite interviewers explicitly asking patients for their views and also considering most patients (87%) made their own way to the appointment (car, taxi, walk).

3.2.14 During the engagement and consultation processes a number of locations for Day Hospital and outpatients have been considered:

- Alternative NHS accommodation in the community - no suitable alternative NHS accommodation in the local community has been identified that would meet the key factors for Day Hospitals set out in paragraph 3.2.7
- Stobhill Day Hospital - there is insufficient capacity at Stobhill Day Hospital to take on the additional numbers of patients from Lightburn Day Hospital
- Retaining Day Hospital and outpatients as a stand alone service on the Lightburn Hospital site – this would leave the service clinically isolated and would be very expensive to maintain. Estimated costs are £550k to reprovide essential services (water, gas etc) and undertake essential maintenance of remaining buildings in preparation for the disposal of the remainder of the site.

3.2.15 It is therefore recommended that Day Hospital and outpatients transfer to GRI. This move would deliver improved quality of care by improving access to diagnostic facilities and strengthening integrated working across a range of other services.

3.2.16 Accommodation has been identified in GRI for both outpatients and Day Hospital that provides a designated area for both elements of service in close proximity to each other. This would retain integrated working across Day Hospital and outpatients. It will give on-site access to diagnostic facilities and also allow the service to work towards the aspiration of closer integrated working with a range of other services. The relationship with the wider DME unit will be strengthened and there will be greater opportunity for improved multidisciplinary working (eg podiatry, orthotics). Costs of upgrading work eg providing dedicated access and emergency call systems to relocate the services within GRI have been estimated as £80k.

3.2.17 The NHS Board understands that moving the services to GRI would mean people, particularly those attending outpatients, would have further distance to travel. The maps at 3.2.4 and 3.2.9 give a clear indication that for the majority of service users there would be greater distance to travel for an appointment at GRI than Lightburn Hospital. As described at 3.2.3 and 3.2.8 the total number of service users is currently estimated at 2,000 outpatients and 950 Day Hospital patients. However as highlighted at 3.2.5 and 3.2.10, many patients are already attending GRI for other appointments and many use ambulance transport. The impact of these changes is discussed in section 7.2 and within the Transport Needs Analysis attached in full at appendix 3.

### **3.3 Other activity at Lightburn Hospital**

- Patient Support Groups – meeting rooms:  
Discussion has been initiated with local community services and we are confident that if Lightburn Hospital were to close, other suitable local community accommodation is available for groups to meet. Groups would be helped to find alternative accommodation locally or at Glasgow Royal Infirmary.
- Training and office areas  
NHSGGC has a wide range of accommodation. Many staff currently based at Lightburn Hospital work across NHSGGC. Accommodation for these staff will be found at no additional cost within other premises.

## **4. FORMAL PUBLIC CONSULTATION – THE PROCESS**

4.1 The August 2010 Board paper gave detail about the pre-engagement process that informed the 3 month formal public consultation. The ideas and issues raised during this pre-engagement activity helped to shape the content and format of the formal

consultation process and to assess the support needs of participants. The engagement process, both pre-consultation and formal public consultation, has been subject to two equality impact assessments.

- 4.2 Throughout the pre-engagement process and formal public consultation there has been regular communication with the Scottish Health Council (SHC) to share progress and address queries raised by the SHC. All written materials and the presentation prepared for the public meetings were shared with the SHC. A formal report on the public consultation has been prepared by the SHC and is attached at appendix 4.
- 4.3 The consultation used a range of methods aimed to provide a flexible approach targeting the community in familiar locations in north and east Glasgow.
- 4.4 Consultation materials including full and summary documents and posters were widely circulated across north and east Glasgow. A dedicated webpage was set up on the NHSGGC website. Alternative formats were available by request.
- 4.5 Media releases and briefings were issued in local papers to raise awareness of the consultation and public meetings. Further information was displayed on Solus screens in NHS premises in north Glasgow.
- 4.6 During the formal public consultation there were:
  - 11 meetings for staff at Lightburn and Stobhill Hospitals – around 200 staff attended meetings
  - 3 public meetings at Eastbank, John Wheatley College and Lightburn Hospital – 26 people attended the meetings
  - 13 drop in/outreach sessions at various community venues in north east Glasgow – these sessions made contact with almost 400 people
  - 14 meetings with local groups and organisations including the PPFs in north Glasgow, east Glasgow and East Dunbartonshire, Area Committees and Community Reference Groups – around 300 people attended meetings

## **5. RESPONSES TO FORMAL PUBLIC CONSULTATION**

- 5.1 The 14 week period of formal public consultation closed on 13 December 2010.
- 5.2 In addition to the feedback captured from meetings and drop-in sessions, there were a total of 41 written responses. A petition was also received by the Chairman of NHSGGC on 10 December 2010. The petition was worded as follows and has been signed by approximately 7,100 people:

*“STOP – Say NO to the Closure of Lightburn Hospital. The people of Glasgow East deserve the best possible treatment, that means local treatment. NHS care in the community would be severely damaged by any decision to close the services available at Lightburn Hospital. We urge the Scottish Government and NHS Greater Glasgow and Clyde not to close our Hospital. Instead, to work towards safeguarding and improving services at Lightburn Hospital for future generations. We object to the proposal to close Lightburn Hospital”*

5.3 Of the 41 written responses 21 were from members of the public, 11 were from NHS organisations, committees and staff, 4 were from Local Authorities and Community Councils, 2 were from MSP/MPs and 3 were from other organisations.

5.4 A summary of written responses is attached at appendix 5.

## **6. ISSUES RAISED IN THE CONSULTATION**

6.1 A large majority of responses were opposed to the proposed changes although a small number of responses supported the move of inpatient rehabilitation beds to Stobhill Hospital. Analysis of the written responses and feedback from meetings and drop-in sessions raises the following issues:

### **6.1.1 Valued Services and Staff**

Many of the responses praised the quality of care provided by the staff at Lightburn Hospital. The services were clearly valued by respondents.

### **6.1.2 Transport and Access to Hospitals**

A large number of responses raised concern about transport and access issues covering visitor access to Stobhill Hospital and outpatient/Day Hospital access at the large GRI site:

- People from the east end of Glasgow visiting an inpatient in Stobhill Hospital would have increased travelling time. If using public transport this could involve multiple bus journeys and a drop off distant from the rehabilitation wards. This would be a particular issue for older visitors
- Whilst the evening visitor transport scheme was known by some people, many felt it was not well publicised or used. In addition some responses felt older visitors would not wish to go out during the evenings and therefore would not be able to make use of the service
- People attending Day Hospital/outpatient appointments at any other location would have potentially longer ambulance journeys or difficulty with car parking and a larger hospital site to negotiate
- There are recognised difficulties with public transport links in the east end of Glasgow meaning potentially lengthy journeys to other hospital sites including GRI
- The perception that there was poor availability of parking at GRI and Stobhill Hospital

### **6.1.3 Concern for Day Hospital Proposals**

Despite support in some meetings for a split site option for the Day Hospital providing some Day Hospital sessions in alternative NHS premises in the community, written responses were opposed to any transfer of Day Hospital off the Lightburn Hospital site and opposed to any split site operation of the service. Within the written responses the integrated working across Day Hospital and outpatients was seen as important and valued.

### **6.1.4 Finance**

A number of responses expressed a view that the potential for cost savings from the possible closure of the hospital site was driving the changes rather than improving quality of care.

### **6.1.5 Concerns for the Loss of a Hospital in the East End of Glasgow**

There was strong feeling that Lightburn Hospital is one of the last hospitals in the east end of Glasgow and that it provides local services to a significantly deprived population. For some people the hospital provided a focus within the community beyond just the inpatient and outpatient service.

### **6.1.6 Decisions Have Already Been Made**

Discussions in some meetings highlighted a perception by some people that decisions have already been made by the NHS Board and that people's views would not be listened to.

### **6.1.7 Impact for Staff**

Meetings with staff raised a number of issues surrounding the redesign of services in north and east Glasgow including impact on staffing levels and teams, rehabilitation facilities and wards, timescales for change and the HR process and change management.

- 6.2** The " Save Lightburn" group invited Board officers to attend a meeting on 23<sup>rd</sup> June 2011 . The meeting was attended by approximately 90 members of the public, 2 MSP/MPs and 4 local councillors. Those at the meeting raised many of the issues described above.

## **7 OUR RESPONSE TO CONSULTATION COMMENTS**

Our response to comments raised in the consultation has been themed into 6 areas – quality of healthcare, transport and access, inpatient visiting, responding to the health needs of the local population, listening to people, working with our staff:

### **7.1 Quality of Healthcare Services**

- 7.1.1 The NHS Scotland Quality Strategy identifies three key drivers for the NHS – patient safety, patient centred and clinical effectiveness.

- 7.1.2 The proposals for inpatient services are based on improving patient safety and clinical effectiveness by:

- Reducing the number of sites that staff travel amongst thereby increasing the time staff have with patients
- Locating all inpatient beds closer to diagnostic facilities used by patients thus reducing lengthy transportation for investigations
- Locating services alongside other specialties it gives opportunity for improved joint working.

The proposals are not reducing overall bed numbers and staff numbers will be maintained, with staff continuing to work within the same DME service providing the same care that was praised in many of the responses.

- 7.1.3 Similarly the proposals for the relocation of outpatient and Day Hospital will see the same staff delivering a similar integrated service across Day Hospital and outpatients. Locating the service at GRI will give greater opportunity for improved MDT working with a range of specialties and will help the Day Hospital service to redesign to meet the all the key factors set out in 3.2.6. Day Hospital and outpatient clinics will continue

to located close to each other to facilitate the integrated working that was valued by staff and some patient groups. Clinical staff support the current proposal for services to move to GRI.

- 7.1.4 Ensuring services are patient centred is a strong focus within these proposals. Bringing outpatient clinics and Day Hospital closer to diagnostic facilities has the potential to reduce multiple hospital visits for patients. The proposals maintain the strong approach to multi-disciplinary working that is valued by people and gives opportunity for improving working with other specialities such as podiatry and orthotics.
- 7.1.5 Close working with community services is a strength of DME services and is based on individual clinical relationships rather than co-location or proximity of services. The proposals will not lead to any reduction in this relationship as links are already well established amongst all the teams caring for older people.
- 7.1.6 Throughout the engagement and consultation phases patients stressed that the quality of service was driven by the staff involved, by keeping staff with the services this will be maintained.

## **7.2 Transport and Access**

- 7.2.1 A transport needs assessment (TNA) has been undertaken to better understand the actual impact of the proposed changes. Key findings from the surveys at Lightburn Hospital are:
  - On average 74% of inpatient visitors travel by car, 17% travelled by bus, 6% walked and just 3% used train or taxi. Car use is greatest in the evenings
  - Over 80% of people attending Day Hospital use ambulance/patient transport, less than 20% travel by car. Public transport (bus/train) is not used by patients attending Day Hospital
  - Travel to outpatient clinics is most commonly by car (approximately 40-50%) or taxi (25%). Very few people use public transport (12% when surveyed in November 2010 and just 3% when surveyed in Feb/March 2011).
  - Public transport travelling times from addresses across the east end to either Lightburn Hospital or GRI are similar, but journey times to Stobhill Hospital take an average of 30 minutes longer than it would take to get to Lightburn Hospital

Much of the concern in responses to consultation focussed on public transport to hospitals. As shown in the findings above, surveys demonstrate there is in fact very limited use of public transport by either visitors or patients. A full copy of the TNA is attached at appendix 3.

- 7.2.2 The TNA makes a number of recommendations for future action to improve people's experience of transport to healthcare facilities including:
  - Raising awareness of car parking at Stobhill Hospital and GRI hospitals
  - Raising awareness of when and how patient transport costs can be reclaimed
  - Supporting use of Travelline as a means to plan public transport journeys to Stobhill Hospital and other healthcare sites
  - Promotion of the Evening Visitor Transport Scheme with additional investment if required to meet demand from east Glasgow to Stobhill Hospital
- 7.2.3 It is proposed these recommendations will be taken forward by NHSGGC and NHSGGC will continue to support the ongoing work with partner organisations seeking improvements in transport links across the east end of Glasgow.

- 7.2.4 It is recognised that GRI is a large hospital site and care has been taken when identifying potential Day Hospital and outpatient accommodation within the site to keep distances to a minimum for both ambulance access and drop off points for those making their own way by car. More convenient access points will be put in place and clearly signed to ensure distances from ambulance and visitor drop-off points to Day Hospital and outpatient areas are minimised.

### **7.3 Visiting Times**

Hour long visiting times in the afternoon and evening offer little flexibility for people visiting their relative or friend in hospital. This is particularly significant when people are in hospital for a number of weeks or for older visitors travelling to hospital or those visiting by public transport. It is therefore proposed to adopt a flexible, open visiting policy on all the DME rehabilitation wards at Stobhill Hospital. This protects valuable rehabilitation time for the patient but will provide a longer period during the day over which visitors can choose a convenient time to visit their relative/friend. The evening visitor service will be promoted as this provides a door to door service and addresses safety concerns for older people waiting for and travelling on public transport at night.

The Acute Division is planning to develop a standard approach to core visiting time to address some of the current difficulties with the Evening Visitor Service

### **7.4 Responding to the Health Needs of the Local Population:**

NHSGGC recognises that the health needs of the east Glasgow population are considerable. There are a broad range of health services provided within east Glasgow with many of the services targeted specifically to support the older population. For example:

- District Nursing and Primary Care health services
- Support for people living with long term conditions including partnership work with the British lung Foundation
- Focused work to improve services for people with Chronic Obstructive Pulmonary Disease (COPD)
- Redesigned Older People's Mental Health services and
- A comprehensive Community Rehabilitation Service improving access to rehabilitation in their own homes for older people
- A range of health improvement activities such as Silver Deal active

The vast majority of health care is delivered in the community and the services located at Lightburn Hospital form just a small part of the overall health response to the needs of older people in east Glasgow and all services will continue to be provided for the local population under the proposals being recommended.

### **7.5 Listening to People**

- 7.5.1 Section 4 describes a comprehensive programme of pre-engagement consultation and formal public consultation that has been carried out by NHSGGC which has been overseen by the SHC. The SHC report states that NHSGGC has followed the national guidance for engagement and consultation. The transport needs assessment and equality impact assessments referred to in the SHC report recommendations have also now been completed (appendices 3 and 2 respectively). In addition NHSGGC recognised towards the end of the public consultation that further work should be carried out to better understand the patient experience in Day

Hospital and outpatients before any formal recommendations were taken back to an NHS Board meeting. This has been completed and has been used to inform this paper.

7.5.2 The responses to the public consultation are included in the various appendices and people attending meetings were encouraged to provide a response. The Chairman of NHSGGC and others met with organisers of the petition and local MSPs when the petition was handed into the NHS Board giving further opportunity for views to be heard and issues discussed.

7.5.3 NHSGGC takes seriously its responsibility to listen to people and this has been demonstrated throughout the process.

## **7.6 Working with Our Staff**

7.6.1 The number of staff based at Lightburn Hospital has changed since the August 2010 Board paper. This is following the transfer of one ward in March 2011 from Lightburn Hospital to GRI as part of the wider changes associated with the closure of acute receiving at Stobhill Hospital. As such there are now 79 staff working on the wards at Lightburn Hospital, 25 facilities staff, 11 staff employed within the Day Hospital/outpatient clinics and 34 other staff located in offices on the site.

7.6.2 Key staff side organisations have and continue to be involved in the development of this work. Meetings have been held with staff during the public consultation phase and over recent weeks. NHSGGC is committed to supporting staff affected by organisational change and the NHSGGC Workforce Change Policy and Procedure is being followed throughout this work. The full implications for all staff will be discussed with them individually and will include partnership and professional representatives. The overarching principle in managing change will be security of employment for existing staff.

## **8. Finance**

8.1 The proposed redesign of inpatient and Day Hospital/outpatient services will see all existing services continue but within different locations. For the inpatient wards this is proposed to be from Stobhill Hospital and for the Day Hospital and outpatient services this will be from GRI. This will mean all pay and non-pay costs associated with the provision of direct care services will remain with the services.

8.2 If Lightburn Hospital was to close a number of savings will be generated from facilities budgets associated with the Lightburn site. Whilst there would be a small element of spend associated with re-providing services on existing hospital sites, moving all staff and services off the Lightburn Hospital site would generate savings of £650,000.

## **9. Conclusion**

- Recommend to the Cabinet Secretary for Health, Wellbeing and Cities Strategy that Lightburn Hospital be closed and that
  - Inpatient rehabilitation beds be transferred from Lightburn Hospital to Stobhill Hospital
  - Day Hospital and out patient services be transferred from Lightburn Hospital to Glasgow Royal Infirmary

- Approve the recommendations of the Transport Needs Assessment should approval to the changes be given

Anne Harkness  
Director of Rehabilitation and Assessment

August 2011



## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 17<sup>th</sup> August 2010

Board Paper No. 10/37

#### Re-Design of Rehabilitation Services - Consultation on the closure of Lightburn Hospital

##### Recommendation:

##### The Board is asked to:

- note the proposed service changes to Department of Elderly Medicine inpatient services in East Glasgow and
- approve, subject to Scottish Health Council approval, the launch of a formal three month public consultation on the transfer of rehabilitation beds to Stobhill and possible closure of the Lightburn Hospital site

### 1. BACKGROUND

- 1.1 The Department for Medicine for the Elderly (DME) in north and east Glasgow provides comprehensive multi professional assessment and rehabilitation for people over 65 years within the following settings:
- Inpatient Services – assessment and rehabilitation wards at three hospitals – Glasgow Royal Infirmary (GRI), Stobhill Hospital and Lightburn Hospital
  - Outpatient Clinics – a range of consultant, nurse and Allied Health Profession (AHP) led clinics at all three hospitals
  - Day Hospital at Stobhill Hospital and Lightburn Hospital
- 1.2 Lightburn Hospital has four wards , one of which is not used for patient care, a Day Hospital, an outpatient clinic area, a WRVS cafe, and training and office areas for staff.
- 1.3 In 2000 the long term strategy for acute services in Glasgow was the subject of public consultation and subsequently approved in 2002. This set out a long term programme of hospital modernisation that would see high quality patient services provided through new ways of working in modern fit for purpose hospital buildings.
- 1.4 The integration of acute inpatient services at Stobhill Hospital into GRI was a key part of this strategy, and in early 2011 all emergency, receiving and acute assessment beds will move from Stobhill Hospital into refurbished facilities at GRI. For people in

north and east Glasgow requiring DME inpatient assessment, it will mean all patients will be admitted into DME assessment wards at GRI providing excellent on-site access to a wide range of other medical specialties, diagnostic investigations and specialist care.

- 1.5 In October 2008 the Board approved the building of 60 new beds at the Stobhill Ambulatory Hospital. 48 of these beds were designated for elderly rehabilitation to significantly improve accommodation for this specialist area of service.
- 1.6 The current redesign of DME services in north and east Glasgow is part of this same overall Acute Services Review programme.

## **2. Policy Context and Population**

- 2.1 There are a range of national policy documents which help inform our approach to the delivery of services for older people. These include Better Health, Better Care (2007); Equally Well (2008); Living and Dying Well (2008); Gaun Yersel (2008); Improving Outcome by Shifting the Balance of Care (2009); Improving the Health and Wellbeing of People with Long-term Conditions (2009); Towards a Mentally Flourishing Scotland (2009); and the National Dementia Strategy (2010).
- 2.2 The main emphasis of these documents is prevention and anticipatory care, early intervention, rehabilitation and enablement, partnership working with Local Authorities, Community Health ( and Care ) Partnerships and the independent sector, reducing delays in discharge from hospital, and involving people in decisions about their own care and support. The work around the redesign of DME services in north and east Glasgow is firmly set within this policy framework.
- 2.3 The populations of north and east Glasgow include the areas of East Glasgow CHCP, North Glasgow CHCP and East Dunbartonshire CHP. The East and North Glasgow CHCPs have populations with large concentrations of poverty and disadvantage.
- 2.4 Whilst across Scotland by 2016 the over 65yr population is expected to increase by approximately 9% in north and east Glasgow the trend is expected to be different with an overall reduction in the over 65yr population by 2016 (see table 1 below).

**Table 1: Population of people over 65yrs in north and east Glasgow**

<b>CHCP</b>	<b>2006</b>	<b>2016</b>	<b>% change</b>
<b>North</b>	14,582	13,979	4% decrease
<b>East</b>	19,612	19,511	0.5% decrease

## **3. Redesigning DME Inpatient Services in north and east Glasgow**

- 3.1 As outlined at 1.1 the DME provides comprehensive assessment and rehabilitation for people over 65 years of age. Typically older people are not admitted directly from home to a DME ward, but are transferred from another inpatient ward area (eg

general medicine, orthopaedics) when their needs are felt to indicate a period of comprehensive and holistic assessment and rehabilitation would be beneficial.

- 3.2 People admitted to a DME assessment ward undergo assessment from a multi professional team including doctors, nursing staff and allied health professionals (eg physiotherapy, occupational therapy). This assessment involves a range of investigations, nursing care and rehabilitation approaches. In 2009/10 there were approximately 3000 discharges/transfers from the DME assessment wards in north and east Glasgow, with the average length of stay 10-14 days.
- 3.3 A number of people are not fit to be discharged at this point and require a longer period of rehabilitation in hospital. These people will be transferred to a DME rehabilitation ward for further rehabilitation before being ready for discharge. In 2009/10 there were 523 people discharged from the rehabilitation wards at Lightburn Hospital and 644 people discharged from the rehabilitation wards at Stobhill Hospital. Our data shows that for approximately 20% of these patients their length of stay in a rehabilitation ward was less than 2 weeks, however for 10% of these patients it was in excess of 3 months. The average length of stay in a rehabilitation ward is 5-6 weeks.
- 3.4 Integrating assessment beds onto one single site for north and east Glasgow (see 1.4) provides the service with significant opportunity to develop new ways of working that will deliver the following benefits for patients:
- A stronger focus on early rehabilitation
  - Opportunity to address delays during a person's stay in hospital that result in people staying in hospital longer than they need to;
  - Fewer people requiring transfer to a rehabilitation ward with the subsequent inevitable impact of interruption to their rehabilitation that arises from a transfer between wards
- 3.5 Recent work in NHS Greater Glasgow and Clyde has shown that adopting new ways of working can have a positive impact on reducing length of stay in hospital. This includes changes to the timing and frequency of consultant ward rounds; extending pilot work around physiotherapy staff working at weekends; intensified discharge planning and goal setting during rehabilitation. People will therefore be fit for discharge earlier allowing a reduced time in hospital but not requiring increased support in the community.
- 3.6 This will lead to a rebalancing between rehabilitation beds and assessment beds. The overall number of beds will remain consistent but the balance will change

	<b>Current</b>	<b>Future</b>	<b>% change</b>	<b>Actual bed no. change</b>
<b>DME assessment beds</b>	156	185	Increase of 18%	+29
<b>DME rehabilitation beds</b>	135	106	Decrease of 21%	-29
<b>TOTAL</b>	291	291	No change	0

- 3.7 The service recognises the importance of having the best possible assessment and rehabilitation elements to the inpatient service. The change to assessment beds has therefore given the opportunity to review the location of rehabilitation beds in north and east Glasgow.

#### **4. Reviewing the Location of Rehabilitation Beds**

- 4.1 The 135 rehabilitation beds are currently located at Lightburn Hospital (75 beds) and Stobhill Hospital (60 beds). In 2011 this will reduce to 106 beds to accommodate the increase in assessment beds.

- 4.2 The following factors have been taken into account in the review of rehabilitation beds in addition to national and local policy direction:

- A need to deliver high standards of care to all DME patients, both inpatients and outpatients
- A need to deliver improved DME ward facilities
- A need to deliver cost savings that support the overall delivery of the Acute Services Review

- 4.3 There are a number of clinical issues that impact on patient care associated with delivering this element of the service across two hospital sites:

- Maintaining Effective Cover Across All Inpatient Sites:

Each hospital site has doctors in training working there during the day and providing an on-call service in the evenings and at weekends. Following changes to the way doctors are trained there are now fewer doctors available to cover all the required duties, and in addition the introduction of European Working Time Directives reduces the total number of hours that a doctor can work each week. This means that if the number of sites covered by doctors can be reduced, it increases the overall amount of time that doctors can spend on the wards enabling faster access to medical care and thus improving overall quality of clinical care.

Some specialist AHP staff, such as those in stroke rehabilitation also work across both sites and a single site would allow increased flexibility in staffing and reduce time spent in travel.

- Access to Diagnostic Investigations:

The Stobhill Ambulatory Care Hospital (ACH) provides modern diagnostic facilities in a new fit for purpose building, including x-ray, CT scanner, MRI scanner and ultrasound as well as a cardiology department, a respiratory department and an endoscopy unit. All inpatient areas on the Stobhill site have ready access to these diagnostic facilities, and in addition the new inpatient beds currently being built at the ACH ( see 1.5) are adjacent to all the ACH diagnostic and therapy facilities.

Lightburn Hospital has part-time x-ray facilities which are currently in need of upgrade to maintain the equipment to expected standards. There are limited cardiology investigations available on site, but no access to CT or endoscopy. Patients in rehabilitation wards may still require investigations during their stay in hospital that are not available at Lightburn. In 2009/10 there were 567 journeys taking patients from Lightburn to GRI to access other diagnostic facilities. This journey means the patient is away from the ward for a number of hours with the subsequent impact on their rehabilitation. There is also a reduction in the ward nurse staffing levels as each patient requires an escort for the journey.

- Quality of Accommodation:

Existing rehabilitation wards at both Stobhill Hospital and Lightburn Hospital are in need of refurbishment to bring them up to expected standards in terms of number of single rooms and overall space and facilities. Both hospitals have access to therapy areas adjacent to the wards.

In early 2011 the 48 rehabilitation beds will become available in the new purpose built accommodation at the Stobhill ACH. This will have 24 single rooms with en-suite facilities and six four bedded rooms each with a shower and toilet. There will be areas for therapy and in addition ready access to the therapy and diagnostic facilities at the ACH.

- Impact on the Wider Hospital Site:

The existing rehabilitation wards at Stobhill Hospital are only a small part of the overall site located away from the acute facilities to be vacated in early 2011 and any change to the wards would have minimal impact on the rest of the hospital site.

Lightburn Hospital is a small hospital site. There are four wards, one of which is not used for patient care, a Day Hospital, an outpatient clinic area, a WRVS cafe, and training and office areas for staff. Any change that removed the wards at Lightburn Hospital would have a significant impact on the hospital site giving two potential options for the Board to consider:

- Relocating outpatient and Day Hospital activity, and identifying alternative office and training accommodation enabling closure of the hospital site; or
- Identifying other services that could make use of the ward areas, for example as refurbished office accommodation, and maintaining the site for Day Hospital and outpatient activity

## **5. Involvement and Engagement Processes**

- 5.1 In February 2010 the Scottish Government issued guidance from the Scottish Health Council on Informing, Engaging and Consulting People in Developing Health and Community Care Services. The guidance aims to ensure a consistent and robust approach is adopted when Boards consider and propose new services or changes to existing services.

- 5.2 The NHS Greater Glasgow and Clyde Community Engagement Team and managers from the Rehabilitation and Assessment Directorate have worked with the Scottish Health Council to develop a process that facilitates the participation of a range of non-clinical stakeholders in the discussions concerning the future location of rehabilitation beds in north and east Glasgow.
- 5.3 The programme of engagement has sought to:
- Build relationships with interested groups
  - Ensure that all aspects of engagement are conducted in an inclusive, sensitive and values-based manner
  - Ensure that patient and carer input is considered in all aspects of the review
  - Ensure compliance with 'Fair For All' in promoting equality of participation and considering the specific impacts of engagement on any communities or equalities groups
- 5.4 This work has been carried out between June and August 2010. The work commenced in June with a general overview presentation to the Acute Operating Division's Patients' Panel. The programme of engagement also included:
- A presentation to the East Glasgow CHCP Public Partnership Forum
  - Twenty-Three one-to-one semi-structured interviews with patients from inpatients, outpatients and Day Hospital at Lightburn Hospital exploring their experience in hospital and their views on the location of their treatment and rehabilitation
  - Two focus groups – one for local Patient & Carers' (10 attendees) and one for representatives from local community organisations/groups (9 attendees). The focus groups aimed to:
    - Provide information on the issues and possible changes to the location of rehabilitation beds in north and east Glasgow
    - Offer opportunity for discussion and clarification
    - Develop possible options for the future location of rehabilitation beds; and
    - Agree criteria that are relevant and important to patients and carers in measuring the options

An option appraisal exercise involving members of the focus groups, a small number of selected staff from Lightburn Hospital and Unison staff –side representatives (in total 27 attendees). This exercise appraised the options developed in the focus groups and outlined the next steps in the review of the location of rehabilitation beds and associated engagement programme

- 5.5 The new government guidance has been carefully followed at each stage of the engagement process. The guidance is clear in stating that patients, carers and the public can play an important role in the assessment of non-financial costs and benefits in options for service change. It advises that financial issues should be considered separately from the non-financial benefits of any service change. As such whilst the need to provide cost effective services was highlighted to focus group participants, it was not until the option appraisal process was completed that

participants were briefed on the Board financial position and the potential costs and savings from elements of each of the options.

## **6. Options for Service Change**

6.1 The interviews with patients outlined at 5.4 explored their general experiences of Lightburn Hospital and their thoughts on receiving their care from a different location (hospital site). The opinions gathered from these interviews provide valuable information for consideration.

6.2 There were a number of common themes arising from the interviews:

- Patients clearly valued the service they were receiving
- Staff were praised for their care, friendliness and attention
- Most inpatients were not concerned where they were transferred for rehabilitation as long as the care was good
- Most inpatients were concerned for their visitor's ability to access the hospital if they were at a different hospital site. This comment was not dependent on whether their visitors used a car or public transport
- People attending outpatients or Day Hospital showed less concern about the location of their appointment as long as transport continued to be provided

6.3 Work with the focus groups outlined at 5.4 identified both a long list and short list of options for the future location of rehabilitation beds. These options were similar to those explored by the clinical management team within DME services. The following three options were short listed :

### **Option 1: Service provision over three sites - GRI, Stobhill Hospital and Lightburn Hospital**

Under this option all assessment beds are at GRI.

Longer term rehabilitation beds would be split between Stobhill Hospital and Lightburn Hospital. At Stobhill this would be the beds within the new build ACH. At Lightburn this would be within two refurbished wards.

### **Option 2: Service provision over two sites – GRI and Stobhill Hospital**

Under this option all assessment beds are at GRI. Longer term rehabilitation beds would be provided on one single site at Stobhill Hospital. Provision would be the beds within the new build ACH, and further beds within the refurbished existing rehabilitation wards

Under this option all beds at Lightburn Hospital would be closed.

### **Option 3: Service provision over two sites – GRI and Lightburn Hospital**

Under this option all assessment beds are at GRI. Longer term rehabilitation would be provided on one single site at Lightburn Hospital. Provision would be within existing wards.

Under this option the 48 new purpose built beds at Stobhill ACH would remain vacant as no other specialty requires this type of accommodation at the ACH.

6.4 The criteria developed by the focus groups to assess these options were:

- **Quality of Patient Accommodation** (cleanliness, space, toilet facilities, light)
- **Transport for visitors** (public transport, visiting times, car parking)
- **Discharge Planning** (multi-agency, carer or family involvement, timeliness)
- **Quality of care** (person-centred, friendly, respectful, involving)

These were incorporated with the objectives of the redesign:

- **Improve access to required diagnostics**
- **Deliver cost savings/efficiencies**
- **Reduce number of sites to 2**

Although 'saving money' was acknowledged as an important factor, in line with guidance (see 5.5) financial aspects were not included in the scoring process for each of the options.

6.5 As well as these clear criteria, the discussions within the focus groups drew out further valuable opinion to consider. Key points raised from the focus groups discussions were:

- Concern that the decision has already been made to close Lightburn Hospital
- Need to ensure community provision is in place on discharge from hospital; early multi-agency planning for discharge from hospital needs to be improved and family & carers need to be more involved.
- Transport within and from the East End of Glasgow is poor
- Visitors provide a helpful role in supporting people's mental health and overall recovery whilst in hospital, so access for visitors is an important factor

A number of general access and transport issues was raised by patients, carers groups and community group representatives. These include:

- The experience of patient transport could be improved by better time planning and communication with the patients.
- The " East of Glasgow" is a large area and some areas are not readily accessible to residents - it can take two buses to reach the GRI or Lightburn from parts of East Glasgow.
- Stobhill is perceived as being difficult to reach - it can also take two buses to get to Stobhill
- All patient transport for inpatients is provided by the Scottish Ambulance Service.
- A majority of transport for day hospitals and outpatients is provided by the SAS, a minority is provided by relatives or carers who come from a wide area to provide this transport.
- Good or easy to use transport was a concern for many who perceived it as being important in supporting carers or relatives to visit their loved ones whilst in hospital.

- Community groups were aware of the Evening Visitor Scheme and rated it highly, but patients were not aware of it.

6.6 The option appraisal exercise was undertaken with the three groups – carers, community representatives and staff – each separately agreeing on weighted values for each of the criteria, and then each individual within the group scoring each of the three options against the criteria.

6.7 This was only the second time this form of option appraisal has been undertaken within NHS Greater Glasgow and Clyde since the new guidance was issued in February 2010. The process has been helpful to take people through the issues and participants appear to have appreciated the opportunity to understand and discuss the options. However it has been clear that there were issues in undertaking the technical part of the option appraisal. NHSGGC has committed to provide the SHC with their feedback about the process, and the SHC has undertaken their own evaluation with participants the results of which will be shared with the Board.

The results of the option appraisal ( Appendix 1 ) show quite a varied response, reinforcing the complexity of what people had been asked to participate in, and in some cases fixed viewpoints of individuals.

Analysis of the option appraisal showed no single common favoured option across the three groups. The carers group favoured option 1, the community representatives favoured option 2 and the staff group favoured option 3. When results across all groups were collated, options 1 and 2 are the favoured options.

<b>6.8.1 Patient/Carers</b>	<b>Option 1</b>		<b>Option 2</b>		<b>Option 3</b>	
	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>
<b>Total</b>	316	<b>5330</b>	293	4990	302	4960
<b>Median</b>	34	560	30	520	36	565
<b>Mean</b>	35.1	592.2	32.6	554.4	33.6	551.1

<b>Community</b>	<b>Option 1</b>		<b>Option 2</b>		<b>Option 3</b>	
	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>
<b>Total</b>	304	5591	329	<b>5908</b>	278	4915
<b>Median</b>	38.5	719	37.5	674	33	573.5
<b>Mean</b>	38	698.9	41.1	738.5	34.8	614.4

Staff	Option 1		Option 2		Option 3	
	Basic	Weighted	Basic	Weighted	Basic	Weighted
<b>Total</b>	248	4955	272	4945	263	<b>4978</b>
<b>Median</b>	30.5	632	36	660.5	32	614
<b>Mean</b>	31	619.4	34.0	618.1	32.9	622.3

Collated Weighted Results	Option 1	Option 2	Option 3
<b>Total</b>	<b>15876</b>	15843	14853
<b>Median</b>	657	657	590
<b>Mean</b>	635.0	633.7	594.1

## 7. Finance

- 7.1 Each of the options provides a similar ward configuration and therefore nurse and other staffing levels and costs would be similar under each of the options. In addition, current medical and AHP staffing levels and costs will be retained under each of these proposals.
- 7.2 The costs of upgrading existing rehabilitation wards in each of the options are outlined below: In order to meet bed spacing and provide 50% single rooms the current 30 bed wards would only accommodate 26 beds at Stobhill and 24 beds at Lightburn

	Option 1	Option 2	Option 3
<b>Ward refurbishment costs</b>	2 wards at Lightburn £1.3m per ward 10 bed shortfall	2 wards at Stobhill £1.15m per ward 2 bed shortfall	4 wards at Lightburn £1.3 m per ward 10 bed shortfall
<b>Lightburn x-ray upgrade costs</b>	£300k	N/A	£300k

- 7.3 It is important to note that the new build rehabilitation unit with 24 single rooms with en-suite facilities at Stobhill Hospital forms part of the contract for this hospital and will still incur spend of £1.3 m even if lying vacant (option 3).

7.4 If all services and staff are moved off the Lightburn Hospital site, and the site closed, this could generate savings in the region of £500k. The exact figure would depend on the locations identified for out-patient and day hospital services. The subsequent sale of the site could also generate a capital receipt.

## 8 Preferred Option

8.1 In recommending a preferred option the following issues have been considered

- The option appraisal process involving staff, patients / carers and other community stakeholders did not produce a clear preferred option.
- It is not practical or cost-effective to leave the newly built beds at Stobhill vacant which therefore removes Option 3 from consideration
- There are clinical benefits to locating all rehabilitation beds on a single site
- There is a potential cost saving to the Board if all services can be relocated from Lightburn. It is likely that the non-inpatient services can be accommodated within existing NHS sites at minimal cost whilst maintaining local access.
- There are transport issues with all hospital sites and most patients use hospital or relatives transport. A transport needs assessment will be undertaken. There is capacity within the evening visitor service which is available for visitors without their own transport and an awareness raising campaign of this in the local communities will be undertaken

8.2 It is therefore recommended that, in view of the savings generated, the preferred option for the Board is to

- locate all rehabilitation beds at Stobhill Hospital ie move 75 beds from Lightburn
- seek to identify either alternative locations for out-patient and day hospital services or alternative services that can move to the site and release savings from other NHS facilities

## 9. Workforce Implications

9.1 There are currently 118 staff working within the wards at Lightburn and 40 facilities staff on site. There are 11 staff employed within the day hospital and 37 other staff located in offices on the site.

9.2 Key staff side organisations have been involved in the development of this work to date and will continue to be involved as this work progresses. The full implications for all staff will be discussed with them individually and will include partnership and professional representatives. The Organisational Change Policy will apply and the overarching principle in managing change will be security of employment for existing staff.

## **10. Public Consultation Process**

10.1 The process of formal public consultation will build on the involvement and engagement to date described at section 5. In line with statutory requirements on public consultation this will include:

- Public information, including summary leaflets providing clear detailed information on the consultation process, timescales and service options; material will ensure the rationale for our preferred option is clear and the issues regarding the potential closure of Lightburn Hospital are transparent for comment
- This information will be in a design format and language that ensures clarity and accessibility, and will be widely distributed across East Glasgow via our existing database of contacts, Public Partnership Forums, community clinics/health centres and through Local Authority facilities
- Information will carry references in other languages and in large print to the availability of translated, Braille and audio disc format materials
- Work is being planned with NHSGGC Community Engagement Team and Communications Team to hold a public event providing opportunity for public comment and questions
- Board staff will attend meetings of local community stakeholders to allow discussion of the proposals
- Staff will be kept fully informed and involved
- Adverts providing summarised proposals and contact points for additional information will be placed in the relevant local press to launch the consultation period and draw attention to public meeting dates
- All material will be available on the NHSGGC website; a specific consultation response page will be provided

The detail of the consultation process and materials will be agreed with the Scottish Health Council and with members of the public via existing engagement routes

Board officers have been in contact with the Scottish Health Council throughout the recent process and a response is awaited from them to confirm if they are satisfied that the Board's public involvement thus far has been in accordance with the guidance.

A Harkness  
Director of Rehabilitation and Assessment  
10<sup>th</sup> August 2010

## Appendix 1

<b>Patient/Carers</b>	<b>Option 1</b>		<b>Option 2</b>		<b>Option 3</b>	
<b>Participant</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>
1	29	450	30	425	21	325
2	28	535	48	805	37	565
3	32	510	30	470	36	620
4	41	705	34	600	36	640
5	44	735	27	520	48	805
6	44	685	27	455	33	450
7	43	755	35	645	37	655
8	34	560	27	510	24	450
9	21	395	35	560	30	450
10	N/R	N/R	N/R	N/R	N/R	N/R
<b>Total</b>	<b>316</b>	<b>5330</b>	<b>293</b>	<b>4990</b>	<b>302</b>	<b>4960</b>
<b>Median</b>	<b>34</b>	<b>560</b>	<b>30</b>	<b>520</b>	<b>36</b>	<b>565</b>
<b>Mean</b>	<b>35.1</b>	<b>592.2</b>	<b>32.6</b>	<b>554.4</b>	<b>33.6</b>	<b>551.1</b>

<b>Community</b>	<b>Option 1</b>		<b>Option 2</b>		<b>Option 3</b>	
<b>Participant</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>
1	45	845	36	630	31	555
2	37	706	34	663	34	660
3	40	773	45	823	44	788
4	43	732	37	673	45	758
5	25	443	36	675	26	455
6	37	654	38	657	32	557
7	35	650	51	887	30	552
8	42	788	52	900	36	590
<b>Total</b>	<b>304</b>	<b>5591</b>	<b>329</b>	<b>5908</b>	<b>278</b>	<b>4915</b>
<b>Median</b>	<b>38.5</b>	<b>719</b>	<b>37.5</b>	<b>674</b>	<b>33</b>	<b>573.5</b>
<b>Mean</b>	<b>38</b>	<b>698.9</b>	<b>41.1</b>	<b>738.5</b>	<b>34.8</b>	<b>614.4</b>

<b>Staff</b>	<b>Option 1</b>		<b>Option 2</b>		<b>Option 3</b>	
<b>Participant</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>	<b>Basic</b>	<b>Weighted</b>
1	32	607	37	691	38	713
2	30	667	38	694	39	721
3	35	657	20	452	27	538
4	31	440	29	506	27	475
5	30	667	38	694	39	721
6	28	568	35	587	32	582
7	26	565	40	664	32	621
8	36	784	35	657	29	607
9	N/R	N/R	N/R	N/R	N/R	N/R
<b>Total</b>	<b>248</b>	<b>4955</b>	<b>272</b>	<b>4945</b>	<b>263</b>	<b>4978</b>
<b>Median</b>	<b>30.5</b>	<b>632</b>	<b>36</b>	<b>660.5</b>	<b>32</b>	<b>614</b>
<b>Mean</b>	<b>31</b>	<b>619.4</b>	<b>34.0</b>	<b>618.1</b>	<b>32.9</b>	<b>622.3</b>

NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form and ensure Lead Reviewer has attended appropriate training session (details available from [CITAdmin@ggc.scot.nhs.uk](mailto:CITAdmin@ggc.scot.nhs.uk))

Name of Current Service/Service Development/Service Redesign:

Re-design of Rehabilitation Services – Transfer of inpatient services from Lightburn Hospital to Stobhill Hospital and relocation of Day Hospital and outpatient clinics to Glasgow Royal Infirmary

Please tick box to indicate if this is a :      Current Service       Service Development       Service Redesign

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

**What does the service do?**

The Department for Medicine for the Elderly (DME) service in north and east Glasgow is provided on three hospital sites (Lightburn Hospital, Glasgow Royal Infirmary and Stobhill Hospital) and offers comprehensive multi-professional assessment and rehabilitation for people over 65 years. The proposed service redesign would move 2 existing longer term rehabilitation wards from Lightburn Hospital to the Stobhill Hospital site and relocate Day Hospital and outpatient clinics to Glasgow Royal Infirmary site. The service redesign is aimed to improve the quality of clinical care for older people by improving access to a wider range of clinical services and developing a more integrated approach to specialist elderly assessment and rehabilitation in both inpatient and outpatient settings.

**Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)**

The service redesign forms part of the Acute Division's modernisation strategy and is a priority outlined in the NHSGGC Acute Division Development Plan.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Pamela Ralphs, Planning Manager – Rehabilitation and Assessment Directorate

Please list the staff involved in carrying out this EQIA

(where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Planning Manager, Rehabilitation & Assessment Directorate & Patient Experience Project Lead - initial meeting to discuss EQIA process and begin populating the EQIA template – 19/01/2011. This EQIA is designed to remain a 'live' document throughout the life of the decision-making process and will be revisited and updated as appropriate by key individuals as required (see appendix 1 for process map). Updated 05.07.11 – Planning Manager, RAD.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	<ul style="list-style-type: none"> <li>▪ Age related service information.</li> <li>▪ Gender information available.</li> <li>▪ Given age and nature of admission most patients tend to have some form of disablement.</li> <li>▪ The population demographics are available for the Lightburn Hospital catchment area.</li> <li>▪ Information from Scottish Public Health Observatory shows 1.5% of the catchment population in minority ethnic group which is below national average.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local ethnicity data to be requested from East CHCP.</li> <li>▪ Final transport needs assessment to be considered from equalities perspective and provide further population profile</li> </ul>
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and</i>	<ul style="list-style-type: none"> <li>▪ Additional consultation work undertaken in Feb/Mar 2011 to better represent service user profile</li> <li>▪ The overall service redesign in the north east is improving inpatient</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further consideration to be given on receipt of additional equalities data.</li> </ul>

	place as a result?	<i>a gender-focused promotion designed.</i>	<p>accommodation for older people and increasing the availability of suitable accommodation for groups such as transgender and disabled patients.</p> <ul style="list-style-type: none"> <li>▪ The equalities data collected is influencing the supportive services or systems to be put in place during and after any move from Lightburn Hospital, e.g. proposed development of evening transport service, information in different formats or particular languages etc.</li> </ul>	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	<ul style="list-style-type: none"> <li>▪ Local befriending project for patients with Dementia</li> <li>▪ Adult support and protection training in place and mandatory for all RAD staff</li> <li>▪ Best practice in Dementia training available for staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure these programmes continue to be made available in new locations.</li> <li>▪ Consider use of existing voluntary organisations in supporting the transition to new locations.</li> </ul>
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	<ul style="list-style-type: none"> <li>▪ A programme of engagement has been completed and will continue throughout the decision making process. The engagement process has been subject to two EQIAs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue active engagement throughout the decision making process and service development.</li> </ul>
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income</i>	<ul style="list-style-type: none"> <li>▪ The catchment area of the current elderly rehabilitation service is the East End of Glasgow, which is considered to be an area of socio-economic deprivation.</li> <li>▪ The inpatient wards move will allow for</li> </ul>	<ul style="list-style-type: none"> <li>▪ Planned extension of inpatient visiting hours following the move to maximise visiting opportunities for those travelling from East End of Glasgow.</li> </ul>

	inequality?	<i>maximisation.</i>	<p>increased access to information and support for visitors via the Patient Information Centre at the Stobhill ACH.</p> <ul style="list-style-type: none"> <li>Current clinical staff will be retained with the services during this redesign and therefore existing knowledge and understanding of the inpatient and outpatient client group will be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Consideration in the new locations for ease of access to travel reimbursements, i.e. clear information and way-finding.</li> <li>Explore opening up of new access routes in GRI for outpatient clinics and Day Hospital to minimise distances for patients from ambulance and visitor 'drop off' points</li> </ul>
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	<ul style="list-style-type: none"> <li>The overall redesign in NE Glasgow improves physical inpatient accommodation on each site; however access in terms of getting to GRI and Stobhill, for some patients/visitors travelling from the East End this will be more time-consuming.</li> <li>Knowing where to find the services, particularly on the GRI site is likely to be time-consuming for visitors.</li> <li>Improved access to therapy and diagnostics facilities at the ACH and GRI for both inpatients and outpatients.</li> </ul>	<ul style="list-style-type: none"> <li>Review/improve signage at proposed site for GRI outpatient clinics and Day Hospital</li> <li>Ensure patient information clearly identifies access points and parking for outpatients clinics and Day Hospital</li> <li>Consider all recommendations in final transport needs assessment</li> <li>Consider use of volunteers on both Stobhill and GRI sites to assist with way-finding for a period of transition.</li> </ul>
7.	How does the service ensure the way it communicates with service users removes any	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or</i>	<ul style="list-style-type: none"> <li>Communication with patients and visitors will remain unchanged.</li> <li>GGC has process for booking interpreters including British Sign</li> </ul>	<ul style="list-style-type: none"> <li>Availability of loop systems in new sites will need confirmed.</li> <li>Information needs will change with respect to transport, way-</li> </ul>

	potential barriers?	<i>formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	Language Interpreters and these processes and protocols will be maintained in the new sites. <ul style="list-style-type: none"> <li>All new patient information is now produced to the NHSGGC Accessible Information Policy standards</li> </ul>	finding and finding visitor services such as refreshments, travel reimbursement facilities etc.
8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i>	<ul style="list-style-type: none"> <li>More single sex inpatient accommodation will be available within the redesigned north east service and improved inpatient toileting facilities for all.</li> <li>Proposed Day Hospital and outpatient clinic locations at GRI will maintain access to individual assessment rooms</li> </ul>	<ul style="list-style-type: none"> <li>As the service treats over 65 year olds, the majority of patients are female (males in East Glasgow having life expectancy under 65 years)</li> </ul>
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender</i>	<ul style="list-style-type: none"> <li>The move will have no impact In relation to staff knowledge and experience of transgender patients.</li> </ul>	<ul style="list-style-type: none"> <li>Familiarity of Transgender policy with service staff</li> </ul>

		<i>Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	<ul style="list-style-type: none"> <li>▪ The availability of single rooms will allow for improved privacy and better patient choice with respect to accommodation.</li> </ul>	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	<ul style="list-style-type: none"> <li>▪ Service treats elderly patients and therefore considerations made regarding the needs of those with dementia, Parkinson's Disease and problems associated with frailty will remain unchanged throughout the move due to continuity of staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Importance of access to family in reducing isolation and improving wellbeing for the elderly population – consider any suggestions from visitors during engagement process.</li> </ul>
(d)	Ethnicity	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	<ul style="list-style-type: none"> <li>▪ GGC has process for booking interpreters including British Sign Language Interpreters and these processes and protocols will be maintained in the new sites.</li> <li>▪ All new patient information is now produced to the NHSGGC Accessible Information Policy standards</li> <li>▪ Current clinical staff will be retained with the services during this redesign and therefore existing knowledge and understanding of the inpatient and outpatient client group will be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure learning form EQIAs across RAD is implemented in service move and redesign</li> </ul>
(e)	Sexual Orientation	<i>A community service reviewed its</i>	<ul style="list-style-type: none"> <li>▪ Current service experience of interacting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consider sexual orientation</li> </ul>

		<i>information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	with patients and visitors will remain unchanged due to continuity of staff.	data capture – staff training, 'Happy to Ask'
(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	<ul style="list-style-type: none"> <li>▪ Communication with patients and visitors will remain unchanged.</li> <li>▪ GGC has process for booking interpreters including British Sign Language Interpreters and these processes and protocols will be maintained in the new sites.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Explore opening up of new access routes in GRI for outpatient clinics and Day Hospital to minimise distances for patients from ambulance and visitor 'drop off' points</li> <li>▪ Availability of loop systems in new sites will need confirmed.</li> <li>▪ Ensure patient information clearly identifies access points and parking for inpatients, outpatients clinics and Day Hospital</li> <li>▪ Consider need for additional porters for proposed GRI Day Hospital</li> </ul>
(g)	Faith	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual</i>	<ul style="list-style-type: none"> <li>▪ Current service experience of interacting with patients and visitors will remain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability of Faith &amp; Belief Manual and familiarity of staff</li> </ul>

		<i>and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	<ul style="list-style-type: none"> <li>unchanged due to continuity of staff.</li> <li>Local 'East Glasgow' knowledge and familiarity of local religious contacts will be maintained due to continuity of staff.</li> </ul>	<ul style="list-style-type: none"> <li>with this as a resource.</li> <li>Information to take account of locations of quiet /faith rooms and access to chaplaincy on new sites.</li> </ul>
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	<ul style="list-style-type: none"> <li>The catchment area of the current elderly rehabilitation service is the East End of Glasgow, which is considered to be an area of socio-economic deprivation.</li> <li>The inpatient wards move will allow for increased access to information and support for visitors via the Patient Information Centre at the Stobhill ACH.</li> </ul>	<ul style="list-style-type: none"> <li>Planned extension of inpatient visiting hours following the move to maximise visiting opportunities for those travelling from East End of Glasgow.</li> <li>Consideration in the new locations for ease of access to travel reimbursements, i.e. clear information and way-finding.</li> <li>Continue programme of public engagement including local community / voluntary organisations</li> </ul>
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	<ul style="list-style-type: none"> <li>The service redesign is undergoing and EQIA process to ensure that appropriate considerations are made.</li> <li>No cost savings are planned from direct care services (clinical staffing etc)</li> </ul>	<ul style="list-style-type: none"> <li>Continue to equalities impact the service redesign plans as they develop.</li> </ul>
10.	What does your workforce look like in terms of	<i>Analysis of recruitment shows a drop off between shortlisting,</i>	<ul style="list-style-type: none"> <li>As service users are elderly disabled this would not be expected to be</li> </ul>	<ul style="list-style-type: none"> <li>Application of NHSGGC Workforce Change Policy will</li> </ul>

	representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	reflected in workforce, however all workforce have access to equality and diversity training and this is considered during ksf/pdp processes <ul style="list-style-type: none"> <li>Staff lists completed to clarify profile of staffing</li> </ul>	take into account individual staff
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	<ul style="list-style-type: none"> <li>Staff and staff side reps have been fully engaged throughout the process</li> <li>Redesign is underpinned by NHSGGC HR policies</li> </ul>	<ul style="list-style-type: none"> <li>Maintain effective communication with staff and staff side reps during redesign</li> </ul>

If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

- |   |
|---|
| <ul style="list-style-type: none"> <li>Befriending project for patients with Dementia</li> <li>A review of use of transport to access Lightburn Hospital is underway to profile current service user and visitor population.</li> <li>A programme of engagement with patients, the public and staff.</li> <li>A rolling EQIA process aligned to development of the service redesign.</li> </ul> |
|---|

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward. *Note as this is a 'live' document actions will be taken forward throughout the decision making process rather than specific time-allocated actions*

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward. <i>Note as this is a 'live' document actions will be taken forward throughout the decision making process rather than specific time-allocated actions</i>	Date for completion	Who is responsible?(initials)
<b>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</b> <ul style="list-style-type: none"> <li>Final transport needs assessment to be considered from equalities perspective.</li> <li>Ethnicity data to be requested from East CHCP</li> </ul>		P Ralps/D Scholfield

<ul style="list-style-type: none"> <li>▪ Continue programme of engagement with staff, patients and the public</li> <li>▪ Consideration in the new locations for ease of access to travel reimbursements, i.e. clear info / way-finding.</li> <li>▪ Consider use of volunteers on both Stobhill and GRI sites to assist with way-finding for a period of transition.</li> <li>▪ Continue to equalities impact the service redesign plans as they develop</li> <li>▪ New information meets NHSGGC AIP standards.</li> <li>▪ Application of NHSGGC Workforce Change Policy and Processes</li> </ul>		<p>Pamela Ralphs, Planning Manager</p> <p>N McCallum, General Mgr</p>
<p><b>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</b></p> <ul style="list-style-type: none"> <li>▪ Ensure staff training and volunteer programmes continue to be made available in new locations.</li> <li>▪ Consider use of existing voluntary organisations in supporting the transition to new locations eg for patients with dementia.</li> <li>▪ Planned extension of inpatient visiting hours following the move to maximise visiting opportunities for those travelling from East End of Glasgow.</li> <li>▪ Availability of loop systems in new sites will need confirmed.</li> <li>▪ Explore opening up of new access routes in GRI for outpatient clinics and Day Hospital to minimise distances for patients from ambulance and visitor 'drop off' points</li> <li>▪ Review/improve signage at proposed site for GRI outpatient clinics and Day Hospital</li> <li>▪ Consider need for additional porters for proposed GRI Day Hospital</li> <li>▪ Familiarity of Transgender policy with service staff</li> <li>▪ Availability of Faith &amp; Belief Manual and familiarity of staff with this as a resource.</li> <li>▪ Information to take account of locations of quiet /faith rooms and access to chaplaincy on new sites; access and parking.</li> </ul>		<p>N McCallum, General Mgr P Ralphs, Planning Mgr</p> <p>N McCallum, General Mgr</p> <p>N McCallum, General Mgr P Ralphs, Planning Mgr</p> <p>P Ralphs, Planning Mgr P Ralphs, Planning Mgr N McCallum, General Mgr N McCallum, General Mgr N McCallum, General Mgr</p>

**Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:**

05.07.11 update of EQIA - Pamela Ralphs, Planning Manager RAD

## Appendix 1: EQIA Process for Service Redesign



Flowchart of  
proposed EQIA proce

**Proposed EQIA process for Lightburn Hospital Rehabilitation Service  
Re-design (Feb 2011)**

This paper outlines the equalities impact assessment process of the transfer of inpatient services from Lightburn Hospital to Stobhill Hospital and the relocation of Day Hospital and outpatient clinics to Glasgow Royal Infirmary and has been developed and agreed with the Planning Manager, Rehabilitation & Assessment Directorate and Debbie Schofield, Patient Experience Project Lead and EQIA facilitator.

It is necessary that an EQIA be considered throughout the development process of this service re-design, rather than at a fixed point in time at the beginning or end of the transition as this will allow the EQIA findings to influence the decision-making process. With this in mind the EQIA document should be viewed as a 'live' document throughout the life of service re-design project and will therefore be revisited and updated as appropriate. An outline of a proposed timescale and process for updating the EQIA document is shown in diagram 1.

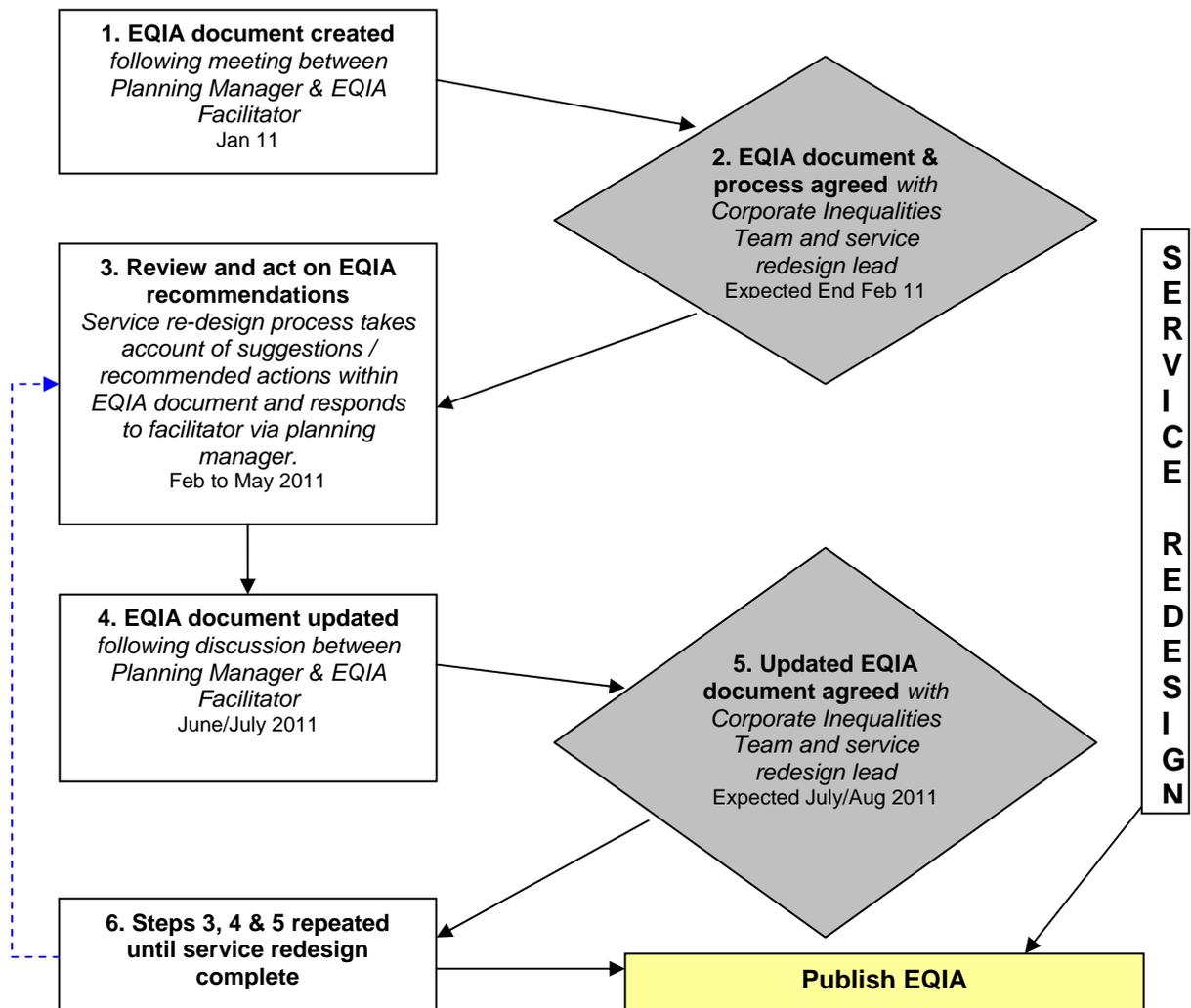


Diagram 1: Outline of proposed EQIA process

Debbie Schofield  
Project Lead – Cancer Patient Experience

**Transport Needs Assessment re:  
Potential Changes to the Location of  
Rehabilitation Services for the Elderly in East Glasgow**

**Final Revision July 2011**

1. NHS Greater Glasgow and Clyde is proposing to change in-patient, Day Hospital and outpatient services for the elderly in East Glasgow. As part of this proposal, this paper assesses the impact of the proposed changes on the transport needs of patients and carers.
2. The favoured option for inpatient services that NHSGGC has taken to public consultation would see inpatient beds move from Lightburn Hospital in Carntyne, East Glasgow to Stobhill Hospital, Springburn, North Glasgow. As a consequence the Day Hospital and Out-Patients clinics would move from Lightburn Hospital to Glasgow Royal Infirmary.
3. Currently, patients and carers or visitors access services at Lightburn hospital by a number of modes.
4. In-patients are transferred to Lightburn from another hospital and returned to their homes by the Scottish Ambulance Service Patient Transport Service (PTS). This is booked locally and this provision is not impacted by the proposal. It should be noted that a part of the rationale for relocating inpatient beds is to reduce the need to transport patients by ambulance to diagnostic facilities. Should the inpatient beds relocate to Stobhill Hospital, a full range of diagnostic facilities would be available on the Stobhill Hospital site.
5. A survey of modes of transport for all Day Hospital attendees and out-patients over a one week period in November 2010 indicates:

**Day Hospital**

<b>Day Hospital</b>	<b>Percentage (%)</b>
Ambulance/Patient Transport	81%
Car	17%
Taxi	2%

Analysis of travel modes for day hospital attendees indicate that 81% of attendees arrive/depart by Ambulance/Patient Transport. Of the remaining 19% of day hospital patients, 17% arrive by car and 2% by taxi. Discussions with the Ambulance Service confirm that capacity exists to cater for any additional journeys occasioned by this proposal.

Additional work in Feb/March 2011 with a sample of 34 patients attending Lightburn Day Hospital showed 88% travelled by Ambulance/Patient Transport, 6% travelled by car and a further 6% by taxi.

## **Outpatients**

<b>Outpatients</b>	<b>Percentage (%)</b>
Car	38%
Taxi	25%
Ambulance/Patient Transport	19%
Bus	12%
Walk	6%

Analysis of travel modes of patients attending outpatient clinics indicate that the majority attend by car (38%) and a further 25% attend by taxi. The remaining 37% of attendees arrive by Ambulance/Patient Transport (19%), Bus (12%) and Walk (6%).

Additional work in Feb/March 2011 with a sample of 32 people attending Lightburn outpatient clinics showed 53% travelled by car, 28% by taxi, 13% by Ambulance/Patient Transport, 3% by bus and 3% walked to the hospital.

- Analysis of travel times by bus from a number of areas in East Glasgow to Lightburn Hospital, Stobhill Hospital, and Glasgow Royal Infirmary. This information is gained from Traveline which has the most up to date timetable information and is based upon a required arrival time of 10 am weekday. It uses journey configurations which require a degree of mobility (for example to walk from one bus to another or to walk 7 minutes from the main road to Stobhill Hospital) and to make most use of its information, access to the internet or a ten pence per minute phone call is required.

<b>Postcode</b>	<b>Lightburn (G32 6NB)</b>	<b>Stobhill (G21 3UW)</b>	<b>Glasgow Royal Infirmary (G4 0SF)</b>

	<b>Journey time</b>	<b>Journey Time</b>	<b>Journey Time</b>
<b>G31</b> (Dennistoun, G31 1HX)	20 mins	37 mins	11 mins
<b>G32</b> (Shettleston, G32 9AA)	18 mins	52 mins	20 mins
<b>G33</b> (Ruchazie, G33 3TH)	20 mins	51 mins	19 mins
<b>G69</b> (Baillieston, G69 7NS)	24 mins	1 hr 10mins	31 mins
<b>G34</b> (Easterhouse, G34 9HQ)	16 mins	50 mins	18 mins
<b>G32</b> (Carmyle, G32 8EE)	49 mins	1 hr 11mins	44 mins
<b>Average Journey Time</b>	<b>25 mins</b>	<b>55 mins</b>	<b>24 mins</b>

*All timings taken from travelinescotland on 4<sup>th</sup> July 2011 for trips taking place on 7<sup>th</sup> July 2011 arriving at destination on or before 10.00am.*

Comparing current travel times from these locations to Lightburn Hospital, there would be:

- A 30 minute increase in average journey time by public transport to Stobhill Hospital
  - A 1 minute decrease in average journey time difference by public transport to Glasgow Royal Infirmary (24 mins average)
7. The biggest impact of the proposal on transport needs was identified by consultees as being on carers or visitors. This is likely to have been because of the number of days spent in hospital for rehabilitation – an average of approximately 42 days in 2009
  8. To understand in more detail the impact of the proposed relocation of inpatient beds from Lightburn Hospital to Stobhill Hospital on those visiting the patients, over one week a survey was undertaken of visitors at the following visiting times: weekday afternoon, weekday evening, Saturday afternoon and Sunday evening.
  9. In total there were 134 responses to the survey suggesting that the survey offers a fairly accurate picture of total visitor transport needs.

10. Over the four visiting times, the overall split of transport mode was:

<b>Modal Split</b>		
Car	99/134	74%
Taxi	3/134	2%
Walk	8/134	6%
Bus	22/134	17%
Train	2/134	1%

**Total Response:** 134

**Average additional car miles to Stobhill:** 3.41

11. At each of the four visiting times surveyed, the splits in transport mode are:

Weekday PM

<b>Modal Split</b>	
Car	51%
Taxi	3%
Walk	16%
Bus	29%
Train	0%

Weekday Evening

<b>Modal Split</b>	
Car	93%
Taxi	0%
Walk	0%
Bus	7%
Train	0%

Saturday Afternoon

<b>Modal Split</b>	
Car	65%
Taxi	4%
Walk	6%
Bus	21%
Train	4%

Sunday Evening

<b>Modal Split</b>	
Car	100%
Taxi	0%
Walk	0%
Bus	0%
Train	0%

12. Two visits were undertaken by train, one from Edinburgh and one from Kirkintilloch. In such cases, the proposed change will not present additional transport need.
13. Three visits were undertaken by taxi from Shettleston during daytime. The cost of the journey has been quoted as £3.50 single (as at July 2011). The cost of a daytime taxi journey from the same point to Stobhill Hospital has been quoted as £7.00 single (as at July 2011).
14. Eight visits were made on foot from Shettleston, Robroyston and Bellgrove. The distance from the centre of these areas to Lightburn and

Hospital respectively is 1.6, 3 and 2.4 miles. The distance from the same points in these areas to Stobhill Hospital is 5.6, 1.7 and 3.3 miles.

15. It is difficult to ascertain the precise impact of the proposed change on bus travel without the full post code and an understanding of the mobility of the person travelling. With these provisos, of the 22 visits to Lightburn Hospital undertaken by bus, it is estimated that one person would have one less bus journey to make should the visits need to be made to Stobhill Hospital instead. There would be no additional bus journeys for 9 visitors and for 12 visitors one additional bus journey would be required.
16. 99 visits were made by car. The furthest distance travelled was from York (213 miles). The shortest distance travelled was from Shettleston (1 mile). Should the inpatient beds be moved to Stobhill Hospital, the average additional miles required to travel by car will be 3.4 miles.
17. It is worth noting, that car use as a travel mode increases significantly in the evening. The weekday evening sees 93% of visits made by car and on Sunday evening, all visits arrive by car. This confirms previous understandings of visitor transport needs and possibly reflects the reduction in the number and frequency of public transport services in the evening, fear of using public transport at night and prevailing weather and light conditions.
18. During the consultation process, transport was raised at all of the public meetings and at most of the fora or groups where the proposals were discussed. The key issues were:
  - A perception held by many people that it would take a long time to travel by bus to Stobhill Hospital.
  - A perception held by some people that bus services in East Glasgow were unreliable in terms of time-keeping and no-shows.
  - Awareness of public transport options to get to Stobhill Hospital was low.
  - Perception that car parking at Stobhill Hospital was very poor.
  - Awareness of the Evening Visitor Scheme was very low.
  - Some patients using the Patient Transport Service ambulance commented on the amount of time spent waiting for an ambulance.
19. There is an ongoing programme of work which examines and seeks to improve transport to healthcare. As part of this work, some of the issues outlined in point 18, were examined with the East Glasgow Public Partnership Forum (PPF). For example, members of the PPF were asked to estimate travel time by bus from their homes in East Glasgow to Stobhill Hospital. Most members estimated the time required to be 90/120/150

minutes. Using Traveline journey planning software, it was demonstrated that journey times were in the order of 50-70 minutes. However, it is important to acknowledge that using this approach to journey planning requires access to the internet and a reasonable degree of mobility. For those without access to the internet or for whom it is important that the bus service goes to Stobhill Hospital's front door, a leaflet was developed which sets out the 3 bus services (5 buses per hour) which go from Glasgow City Centre into the Stobhill Hospital site. This leaflet has been widely disseminated in East Glasgow.

20. In order to explore the perception raised before and during the consultation that bus services in East Glasgow were unreliable the services at three key bus stops were monitored. In total, over two 2.5 hour periods, 15 services were observed, with 380 timings recorded. 5 services failed to keep to time on more than half the occasions they were observed. This would seem to validate the perception that some services cannot be relied upon and the failure to adhere to timetable would make journey planning difficult.

### **Recommendations:**

In the event that a decision is made to close Lightburn Hospital and to relocate inpatient beds in Stobhill Hospital and Day Hospital activity and outpatient clinics to Glasgow Royal Infirmary, the following actions are recommended:

- (1) The additional car parking spaces that are now available at Stobhill Hospital following the closure of acute receiving at Stobhill Hospital are highlighted through NHSGGC information channels.
- (2) That those eligible for the patient transport costs reimbursement scheme are reminded that car parking costs at the Glasgow Royal Infirmary can be refunded.
- (3) That support is given in the patient information centre at the new Stobhill Hospital to any patient or carer who wishes to explore travel options using Traveline on the internet.
- (4) That visiting times for elderly medicine rehabilitation patients at Stobhill Hospital are made flexible.
- (5) That information on the Evening Visitor Scheme is promoted to every patient/carer in rehabilitation wards at Stobhill Hospital. The scheme has been rated very highly by users, e.g. over 90% rate it as excellent and it has a very low refusal rate, less than 3%, and these facts should also be promoted.
- (6) That provision is made to monitor closely the usage of the Evening Visitor Scheme by residents of East Glasgow and if demand increases

beyond current capacity, an additional vehicle/driver is procured. This would cost approximately £17,000 per annum.

- (7) That information gained from the monitoring of local bus services is shared with SPT and the Traffic Commissioner and that SPT's bus compliance team monitors bus services in East Glasgow.
- (8) That work to promote the Evening Visitor Scheme, to provide information regarding travel options to Hospitals and to work in partnership to improve public transport is undertaken on an ongoing basis by each CHP.

**NHSGGC Community Engagement Team**  
**July 2011**



scottish  
health  
council

making sure  
your voice counts

**Scottish Health Council's report on**

**NHS Greater Glasgow and Clyde's  
Consultation on Changes to inpatient  
rehabilitation services in East Glasgow and the  
possible closure of Lightburn Hospital**

3 December 2010

## 1. Executive Summary

- 1.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government Health Directorate to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 1.2. Our report on NHS Greater Glasgow and Clyde's process for involving local people in the development of proposals for service change affecting Lightburn Hospital outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by patients, carers and members of the local community in response to the consultation proposals.
- 1.3. In July 2010, NHS Greater Glasgow and Clyde reported to the Scottish Health Council that it had reviewed inpatient beds for elderly people in North and East Glasgow and that it intended to engage with people on options for change. During July and early August, NHS staff involved patients, carers and public representatives in developing and assessing options for the future of these inpatient services. Following this, at a meeting on 17<sup>th</sup> August, the Board agreed to carry out a formal public consultation process, during the period from 30<sup>th</sup> August to 30<sup>th</sup> November 2010. The Board issued a press release on 29<sup>th</sup> November stating that the consultation period was extended until 13<sup>th</sup> December 2010 to ensure every opportunity is given for people to comment on the proposals – including specific proposals that have emerged during the consultation period for day hospital and outpatient services.

- 1.4. Lightburn Hospital provides outpatient and day hospital services for older people in East Glasgow (this accounts for around 1845 and 935 attendances a year respectively), as well as providing inpatient beds for rehabilitation (around 450 patients a year). The Board accepted, at the start of its engagement and consultation, that if a decision were taken to relocate the inpatient rehabilitation beds, this could affect the remaining outpatient and day hospital services. This could mean that outpatient and day hospital services could be moved to another location and Lightburn Hospital closed.
- 1.5. NHS Greater Glasgow and Clyde used a range of methods during its engagement and consultation process. This included: one to one interviews; focus groups; meetings with local community groups (including Public Partnership Forums in North and East Glasgow and East Dunbartonshire); public meetings; full and summary consultation papers; distribution of consultation materials to public libraries, local faith groups, community councils and other local groups; and information on its website. The Scottish Health Council's verification has shown that people generally found the Board's information to be in plain language and easy to understand.
- 1.6. The main concerns raised by people during the engagement and consultation were: the perception that a decision had already been taken to close Lightburn Hospital; transport links from East Glasgow to Stobhill Hospital were poor; that financial savings were the main driver for change; and, that public feedback would not influence the recommendation made by the Board to the Cabinet Secretary for Health and Wellbeing. In addition, in October the East Glasgow Parkinson's Support Group Lightburn distributed a petition to oppose the closure of Lightburn Hospital.
- 1.7. Whilst the Scottish Health Council acknowledges the work undertaken by NHS staff in conducting this engagement and consultation, and the range of methods they have used to engage with people, there are a number of aspects of the process that we believe could have been improved. These are outlined in our report.

- 1.8. The Scottish Health Council, based on the information it has obtained up to the time of writing this report, believes that NHS Greater Glasgow and Clyde has, in part, followed the Scottish Government's guidance on involving local people in its review of inpatient rehabilitation services for elderly people in North and East Glasgow. The two areas where the NHS Board has not yet demonstrated compliance with the guidance are in relation to the equality and diversity impact assessment and the transport needs assessment<sup>1</sup> and how these have both impacted on the proposals for patients and the public.
- 1.9. The Scottish Health Council report will be submitted to the NHS Greater Glasgow and Clyde Board meeting on 21 December 2010, where the Board will consider the outcome of the consultation. Following discussion, and if approval is sought for the transfer of inpatient rehabilitation services for older people from Lightburn to Stobhill Hospital, NHS Greater Glasgow and Clyde will make a submission to the Cabinet Secretary for Health and Well-being for Ministerial approval. In the submission, the Board should demonstrate how they have taken into account the suggestions and concerns that arose during the consultation.
- 1.10. The Scottish Health Council has identified a number of learning points from this engagement and consultation e.g. NHS Board should avoid, where possible, carrying out engagement and consultation on service change during the main holiday periods; NHS staff should consider the full range of potential stakeholders at the earliest stage in service change. Other learning points are contained within section 10 of the report.

---

<sup>1</sup> A draft transport needs assessment was received by the Scottish Health Council on 3 December 2010 – this was too late to be considered in time for inclusion in our report.

## 2. Introduction

2.1 NHS Boards are required to engage and consult with people when they are considering a change to local health services. Guidance<sup>2</sup> produced by the Scottish Government sets out how Boards should do this. When a Board is proposing a service change that is regarded by the Scottish Government as being a 'major' change, the Scottish Health Council produces a report setting out its views on whether the relevant Board has involved people in line with the expectations set out in the guidance. The Scottish Health Council's report is taken into account by the Board and the Scottish Government in deciding how to proceed with the service change.

2.2 Producing reports on major service change is one of the ways in which the Scottish Health Council carries out its role to help the NHS in Scotland improve how it involves patients and the public in decisions about health services.

2.3 This report sets out the Scottish Health Council's view on how NHS Greater Glasgow and Clyde has involved local people when it has been developing proposals for service changes affecting Lightburn Hospital.

2.4 In July 2010, NHS Greater Glasgow and Clyde reported to the Scottish Health Council that it had reviewed inpatient beds for elderly people in North and East Glasgow and that it intended to engage with people on options for change. During July and early August, NHS staff involved patients, carers and public representatives in developing and assessing options for the future of the inpatient rehabilitation services. Following this, at a meeting on 17<sup>th</sup> August, the Board agreed to carry out a formal public consultation process, during the period from 30<sup>th</sup> August to 30<sup>th</sup> November. This consultation period was subsequently extended until 13<sup>th</sup> December 2010.

---

<sup>2</sup> Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), The Scottish Government, 10 February 2010. In this report, the phrase 'the guidance' shall refer to this Chief Executive Letter (CEL).

2.5 The Board has indicated<sup>3</sup> that changes to the way it provides services are needed because there will be:

- a reduction in the availability of junior doctors and the need to ensure medical rotas are compliant with working time regulations
- opportunities for improved access to diagnostic equipment
- fewer patients needing transfer to a rehabilitation ward
- cost savings by reducing the number of hospital sites, and
- better accommodation.

2.6 Lightburn Hospital provides outpatient and day hospital services for older people in East Glasgow (this accounts for around 1845 and 935 attendances a year respectively), as well as providing inpatient beds for rehabilitation (around 450 patients a year). The Board agreed, at the start of its engagement and consultation, that if a decision was taken to relocate the inpatient rehabilitation beds, this could affect the remaining outpatient and day hospital services. This could mean that outpatient and day hospital services could need to move to another location(s) and Lightburn Hospital could close.

2.7 The Scottish Government has indicated that it views the proposal to change inpatient rehabilitation services for older people in East Glasgow, with the resulting possible closure of Lightburn Hospital, as a major service change.

### **3. Has the Board involved local people in line with the guidance?**

3.1 The Scottish Health Council, based on the information it has obtained up to the time of writing this report, believes that NHS Greater Glasgow and Clyde has, in part, followed the Scottish Government's guidance on involving local people in its review of inpatient rehabilitation services for elderly people in North and East Glasgow. The two areas where the NHS Board has not yet demonstrated compliance with the guidance are in relation to the equality and diversity impact

---

<sup>3</sup> Hospital Services for Older People in the North and East of Glasgow, Key issues and potential options for consideration in the redesign of assessment and rehabilitation services, Briefing Paper to Public Participants, NHS Greater Glasgow and Clyde (July)

assessment and the transport needs assessment<sup>4</sup> and how these have both impacted on the proposals for patients and the public.

3.2 There are also a number of aspects of the process which we believe could have been improved, and these are outlined later in this report.

3.3 The Scottish Health Council has arrived at this conclusion having undertaken a range of quality assurance activities, including:

- attendance at public meetings organised by NHS Greater Glasgow and Clyde and talking to local people who took part in these meetings
- asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and a focus group
- meeting with NHS staff with responsibility for this major service change on a number of occasions during July to November to discuss the engagement and consultation process and to offer and provide advice, support and feedback
- reviewing NHS documents relating to the service change
- gauging the availability of information available in public areas of East Glasgow e.g. libraries, health centres, hospitals, and
- reviewing media coverage.

3.4 The questions and comments reported in the boxes throughout this report are indicative of some of the most common themes that have emerged from patients, carers and the public during the engagement and consultation process. These questions and comments were raised either at meetings arranged by NHS staff (at which local Scottish Health Council staff were present) or in response to the Scottish Health Council's verification activity e.g. questionnaires, telephone interviews and a focus group.

---

<sup>4</sup> A draft transport needs assessment was received by the Scottish Health Council on 3 December 2010 – this was too late to be considered in time for inclusion in our report.

## 4. Planning

4.1 Once a Board decides to consider making changes to a service, it has to develop plans to show how it will involve local people throughout the process.

4.2 Following a decision to review services for older people in North and East Glasgow, NHS Greater Glasgow and Clyde carried out a scoping exercise in June 2010, which considered:

- the nature of the service
- the communities of interest
- the profile of the local community, and
- key issues of interest to patients, carers and the public.

4.3 The outcome from this activity was shared with the Board's Acute Operating Division Patients' Panel. The Patients' Panel was set up as a sounding board to help NHS Greater Glasgow and Clyde's acute hospital services understand some of the issues for patients. The feedback from this activity was used to inform the Board's approach to engagement with patients, carers and community representatives. The Scottish Health Council was informed about the outcome of this activity in a letter dated 1<sup>st</sup> July 2010, where it was advised of the proposed service change and invited to attend planning meetings with NHS staff during July.

4.4 NHS Boards have a responsibility to ensure their processes and proposals are subject to an equality and diversity impact assessment. NHS Greater Glasgow and Clyde carried out an equality and diversity impact assessment of its engagement process on 16 July. This helped NHS staff to identify the groups of people who would be affected by the proposal: more women than men; more people from white British communities; some people with physical disabilities; older people. It was also recognised that there could be cost implications for people who wished to engage in the process. NHS staff designed their engagement process to address these factors e.g. direct access to patients on wards and outpatient clinics/day hospital, male and

female interviewers were available to gather views, advocacy groups for older people were invited to participate; participation expenses reimbursed.

4.5 We have been advised by NHS Greater Glasgow and Clyde that a further equality and diversity impact assessment was commenced in November. The outcome of this equality and diversity impact assessment has not been shared with us at the time of writing this report.

## 5. Informing

5.1 The guidance states that people who may be affected by a proposed service change should receive appropriate information. NHS Greater Glasgow and Clyde produced a briefing paper for public participants in July 2010. This was sent to a sample of patients and carers, specific interest groups and community organisations inviting them to take part in the engagement process by participating in focus groups and, if they chose to, option appraisal and scoring. In this briefing paper the Board aimed to outline:

- why change was needed e.g. review of the composition of assessment and rehabilitation beds
- issues that should be considered if rehabilitation beds are provided from one hospital site e.g. access to diagnostic equipment, accommodation, workforce planning. The briefing paper outlined the current arrangements within the Department of Medicine for the Elderly<sup>5</sup> (DME) and how the proposal had been influenced by other changes within the service. The paper explained that a separate piece of work had been undertaken to bring together orthopaedic rehabilitation beds from North and East Glasgow to Stobhill Hospital, which would lead to a reduction of 15 beds at Lightburn Hospital. It also highlighted that a new model of care would result in an increase in the number of assessment beds based at Glasgow Royal Infirmary with a corresponding reduction in the number of rehabilitation beds. Added to this, a decision was taken by the NHS Board in 2008 to procure 48 rehabilitation beds at Stobhill Hospital.

---

<sup>5</sup> The DME provides assessment and rehabilitation beds for older people (aged over 65 years).

5.2 The briefing paper provided information about the Board's three proposed options (for inpatient rehabilitation, day hospital and outpatient services) and invited participants to consider these and also to identify any further options. Alternative sites for the day hospital and outpatient clinics were not identified at this stage.

5.3 Information on the review and options for change were not made more widely available to the public e.g. on the Board's website, until the proposals were considered at the Board meeting on 17<sup>th</sup> August.

5.4 Whilst the Scottish Health Council did not receive the Board's plan for Informing and Engaging Community Stakeholders until 23<sup>rd</sup> July 2010, it did meet with NHS staff on three occasions during July to gather information and provide comment on the engagement process being proposed.

## 6. Engaging

6.1 The guidance states that Boards should develop options through a process that is open, transparent and accessible, which can be delivered within available resources, and in which potentially affected people and communities are proactively engaged.

### 6.2 *One-to-one meetings*

During July 2010 NHS Greater Glasgow and Clyde carried out a total of 23 one-to-one meetings with patients and carers from rehabilitation, day hospital and outpatient services at Lightburn Hospital. The purpose of these meetings was:

- to gather information from patients and carers about their experience and views of the service
- to advise them that the Board was considering some changes to the way services are delivered
- to ask how the proposed changes may impact on them, and
- to find out what aspects of the service matter most to them.

6.3 NHS staff carrying out these one-to-one meetings reported a number of common themes. These were:

- patients valued their experience at Lightburn Hospital
- staff were praised for their care, friendliness and attention
- most inpatients were not concerned where they were transferred for rehabilitation as long as the care was good
- most inpatients were concerned about their visitors' ability to access the hospital if services were based at a different site
- people attending outpatients and day hospital services were less concerned about where they attended for their appointments as long as transport continued to be provided.

#### 6.4 **Focus Groups**

NHS Greater Glasgow and Clyde invited carers and representatives from health-related and community organisations to take part in two focus groups in July. The ten people who attended the first focus group (held on 22<sup>nd</sup> July) included carers and representatives from patient and carer groups. NHS staff felt that current inpatients may be too frail to take part in these meetings. The second focus group (held on 27<sup>th</sup> July) included nine people from patient and carer groups as well as geographic and community structures, for example East Glasgow Public Partnership Forum and Gartcraig Community Council. Those invited were offered a range of supports to encourage participation, for example transport to meetings, dedicated contact person.

6.5 A letter to people taking part in the process stated that the purpose of engagement<sup>6</sup> was to “discuss the future of some rehabilitation services for the elderly in East Glasgow and how these may impact on Lightburn Hospital”. Specifically the focus groups were designed to review existing rehabilitation services, identify options for future services and clarify what the important issues are for patients and carers. Participants were advised in the briefing paper that the Board had identified three possible options and that it would be

---

<sup>6</sup> Letter to participants of the focus group/option appraisal sessions

interested in their views on these and suggestions for any additional options.

The three options were:

- Option 1 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds split between Stobhill and Lightburn Hospitals.
- Option 2 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds at Stobhill Hospital. Under this option all inpatient beds at Lightburn Hospital would be closed. If no other services required use of the site then the overall aim would be to relocate existing day hospital and outpatient activity to alternative settings and close the Lightburn Hospital site.
- Option 3 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds at Lightburn Hospital.

6.6 NHS staff gave a presentation at the focus groups explaining why the Board considered this review important and seeking to develop options for rehabilitation beds, outpatient clinics and the day hospital.

6.7 Scottish Health Council representatives attended these focus groups and agree that they achieved their purpose (as outlined above).

#### **Focus Groups - what people told the Board about the proposals**

*Really welcome this session and the opportunity to contribute to discussions around the future of Lightburn Hospital.*

*Stobhill Hospital is one of the worst hospitals to get to from the East of Glasgow.*

*Keen to see detailed financial figures for the proposed changes.*

*The NHS has already made up its mind and the outcome for Lightburn Hospital is a foregone conclusion.*

## **Focus Groups - what people told the Scottish Health Council about the process**

Questionnaires were given to 19 participants, 16 were completed and returned. Most people were satisfied with the amount of information provided (12 out of 16 respondents) though one person commented that the briefing paper should have had more precise information e.g. current number of assessment/rehabilitation beds at each location.

All respondents (16 out of 16) indicated that they would be happy to be involved in future consultation activity relating to Lightburn Hospital.

### **6.8 Public Partnership Forums**

NHS staff gave a presentation on the proposed changes to 10 members of the East Glasgow Public Partnership Forum on 27<sup>th</sup> July. They outlined the engagement work that had been carried out on the proposal and the reasons for, and benefits of, change. A question and answer session followed, during which concerns were raised by Public Partnership Forum members on patient and visitor travel and location of the outpatient clinics and day hospital in East Glasgow.

### **6.9 Option Appraisal and Scoring**

The guidance states that Boards should work with local people to develop options that are robust, evidence-based, person-centred, sustainable and consistent with clinical standards and national policy.

6.10 An option appraisal and scoring event on options for elderly rehabilitation beds in North and East Glasgow took place on 3<sup>rd</sup> August 2010. Options for the relocation of outpatient clinics and the Day Hospital were not included in this process.

6.11 A total of 27 participants took part in the appraisal and scoring of options. This group was made up of 18 participants (drawn from those people who had attended the focus groups in July) and nine members of staff.

6.12 At the focus groups, participants developed a long list of options, which they discussed and from which they agreed a shortlist. The two focus groups ie patients/carers and people from the community agreed the same shortlist. At the option appraisal session, NHS staff provided an overview of the discussions at each focus group and how the shortlist had been developed for appraisal. Participants were then advised of the criteria that had emerged from discussions in the focus groups and these in turn were proposed by Board staff as being the criteria for scoring each option against – alongside the Board’s objectives for the service redesign. The seven criteria were:

1. Quality of patient accommodation
2. Save money (though this was not weighted or scored by participants)
3. Transport for visitors – public transport and parking
4. Reduced number of sites to two
5. Discharge planning
6. Quality of care
7. Access to required diagnostics on site.

6.13 Participants were split into three groups: 1. patients/carers 2. people from community interest groups and 3. NHS staff. Each group allocated weightings to each of the criteria. Participants were then invited to apply individual scores to the criteria.

6.14 The Scottish Health Council observed the option appraisal and scoring and carried out further verification activity with patient and public representatives. The Scottish Health Council noted a number of shortcomings with the way in which the option appraisal was carried out and feedback about these was subsequently provided to the Board. Shortcomings included:

- the time allocated to explain the option appraisal process, review the criteria, agree the weightings and score the options was 1 hour and five minutes. This is a short period given the complexity of the process.
- there was some dissatisfaction among patient, carer and public representatives that NHS staff had included ‘Reduced number of sites to 2’ as a benefit/ criteria as this was a Board objective; and,

- participants from groups 1 and 2 appeared to find the process confusing and were unsure about how to allocate scores; some people expressed difficulty in completing the scoring form.

6.15 NHS staff have confirmed that they will carry out an evaluation of their process and use the learning from this to inform future exercises.

#### **Option Appraisal - what people told the Board about the proposals**

*Concern for patients feeling 'displaced' and isolated from their own locality.*

*It would be more accessible for patients from East Glasgow to have rehabilitation beds located at Glasgow Royal Infirmary.*

*There was a lack of clarity around where the saving of £500,000 would come from.*

#### **Option Appraisal – what people told the Scottish Health Council about the process**

(18 questionnaires were handed out to participants and 12 were completed and returned)

11 out of 12 respondents felt that they had received enough information to enable them to take part in the option appraisal and scoring exercise.

Ten respondents felt that their views were listened to.

12 respondents indicated that they were happy with the Board's approach to feedback.

6.16 The Scottish Health Council sought to gather people's views on NHS Greater Glasgow and Clyde's engagement process, prior to the Board meeting on 17<sup>th</sup> August. We invited the 18 participants who attended the option appraisal session to take part in a telephone interview. Five people agreed to provide feedback using this method and interviews were carried out 2-3 days after the option appraisal session. A summary of their response is given in the following table.

## **Engagement – what people told the Scottish Health Council about the Board’s overall process**

Four respondents indicated that they had received enough information on why change is being proposed, though one person found the briefing paper confusing.

Three respondents were of the view that the Board has already made a decision, and two people suggested that the process was carried out two years too late<sup>7</sup>.

All five respondents identified areas for improvement in the Board’s engagement process e.g. groups should have been mixed at the option appraisal and scoring to include carers, community representatives and staff, more time should have been given overall for option appraisal and scoring.

All five respondents felt their views had been listened to.

6.17 On 12<sup>th</sup> August, the Scottish Health Council advised NHS Greater Glasgow and Clyde that its public involvement up to that point was broadly in accordance with the guidance. We noted that NHS staff had met with a sample number of people who would be affected by the service change and offered a range of supports to encourage public engagement e.g. transport to meetings, dedicated contact person, arranged visits to Lightburn and Stobhill Hospitals. However we expressed concern that engagement on the Board’s proposal had taken place over the main holiday period in Glasgow i.e. July-early August. We noted that there had been no opportunity for people in North Glasgow to be involved in the engagement process, though one of the options was for all rehabilitation beds to be provided from Lightburn Hospital. Similarly we were of the view that NHS Greater Glasgow and Clyde should have given greater consideration to transport arrangements on the basis that two of the proposals would involve the consolidation of rehabilitation beds.

6.18 With regard to the option appraisal process, we outlined our view that further engagement was required prior to the Board proceeding to formal consultation. We advised that this should focus on:

- sharing the outcome of the option appraisal and scoring with participants who took part in the process

---

<sup>7</sup> This is a reference to the Board decision in 2008 to procure 48 purpose-built Department of Medicine for the Elderly rehabilitation beds at Stobhill Hospital

- seeking input from patient and public representatives in the development of the consultation documents and plan
- sharing the Board's consultation plan with people who participated in the option appraisal process

6.19 In addition, since options around the possible relocation of outpatient and day hospital services were not appraised during the option appraisal process, we suggested that the Board seek advice from the Scottish Government Health Directorate regarding whether, in its view, further work would be desirable in terms of option appraisal. NHS staff agreed to consider our advice and use this to inform their further engagement activities as outlined below.

#### 6.20 **Feedback session**

A feedback session was subsequently held by Board staff on 26<sup>th</sup> August 2010 (prior to the start of formal consultation) and was attended by 11 carer and community representatives who had taken part in the focus groups and option appraisal.

6.21 People were given information about the outcome of the option appraisal and scoring i.e. that each group favoured a different option. Taking financial information into account, people were advised that the Board's preferred option was option 2. i.e. consolidation of rehabilitation beds at Stobhill Hospital. People were advised that a decision had been made at NHS Greater Glasgow and Clyde's Board meeting on 17<sup>th</sup> August to proceed to formal consultation from 30<sup>th</sup> August to 30<sup>th</sup> November on the three options. Participants were given the opportunity to ask questions about the consultation and provide feedback on the engagement process.

6.22 As part of the feedback session, participants were then invited to review the draft consultation materials (i.e. full consultation paper and summary leaflet) and provide comment. They responded that it would have been helpful to have had more time to read this information in advance of the meeting. Many of the

changes suggested by participants were taken into account by the Board e.g. the options being considered were brought to the front of the document.

6.23 An overview of the consultation plan was provided by Board staff and people were asked to give their views on this plan. Participants suggested:

- that advertisements be placed in the 'Evening Times' newspaper
- that Solus screens in housing associations be used to promote the consultation
- information be shared with Community Reference Groups, and
- accessible venues for public meetings (e.g. John Wheatley College Campus in Easterhouse and Shettleston).

6.24 Some of these suggestions were implemented by NHS staff e.g. a meeting was held with Baillieston, Shettleston and Greater Easterhouse Community Reference Group on 4<sup>th</sup> October 2010.

<b>Feedback - examples of questions people asked the Board and notes of the Board's response</b>
<i>Is it a foregone conclusion that Lightburn Hospital will close?</i> NHS staff referred to the three month consultation period about to be undertaken, and that a decision has not been made.
<i>How can we get better transport links? Can buses get into the Stobhill site?</i> NHS staff advised that a process was being developed for looking at transport for patients and carers and that this would include attending the East Glasgow Public Partnership Forum. A commitment was given to taking this issue forward during the consultation. Several buses go into the Stobhill site and speed bumps have recently had their corners removed so that low floor buses are now able to drive through the hospital grounds.
<i>Can we have numbers for people who visit the day hospital and outpatient department?</i> The number of patients using the day hospital at Lightburn Hospital is 371 new patients each year. Ten outpatient clinics are held each week and there are a total of 1845 attendances each year.

## 7. Consulting

7.1 The guidance states that when a Board consults on a major service change, it should:

- produce a balanced and accessible consultation document that enables people to come to an informed view
- explore innovative and creative methodologies and approaches to ensure the process is inclusive
- where a preferred option is indicated by the Board, it must be clear that all responses to the consultation will be considered
- the consultation period should last for a minimum of three months.

7.2 NHS Greater Glasgow and Clyde indicated, through its consultation plan, that it would initiate a range of methods to consult with the public. Examples included:

- the main consultation paper was made available to the public on the Board's website. It was also shared directly with 32 contacts on the Board's Involving People database who had previously stated an interest in the subject matter.
- summary consultation leaflet that aimed to be succinct and easy-to-read. This made use of graphics and was distributed to community and voluntary groups, local faith groups, public libraries, housing associations, GP practices, community councils etc
- two public meetings – one held in the afternoon and one in the evening
- drop-in sessions and displays at health centres and local public venues e.g. Shandwick Shopping Centre, Glasgow Fort and Parkhead Forge
- Solus screens were used in 11 health centres and social work facilities in North Glasgow to inform people about the consultation (information was shown on an hourly basis)
- dedicated web pages, linked from the Board's home page.

7.3 NHS Greater Glasgow and Clyde stated in its summary consultation leaflet that the consultation period would run for three months from 30<sup>th</sup> August to 30<sup>th</sup> November, at the end of which it would assess the comments it received in

relation to its preferred option, the other two identified options and any alternative suggestions that may come forward as a result of the consultation. Feedback from the consultation will be taken into account at the Board meeting on 21<sup>st</sup> December 2010 when Board members are expected to make a decision on proposals for the future provision of inpatient rehabilitation services, and any resulting implications for outpatient clinics and the day hospital currently provided at Lightburn Hospital.

#### **7.4 *Public Partnership Forums***

The guidance indicates that Public Partnership Forums can be used as a means to involve local people in the design and delivery of health services. NHS staff gave a presentation on the consultation for rehabilitation services at Lightburn Hospital to 13 members of the East Glasgow Public Partnership Forum on 31<sup>st</sup> August. As part of this, there was a discussion around access and transport. NHS staff responded to public perceptions on travel times and referred to the journey times given by Traveline – these suggested that no-one would have to travel for more than one and a half hours. Reference was also made to the Evening Visitor Transport Service, and Public Partnership Forum members were encouraged to take part in a working group to promote this service.

7.5 NHS staff attended a meeting of the North Glasgow Public Partnership Forum meeting on 28<sup>th</sup> October, which was attended by 12 members. They gave information on the consultation proposal and process for the transfer of rehabilitation beds from Lightburn Hospital to Stobhill and asked for people's views to be submitted by 30<sup>th</sup> November. There was a discussion on the re-balancing of assessment and rehabilitation beds and NHS staff gave the view that a more effective and efficient service will be provided to patients e.g. more therapists available on site, better facilities.

7.6 NHS staff also gave a presentation on the consultation for rehabilitation services at Lightburn Hospital to 10 members of the East Dunbartonshire Public Partnership Forum on 9<sup>th</sup> November. The main issues raised were: transport, quality of care (e.g. consultant-led services) and discharge planning (with consideration of the possible impact on social care).

### **7.7 *Partnership working***

The guidance states that NHS Boards should also include involvement of and partnership working with wider stakeholders and other agencies. On the basis that discharge planning was identified by patients, carers and public representatives as a criterion for the option appraisal, NHS Greater Glasgow and Clyde should work in partnership with local authorities served by Lightburn Hospital. NHS staff have advised the Scottish Health Council that there should be no impact on social care on the basis that beds are being moved rather than reduced and that the consultation proposals have been discussed at its joint planning group with Glasgow City Council for Older People. We are also aware that the consultation was discussed at the East Glasgow Community Health and Care Partnership Committee on 4<sup>th</sup> October at which local authority staff were present.

7.8 NHS staff have advised us that meetings were held with two Community Reference Groups (attended by 28 people) and five Area Committees (attended by 67 people) in East Glasgow during October and November.

### **7.9 *Patient support group***

During the consultation, it was noted that NHS Greater Glasgow and Clyde had not previously advised the Parkinson's Lightburn Glasgow East Support Group of the engagement process and so members had not had the opportunity to participate in option development and appraisal – more than 330 patients with Parkinson's Disease attend the outpatient clinic at Lightburn Hospital each year. Whilst NHS staff arranged to meet with patients to discuss the proposals (this meeting took place on 4<sup>th</sup> November with 26 people in attendance), the group had already initiated a petition to 'Save Lightburn Hospital'. Petitions were

circulated to local venues e.g. places of worship, local shops and it is understood that this petition will be presented to the Chair of NHS Greater Glasgow and Clyde at the end of November and to the Cabinet Secretary for Health and Wellbeing.

#### 7.10 **Public meetings**

NHS Greater Glasgow and Clyde hosted two public meetings – one in the afternoon of 18<sup>th</sup> October at which 15 people attended, and the other in the evening of 21<sup>st</sup> October at which six people attended. These public meetings were publicised using posters (in the local health centres, GP surgeries and Lightburn Hospital), in the summary leaflet and on their website. Information on the public meetings was also included in the following newspapers: ‘The Re-Gen’, ‘The Glaswegian’, ‘The Local News’ and the Kirkintilloch, Bishopbriggs and Springburn Herald series. Discussions at the public meetings were recorded and audio recordings are available on the Board’s website. The main issues raised by the public were: capacity for the relocation of rehabilitation services at Stobhill Hospital and the day hospital at a local health centre; lack of clarity around bed numbers; concern at the further loss of hospital care in East Glasgow and transport to Stobhill Hospital.

#### **Public Meetings – What people told the Scottish Health Council about the process** (nine questionnaires were sent out and three were completed and returned)

Two of the three people who responded indicated that they had received sufficient information and all three respondents felt that the information was written in plain language and easy to understand.

Two people did not think the public meetings had been well-advertised. All respondents agreed that they had been offered support to take part in the meeting, that the venue was easy to access and they had the opportunity to ask questions.

None of the respondents feel that what was discussed at the meetings will influence the decision taken by the NHS Board or the Scottish Government.

7.11 Around 40 people attended a public meeting arranged by local Members of the Scottish Parliament (MSPs) on 5 October. NHS staff were present to provide an overview on the proposals for Lightburn Hospital and to respond to questions from the community. One of the speakers has been a patient at the

Parkinson's Clinic since 2003 and is a member of the Parkinson's Lightburn Glasgow East Support Group. He reflected on how the proposed changes may impact on patients and relatives. People raised concerns around the cost and time of additional travel to Stobhill Hospital and sought further clarity on the consultation process.

### 7.12 **Drop in sessions**

During September to November NHS staff arranged seven drop in sessions located in shopping centres and health centres in North and East Glasgow and East Dunbartonshire. They also arranged four sessions at Lightburn Hospital during weekend visiting times. We are advised that NHS staff met with 319 people during these drop in/outreach sessions. The main issues discussed were: lack of public transport to Stobhill Hospital from East Glasgow, concern that a local service was being lost and issues around the model and quality of care.

#### **What people told the Scottish Health Council about the consultation process**

**Questionnaire** (72 questionnaires sent to community groups; five completed and returned)

Three out of five respondents felt that they had received sufficient information on the Board's proposal and had opportunities to be involved in the process

None of the respondents felt that what was said or discussed will influence the final proposals presented to the NHS Board or the Scottish Government

**Focus group** (16 invitations were sent to community groups and individuals asking if they would like to take part in a focus group; two people attended i.e. one individual and one community representative)

The information provided at the public meetings was clear and people were given the opportunity to ask questions

People should have been involved earlier in the process

There was a view that the engagement period was not long enough and should not have been held over the Glasgow Fair and summer period.

More work should have been done around transport prior to the consultation.

Participants felt that whilst there were opportunities to get involved in the consultation, a decision had already been made. They therefore indicated that they believed NHS Greater Glasgow and Clyde are not listening to their views relating to this consultation.

### **7.13 *Outpatient and day hospital services***

During the consultation, NHS Greater Glasgow and Clyde stressed that it was exploring options for the relocation of outpatient and day hospital services currently provided at Lightburn Hospital, should a decision be approved for the transfer of rehabilitation beds to Stobhill Hospital. Following engagement with clinical and nursing staff and members of the public, NHS staff advised that the outcome of this work was shared with the Parkinson's Lightburn Glasgow East Support Group when they met on 4<sup>th</sup> November. NHS staff have given verbal confirmation that they also included this information in their engagement with people during drop-in sessions held in November (a total of 52 people). On 22<sup>nd</sup> November, NHS staff invited all participants who had been involved in the engagement and consultation process i.e. those who took part in the focus groups, option appraisal and public meetings, to a Final Session. Six people (individuals and community representatives) attended the meeting and were advised that the outcome of the engagement and review process was to deliver outpatient clinics from Glasgow Royal Infirmary and day hospital services from Glasgow Royal Infirmary and Easterhouse Health Centre. Furthermore, a press release was issued by NHS Greater Glasgow and Clyde on 29<sup>th</sup> November, which stated that the consultation process would be extended by two weeks (to 13<sup>th</sup> December) to ensure every opportunity is given for people to comment on the proposals – including specific proposals that have emerged during the consultation period for day hospital and outpatient services. The press release stated that it was anticipated that the conclusion of this engagement and the consultation would be used to inform a decision reached by the Board at its meeting in December. Updated information on specific proposals for the outpatient clinics and day hospital was made available on the Board's website and four drop-in sessions were arranged to take place at a shopping centre and health centres during this two week period.

### **7.14 *Transport***

The guidance states that NHS Boards should provide information about: the clinical, financial and other reasons for change; benefits that are expected to flow from the proposed change; and processes, such as carrying out a transport needs assessment, which will be put in place to assess the impact of the proposal.

7.15 During the course of engagement and consultation, transport has been identified as an area of concern by patients, carers and community representatives. NHS staff have stated that patients receiving rehabilitation will be transferred by the Patient Transport Service from another ward e.g. assessment, and therefore relocating the service to Stobhill Hospital will not affect their access to the service. However there will be an impact for their visitors who will need to travel additional distances during the patient's rehabilitation (normally 5-6 weeks)<sup>8</sup>. NHS staff have stressed during the consultation process, that their intention is to explore opportunities to keep the outpatient and day hospital services within the local area (the outcome of this work was reported to the Parkinson's group on 4<sup>th</sup> November and to members of the public through drop-in sessions and reported on the website on 29<sup>th</sup> November). Many of the patients who attend the day hospital use the Patient Transport Service. Patients who attend the outpatient clinics travel by public transport, taxi, Patient Transport Service or are driven to their appointment by a relative or friend.

7.16 On this basis, NHS staff identified four areas of work to be progressed during the consultation:

- Survey identifying modes of transport used by visitors, carers and relatives of inpatients at Lightburn Hospital
- Outpatient/day hospital patients' assessment of transport mode used in attending appointments
- Review of public transport from East End to Stobhill and Lightburn Hospitals from post code areas within the catchment area
- Review of capacity of the Hospital Evening Visitor Transport Service to transport people from East Glasgow to Stobhill Hospital.

---

<sup>8</sup> Full Consultation Document , Changes to inpatient rehabilitation services in East Glasgow and the possible closure of the Lightburn Hospital site, 30 August 2010

7.17 We have requested a copy of the NHS Board's transport needs assessment<sup>9</sup>, which should collate the information from this activity and demonstrate how findings have impacted on the proposals.

## **8. Quality assuring the consultation process**

8.1 The guidance states that the Scottish Health Council is required to quality assure the consultation process as it develops and that Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon. The Scottish Health Council provided advice; support and feedback to the Board on issues and concerns raised during our assessment of the consultation process e.g. limited availability of consultation materials in some health centres in East Glasgow.

8.2 NHS staff responded to issues that were raised during the consultation process. Examples include:

- Additional dates for information and consultation sessions were added to the Board's website and an advertisement was placed in the local free newspaper 'Glasgow East Outlook' (winter 2010/11).
- NHS staff responded to our concerns that information materials were unavailable in some public places e.g. libraries, health centres, by encouraging people to display information and replenishing stocks of materials as appropriate.
- NHS staff acknowledged the 'Save Lightburn Hospital' petition (organised by the Parkinson's Lightburn Glasgow East Support Group) at public meetings but stressed the importance of people also responding to the Board on the proposals within the consultation paper.
- A paper was presented to the East Glasgow Community Health and Care Partnership Committee Meeting on 4 October that outlined the particular challenges with transport and parking if rehabilitation services are transferred from Lightburn Hospital to Stobhill Hospital. The paper referred

---

<sup>9</sup> A draft transport needs assessment was received by the Scottish Health Council from NHS Greater Glasgow and Clyde on 3<sup>rd</sup> December 2010 (after the cut-off date for the completion of this report).

to a short-life Transport Group that has been set up in partnership with the Acute Directorate and East Glasgow Public Partnership Forum.

## **9. What are the next steps in complying with the guidance?**

9.1 This Scottish Health Council report will be submitted to the NHS Greater Glasgow and Clyde Board meeting on 21 December 2010 where the Board will consider the outcome of the consultation. As outlined earlier in this report, concerns have included:

- Transport – difficulty in accessing Stobhill Hospital from East Glasgow, especially for visitors who may be elderly or have a disability.
- Equality and diversity impact assessment – NHS staff have not demonstrated how they have taken account of the findings of the equality and diversity impact assessment in relation to the service change proposal.
- Day hospital and outpatient services – NHS Board members need to consider the length of time and the level of engagement carried out in relation to these services and, should the preferred option (option2) be agreed – what further work would be needed with the local community in decisions about the relocation of these services.
- Petition – NHS Board members should consider how they will respond to the concerns raised in the petition opposing the closure of Lightburn Hospital.

9.2 Following discussion, and if approval is sought for the transfer of inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital, NHS Greater Glasgow and Clyde will make a submission to the Cabinet Secretary for Health and Well-being for Ministerial approval. In this submission, the Board should demonstrate how they have taken into account the suggestions and concerns raised during the consultation period and how these have been addressed in their decision.

9.3 Once a decision has been made, NHS staff should provide feedback to all people who took part in the process. This should inform them of the outcome of the consultation and the final decision reached by the Board. It should also

demonstrate how views were taken into account during the decision-making process and explain how people can be involved in the implementation of any changes.

9.4 In addition the Board should evaluate its informing, engaging and consulting processes, consider the impact they had on the service change and identify areas for improvement. This process should be designed to augment learning within the organisation, leading to continual improvement in future service change.

## **10. Learning points identified by Scottish Health Council**

10.1 The Scottish Health Council acknowledges the work undertaken by NHS staff in conducting this engagement and consultation and the range of methods they have used to engage with people, especially in East Glasgow. We also note the work that has been done in providing people with information on transport links to Stobhill Hospital and the refreshed publicity around the Evening Visitor Transport Service.

10.2 As the NHS seeks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify learning points.

- It would have been helpful if the Scottish Health Council had been advised of the review of the services at an earlier stage in the process e.g. a scoping exercise was carried out in June, but we were not notified about the review until 2<sup>nd</sup> July. If we had been involved earlier, we could have provided advice and support on the Board's approach to engagement from the outset.
- NHS Boards should avoid, where possible, carrying out engagement or consultation on service change during the main holiday periods. This is because many groups break for a summer or winter recess and there may be some people who would like to participate in the process but are unable to do so because they have not received the information or have made other plans.

- Efforts should be made, at all times, to ensure that information is balanced e.g. at the East Glasgow Public Partnership Meeting on 27 July, NHS staff outlined the reasons for and benefits of change, but made minimal reference to adverse impacts. NHS staff did share subsequent consultation papers, summary leaflets and presentations with the Scottish Health Council for comment and took into account suggested changes. They also shared their consultation paper and summary leaflet with the people they had engaged with at their Feedback Session.
- During the engagement process, there was no reference to the review of rehabilitation services for older people in North and East Glasgow on the NHS Greater Glasgow and Clyde website. We believe that Boards should always include information about service change proposals on their websites during engagement processes, so that if people hear about a review and have not had the opportunity to be engaged, they are still able to access information and find out how they can get involved.
- Given the issues identified earlier in this report regarding the Board's option appraisal session, we would welcome the opportunity to work with NHS staff in evaluating this activity and identifying possible areas for development and improvement with regard to future exercises.
- Where a service change proposal includes the consolidation/re-location of a service, the Board should take reasonable steps to carry out a transport needs analysis. This can be helpful in addressing questions that people may have during the engagement and consultation process and can also be useful in supporting people in scoring exercises where transport is included as a relevant criterion during option appraisal. Option appraisal should be based on the information presented by the Board and not rely solely on people's experiences or local knowledge.
- NHS staff should consider the full range of potential stakeholders at the earliest possible stage in the review of services.
- Prior to the Board announcing its decision to extend its consultation period by two weeks, it would have been helpful if it had discussed its plans with the Scottish Health Council. Whilst we welcome the Board's intention to provide information on its proposals for outpatient clinics and the day

hospital, we acknowledge the practical challenges in engaging with people within tight timescales, during an extended period of inclement weather conditions and two-three weeks before Christmas. It is unclear whether the Board discussed its plans with public representatives to identify the most appropriate approach to its engagement.

## **NHS GREATER GLASGOW AND CLYDE**

### **Summary of Written Responses Received to the Public Consultation “Changes to Inpatient Rehabilitation Services in East Glasgow and the Possible Closure of the Lightburn Hospital Site”**

#### Professional and Advisory Committees

- Area Medical Committee
- Area Nursing and Midwifery Committee
- Area Pharmaceutical Committee
- Dr J Taylor, Chair, Subcommittee in Geriatric Medicine

#### NHS Organisations (CH(C)Ps, GPs and Other Groups)

- Dr A T Cole, Newhills Medical Practice, Easterhouse Health Centre
- Dr J Ellor, GP Principal, The McGlone Practice, Baillieston Health Centre
- Dr C A Walker, The McGlone Practice, Baillieston Health Centre
- East Dunbartonshire Community Health Partnership

#### NHS Staff

- Ms E Little, Liver Nurse Specialist, GI Centre GGH
- Ms J Page, Senior 1 Physiotherapist, Lightburn Day Hospital
- Dr M Fail, Prof P Knight, Prof P Langhorne, Prof D Stott, Dr J Taylor and Dr F Wright, Department of Medicine for the Elderly, Glasgow Royal Infirmary

#### Local Authorities and Community Councils

- Councillor P Chalmers, East Centre – Ward 18
- Councillor E McDougall, East Centre – Ward 18
- Rev M Pearson, Chair, Cranhill Community Project
- South Lanarkshire Council

#### MSPs/MPs

- Ms M Curran, Member of the Scottish Parliament for Glasgow Baillieston
- Mr P Martin, Member of the Scottish Parliament for Glasgow Springburn

#### Members of the Public

- Ms B Armitage
- C Bartter and D Kean
- Mrs J Clokey
- Mr F Cosimini
- Ms I Dinnen

- Mrs J Forsyth
- Mrs D Galloway
- G Greenshields
- Mrs M Gwynne
- Ms J Haney
- Mr R Jackson
- Mrs S Johnstone
- Ms M Kelly
- Ms M McCracken
- Ms McFadyen
- Ms V Provan
- Ms C Reid
- Mrs A Shea
- Ms D Thomson
- Mrs A Wilson
- Mr A Wilson

#### Other Organisations

- Glasgow North East Carers Centre
- Parkinson's UK
- Save Lightburn Hospital Action Group

#### Petition

## PROFESSIONAL AND ADVISORY COMMITTEES

### Area Medical Committee

- The Committee was initially alerted to the fact that the stated bed numbers for the rehabilitation wards at Lightburn Hospital was incorrect. The figure in the consultation paper is 75 whilst the actual number of beds is 90. This apparent discrepancy has been explained by management. It seems that 15 beds are due for closure this year and this was factored into the figure quoted by the Board. However, there remain 90 beds and at the time of writing the Committee understands that all of these beds are occupied which certainly suggests there is a need for that number.
- There is significant concern amongst Consultant staff that the closure of Lightburn Hospital coupled with the planned and ongoing reduction in north-east Glasgow rehabilitation bed numbers and reduced social work funding for the area will lead to delayed discharges and possible bed blocking within the acute wards of Glasgow Royal Infirmary.
- It is generally recognised that many within the population of the east-end of Glasgow are amongst the most deprived in Scotland. The presence of the outpatient clinics and day hospital at Lightburn Hospital is considered essential to allow rapid access to specialist review and comprehensive geriatric assessment. This process ensures the highest quality of patient care, has an important role in chronic disease management and in the avoidance of unnecessary admissions.
- The Committee believes that the loss of the outpatient clinics and day hospital from the Lightburn site will have a significant impact on acute services. The re-provision of these services at Stobhill Hospital will not sufficiently address the need and it is considered that if these services are to be moved from Lightburn Hospital then the preferred option would re-location at Glasgow Royal Infirmary. The Committee though would strongly support the retention of outpatient clinics and the day hospital at Lightburn Hospital.
- Transport is considered a major problem. The Committee has significant reservations about transport links for the carers of patients from the east-end of Glasgow most of whom are dependent on public transport. The current public transport links between the east-end of the city and the north of the city are generally poor with Stobhill remaining difficult to reach from some districts in the east-end.
- The Committee would point out that the support of families and friends visiting patients during their rehabilitation phase is very important in maintaining morale and indeed in participating in rehabilitation. The Committee would therefore strongly urge the Board to seriously address the transport issue as a priority.

### Area Nursing and Midwifery Committee

- Option 1: The provision of longer term beds split across 2 sites would be a preferred (user/family friendly) option to accommodate both geographic areas with higher deprivation needs and relatives depending on public transport rather than private care use. This would require a simultaneous public transport plan that recognises such need. This issue is discussed further later but requires a more explicit resolution to address anxieties raised by families/ carers.
- Option 2: Is preferred from a modernised service (facility) perspective, including that of making best use of available resources i.e. building, staff etc.
- Option 3: Would make no financial sense following the purpose built beds at Stobhill Hospital having been developed.

- The demographics and length of stay data are particularly helpful in informing this consultation. However, we are surprised that no reference to the current and escalating financial burden on local authorities ('community provision') has been robustly included and any potential impact on expediting timely discharge. There are already anecdotal 'stories' of some difficulties and extending delays on 'social' care services or home adaptation/equipment arrangements and reference to a joint approach to minimise any 'bottle neck' effects with local authorities and in realising this redesign would have been of benefit for the purpose of this consultation.
- The 'drivers' are accepted and set the context clearly for redesign.
- We recognise the significant pressures in meeting the EWTB for medical staff but would have expected to see inclusion of future 'wider' workforce planning challenges and opportunities e.g. increased nurse led initiatives, educational and development needs of the newly shaped nursing teams within this redesign.
- An evaluation process that aims to measure impact on care quality, especially concerning the new build provision, associated with this change could also have been indicated within the body of this consultation.
- Closure of the Lightburn site would increase 'space' pressures elsewhere in relocating outpatient/day hospital and training/office based accommodation. The retention of some kind of 'community health resource' at this site would perhaps 'off set' the negative perception of complete retraction of a local service. Where would the proposed reprovision location(s) be for these services if Lightburn is closed?
- The savings attached to closure and any potential income generated from the sale of the site are recognised as significant during the current financial climate but need to be off set with renting or developing local and accessible elderly health resources which has not been included. Indeed it is unclear whether the reprovision of local outpatient and day hospital care is an absolute or a potential for closure in addition to inpatient bed relocation?
- Section 5 is a most useful section which clarifies the consultation framework 'in action'. However, the inclusion of an appendix defining the overarching 'exploratory questions' for the semi structured interviews would have added to this detail.
- The popularity of the 'evening bus' service is noted but clearly a more robust information strategy is required around such albeit this is acknowledged in section 8.2 but inclusion of exactly how this will be managed/rolled out is unclear. We wondered about the uptake during winter months and older people generally being apprehensive about venturing outside, especially those living in areas with higher crime rates/social disturbances etc?
- As stated earlier some reference to costs associated with reprovision of day care/outpatient elsewhere in the East of Glasgow could have been included e.g. as approximated and compared to similar provision elsewhere in the city.
- We also understand that the day hospital for older adults with mental health problems in East Glasgow has been recently retracted and overall this combined effect does seem out of step with the national policy thrust of targeting local and accessible health services for a most deprived and vulnerable population.
- Option 2 is, in our opinion, the favourable option but with consideration of the caveats as stated throughout the above.

### **Area Pharmaceutical Committee**

- Pharmacy services are, at present, provided to all three sites in North Glasgow - Glasgow Royal Infirmary, Stobhill Hospital and Lightburn Hospital. Ward stocks of medicines are currently delivered to Lightburn Hospital, via Glasgow Royal Infirmary from the Pharmacy Distribution Centre. All discharge prescriptions are processed at GRI. Lightburn receives a pharmacy technician led top up service from GRI. Colleagues from primary care provide clinical pharmacist cover one morning a week to review patients identified for discharge, ensuring pharmaceutical care issues which require follow up in primary care have been addressed.

- The preferred option of closing Lightburn Hospital would allow the limited clinical pharmacist resource presently based at GRI and Stobhill to be concentrated on the acute GRI site thus allowing more flexibility. The rehabilitation wards at Stobhill do not, currently, have access to a visiting clinical pharmacist but ward staff will be able, as at present, to make contact with a clinical pharmacist for advice as required. The clinical pharmacy service to Lightburn would transfer to Stobhill site. Pharmacy technician led top up services will be maintained for the current bed complement and to the beds planned for the new Stobhill Hospital thus ensuring a pharmacy presence is maintained.
- The future of Stobhill pharmacy is currently under review as a result of the transfer of acute beds to GRI planned for February 2011. As patients undergoing rehabilitation normally have their discharges planned in advance it should be possible for discharge prescriptions to be dispensed at GRI without delaying the discharge of Stobhill patients.
- Public transport aside, the option of transferring patients from an ageing facility lacking the full range of diagnostic equipment, into a brand new purpose built facility, which allows for more efficient use of healthcare professional staff time (working on two instead of three sites), would be the preferred option from a pharmacy perspective.

**Dr J Taylor, Chair, Subcommittee in Geriatric Medicine**

- The Subcommittee in Geriatric Medicine supports the views expressed by Dr M Fail, Prof P Knight, Prof P Langhorne, Prof D Stott, Dr J Taylor and Dr F Wright (*these comments are noted under the NHS Staff section below*).

## NHS ORGANISATIONS (CH(C)Ps, GPs AND OTHER GROUPS)

**Dr A T Cole, Newhills Medical Practice, Easterhouse Health Centre**

- Appreciate the arguments in favour of the move, however, the real sticking point from the point of view of patients in our practice is access. Already have a worrying trend of diabetic patients refusing to access the diabetic clinic at Stobhill because of problems with transport. Using the bus to get to Stobhill can take an hour and a half as most patients have to catch two separate buses. This may not be a problem for patients who are given transport to the day hospital but it will extend the journey time quite significantly. Secondly, for those patients in rehabilitation beds, stays in the ward can be prolonged and again access for relatives becomes challenging.
- Would suggest that there are issues about the availability of transport for patients in the East End of Glasgow to access Stobhill which need to be resolved for existing services and the movement of services to Stobhill is likely to prove a barrier to a very vulnerable group of patients accessing much needed and valued services.

**Dr J Ellor, GP Principal, The McGlone Practice, Baillieston Health Centre**

- Express great concern on hearing of the proposed closure of Lightburn Hospital.
- The loss of day hospital services would be a huge blow to sick elderly patients in the East End of Glasgow. These patients are often adamant that they do not wish to be admitted acutely but are prepared to attend the day hospital where they receive the multi-disciplinary input needed to get them back on their feet again.
- The transfer of inpatient beds to Stobhill seems ludicrous given the travelling distance involved for relatives who themselves are very often frail, elderly and without car transport.

- Hopes that the plans for the loss of day hospital services can be reviewed and that an alternative for inpatient beds can be identified.

### **Dr C A Walker, The McGlone Practice, Baillieston Health Centre**

- Express concern about the potential closure of Lightburn Hospital.
- As a General Practitioner Principal working in the East End of Glasgow, cannot believe that we are going to lose vital services in one of the most deprived areas in Glasgow and in Scotland.
- Our long term rehabilitation beds will be moved to Stobhill with the current appalling transport links. My elderly, frail patients have elderly frail relatives who they depend on to visit them. How can we expect them to travel for up to 2 and a half hours each way to visit daily? These are long stay beds and patients can remain in them for months, relying on regular contact with their loved ones. To deprive them of this seems frankly cruel and heartbreaking to both the patients and relatives. If the long term rehabilitation inpatient beds are to be moved to Stobhill then transport links must be significantly improved.
- Concerned about the loss of the day hospital services with no clear plan for its replacement. This service has been a godsend to many of my patients with very complex medical and physical problems who otherwise have had to be admitted to hospital. Having all the various services under one roof with medical supervision and direction is invaluable.
- Feels strongly that a day hospital should remain open in the East End and the most sensible idea may be to maintain the current building.

### **East Dunbartonshire Community Health Partnership**

- Following an in-depth overview and subsequent discussion to the proposals, members of the PPF agreed that Option 2 (service provision over 2 sites - Glasgow Royal Infirmary and Stobhill Hospital) was the favoured option. In identifying their Option, members sought clarification on some key aspects of service provision and delivery. These key issues included acute beds, discharge planning, facilities and transport.
- East Dunbartonshire PPF is aware of the NHS Greater Glasgow and Clyde strategy towards a reduction in the total number of beds available within acute settings. This, at a time where there is a general increase in the population's age. Further, the PPF recognise that bed occupancy is at a premium during key periods such as winter. Therefore, ask that NHS Greater Glasgow and Clyde consider these scenarios and factor them into the current arrangements for this area.
- Members discussed the present discharge protocols and were provided with a thorough overview to this process. The ED PPF recognises that such a process is only effective when all Partners are able to commit resources. The East Dunbartonshire PPF request that the NHS Greater Glasgow and Clyde Board encourage all their partners to prioritise and continue to effectively resource the Discharge Planning arrangements of patients from acute hospital beds.
- The East Dunbartonshire PPF recognises that the proposed changes to the inpatient rehabilitation services present an excellent opportunity to further develop the bed management arrangements. In considering such arrangements, the members highlighted the following and ask the Department of Medicine for the Elderly to consider these recommendations:-
  - To examine the patient schedule to take cognisance to the potential volume of visits a patient may receive from relatives and or friends during their stay in hospital. Members are aware that some patients may not receive visitors, in such cases the patients may benefit from being located next to each other. The members anticipate that this action would encourage patients to communicate and support each which, in turn, could support the inpatient experience.
- Members of the PPF identify the following issues they consider would help enhance the patient experience whilst in the care of the NHS:-
  - cognisance is given to the provision of modern, comfortable seating for visitors
  - the availability of refreshments (hot & cold)

- the access to a variety of snacks and more substantial foods, for visitors (with a healthy option always being available).
- the inclusion of universal visiting hours to ensure access at all times, this could be of particular support to patients who may require support with their food intake.
- Members of the PPF acknowledge and welcome the work of NHS Greater Glasgow and Clyde towards securing effective public transportation arrangements to Stobhill. Members recognise the ongoing issue of limited public car parking facilities within the Stobhill campus. Therefore, the PPF ask that further considerations are given in seeking ongoing effective and sustainable solutions towards the effective implementation of a universal transport service, encouraging access to all those who are either requiring treatment on the Stobhill campus or those who are offering support to patients.

## **NHS STAFF**

### **Ms E Little, Liver Nurse Specialist, GI Centre GGH**

- About time changes were made to facilitate better care of the elderly at Lightburn. The wards need upgraded and do not have access to the diagnostic services that are now available without moving vulnerable people to the GRI for tests.
- The transport to Lightburn is not adequate.
- Makes sense to have assessment at GRI and longer term rehabilitation on one site at Stobhill.
- Concerned about the reliability of transport services especially in the evenings and weekends.
- If Lightburn was to close then where, in the community, is there space for the work carried out by the Day Hospital?
- Close consultation with staff at ground level is important.
- Lightburn has strong links in the community and has a good reputation for being friendly. They have an excellent reputation for rehabilitation within the community. Hopes the Board can harness that enthusiasm and the experience the staff has.

### **Ms J Page, Senior 1 Physiotherapist, Lightburn Day Hospital**

- The emphasis of these documents is on the relocation of acute and rehabilitation beds and very little thought has been given to the whereabouts of the actual relocation of Lightburn Day Hospital.
- In one part of the document, it states that it is likely that the Day Hospital can be accommodated within the local community, yet we have factually heard that certain managers are pushing for the relocation to be an amalgamation with the Day Hospital at Stobhill.
- Would wish to be much better informed about what options are being explored and why for the future specifically of our Day Hospital Service instead of relying on hearsay.
- Impossible to comment on the document provided when it does not set out any specific options for job future.

### **Dr M Fail, Prof P Knight, Prof P Langhorne, Prof D Stott, Dr J Taylor and Dr F Wright, Department of Medicine for the Elderly, Glasgow Royal Infirmary**

- As the consultants primarily responsible for services currently situated at Lightburn Hospital, we would ask the Board to note our concerns.
- Day hospital and out-patient services (including outreach) are integral to the efficient working of an assessment and rehabilitation service for older people. These components of the East

Glasgow service, which are currently based at Lightburn, see 3 times as many new patients as those of the in-patient beds on this site.

- There has been no option appraisal regarding the reprovion of out-patient and day hospital services should Lightburn Hospital close, in contrast to the consultation process for in-patient beds at this site.
- There is no detail about how reprovion of out-patient and day hospital services would work. Only with a clear and justified operational plan can a properly informed decision on reprovion be made.
- Adequate alternative provision of out-patient and day hospital services is likely to require capital investment. No consideration is given to this at present.
- Easterhouse Health Centre is remote to many in our catchment and not as accessible as GRI.
- The split site working of a day hospital is not a model that exists elsewhere within GGC and is not one that is proposed for the near future. We believe that this splitting of a coherent single organisational unit will lead to a less efficient service than currently exists. It will also be less efficient than exists on all the other GGC sites.
- This proposed model for day hospital, out-patient and outreach services will make it likely that the frail older citizens of East Glasgow will see a deterioration in outpatient assessment and rehabilitation services and be disadvantaged compared to those living in other areas of GGC.
- Given the above, at present, it is not possible for us to lend support to the proposal to close Lightburn Hospital as this would likely lead to deterioration in patient access and efficiency of our out-patient and day hospital services. We believe that the reprovion of these services requires further consideration with a full option appraisal, backed up by detailed operational planning.

## LOCAL AUTHORITIES AND COMMUNITY COUNCILS

### Councillor P Chalmers, East Centre – Ward 18

- I wish to object on my and my constituents behalf to the closure of Lightburn.
- Ward 18 - East Centre is the area with the largest number of data zones -15 - Easterhouse has 3.
- It is clearly documented that the circle immediately inside the peripheral ring is the most deprived socially, economically and above all in Health problems. Yet the last 20 years have seen the Health Board strip out all of the local health facilities and push them to the peripheral ring. Lightburn is a facility very popular with older people in East Centre. I have the highest octogenerial population in the city. Those with Medical A priority are housed here because the housing is suitable for people with health issues. The elderly, remembering Easterhouse's earlier reputation, fear being sent to Easterhouse. Transport to Easterhouse is almost non-existent. I have just spent 17 months fighting First Bus to get direct transport restored for Riddrie and Carntyne to the Royal Infirmary where my older residents attend clinics, sometimes up to four per week.
- The Health statistics show clearly that the east centre is an area of Health crisis. The City Council and other agencies have made huge efforts to change this picture with housing initiatives, drug and alcohol initiatives, cleansing and public safety initiatives, and leisure and exercise programmes - all accepting that this requires funding commensurate with the problem.
- NHS Greater Glasgow and Clyde appears to feel that funding commensurate with the problem is an extravagance thus condemning the elderly to awkward and unsatisfactory arrangements.
- I ask you to reconsider the closure of Lightburn although I fear that with all NHS consultations the decision is already made.

### **Councillor E McDougall, East Centre – Ward 18**

- As the elected member for East Centre ward 18 in which Lightburn Hospital is located, I wish to strongly object the proposed closure.
- The East End and in particular, Shettleston area is the recipient of regeneration on a scale unprecedented in the last 50 years. So to relocate Lightburn Hospital further West to Glasgow Royal Infirmary is, if anything, serious deterioration in service provision for my constituents.
- As you are aware, transport to and from health facilities is the subject of constant analysis not only by the Scottish Government and Glasgow City Council but also by health analysts such as yourself and you fail to identify in your leaflet how to plug that transport gap.

### **Rev M Pearson, Chair, Cranhill Community Project**

- I am pleased that the consultation period has been extended and that there seems to be some flexibility around location of replacement services in the event of Lightburn closing. In the original documents Easterhouse Health Centre was not mentioned. This would be preferable to Stobhill because of transport difficulties.
- I have received some responses to a brief questionnaire circulated through Cranhill Parish Church and Cranhill Community Project. While transport is given as a chief reason for wanting to keep Lightburn there is also a sense that local services allow local people, who may be quite isolated, to make local connections and that having rehabilitation services based locally may well improve peoples' quality of life (*on 2 December 2010, 22 completed questionnaires were received by NHS Greater Glasgow and Clyde; on 3 December, a further 12 were received*). I'm sure you'll agree that for 30 people to take the time to fill in a questionnaire shows there is some interest and concern.
- If alternative locations are being considered for outpatient clinics and groups, please consider local churches and community projects as possible partners and places where clinics and groups might be sited. Community Projects might also be potential partners in devising alternative transport plans through community transport or volunteer driver schemes as access to hospitals and clinics is an ongoing problem.
- The Project Manager at Cranhill Community Project would be willing to discuss and explore further with NHS Greater Glasgow and Clyde local community based option.

### **South Lanarkshire Council**

- Transport for both patients and carers are probably the single most raised issue whenever there are discussions about access to health services. We note that the Evening Visitor Service is mentioned in the document. We hope that this service will be able to continue in the future despite challenges to core budgets across the health service and that efforts will be made to ensure that it is widely publicised among both patients, carers and the public generally.
- It would also be helpful to ensure ongoing engagement with local transport companies and SPT to ensure that we maximise all opportunities for more integrated public transport to services.
- The links into community rehabilitation teams should also be considered as part of any reorganisation of the inpatient service. This is not brought out explicitly in the consultation document, but it is a critical part of the patient experience and a positive transition from hospital to community may enhance a patient's recovery. In South Lanarkshire, we have been working on a model of practice across Social Work and NHS Occupational Therapy teams which has aimed to reduce the numbers of professionals who are involved in the patient's journey through the treatment pathway through acute and community care sectors. Initial results from the Switch Project suggests that continuity of care throughout the pathway results in a more efficient service from the provider's perspective and better outcomes for the patient in terms of recovery time, enhanced independence etc.

## MSPs/MPs

### **Ms M Curran, Member of the Scottish Parliament for Glasgow Baillieston**

- Believes that the current consultation does not accurately convey the current use of Lightburn Hospital or explain the true impact the closure would have upon users throughout the East End of Glasgow.
- The proposed closure of Lightburn Hospital would have a hugely detrimental impact upon health care within the wider East End of Glasgow, forcing many patients to travel to either the Glasgow Royal Infirmary or Stobhill to receive treatment.
- The absence of suitable public transport would place a reliance upon hospital transport which, unless given large investment and subsequently opened up to many more people, would be unable to serve the needs of the people.
- Many users of Lightburn Hospital are concerned regarding the transport difficulties they are likely to face, with several constituents reporting that previous journeys between Glasgow Baillieston and Stobhill Hospital have taken in excess of 2 hours on public transport.
- Concerned about the lack of transport and the impact this will have upon visitors to patients within the new proposed units following the possible closure of Lightburn Hospital. One of the key benefits of the rehabilitation service, currently provided by Lightburn, is the opportunity for elderly people to have frequent visitors to assist them in their recovery. Whilst many people do have access to cars and private transport, a number of constituents do not and, therefore, would not be able to visit friends and family at one of the new units due to the lack of suitable transport available from the East End.
- Whilst Lightburn Hospital is primarily used as a day hospital and elderly rehabilitation unit, it also has an important role within the constituency as a centre for various support groups and networks. East Glasgow Parkinson's Support Group are very concerned by the closure. They, along with many other groups rely on the facilities provided by Lightburn Hospital and, due to difficulties with transport and travel would be unable to relocate to either Stobhill Hospital or GRI were Lightburn Hospital to close.
- The proposed closure of Lightburn Hospital has been met with much public anger and disappointment within the wider East End of Glasgow. Through various public meetings and communications, many people have expressed their concern at this proposal and indicated their support to maintain the services currently provided at Lightburn Hospital.
- Given the Government's self proclaimed policy presumption against the centralisation of health services, Ms Curran calls on the Cabinet Secretary to intervene to prevent the closure of this well respected and well used health facility within the East End of Glasgow. In recent years, this area has seen a drastic decline in health facilities, whilst other areas have enjoyed huge investment.
- Urges the Cabinet Secretary to reject the proposals set forward by NHS Greater Glasgow and Clyde and safeguard the future of Lightburn Hospital.

### **Mr P Martin, Member of the Scottish Parliament for Glasgow Springburn**

- A number of support groups have raised concerns, in particular the Parkinson Society, with regard to public transport challenges faced by commuters from the east of the city travelling to the north of the city, especially those travelling to Stobhill Hospital.
- I would make it clear from the outset that I do appreciate the excellent facility that would be provided at the Stobhill site. However, in my experience the transport providers never rise to the challenge of meeting the needs of the patients, as service operators only provide bus services where the service is financially viable.

- Whilst I note the reference to various subsidised services being made available for patients, the feedback that I have received from constituents with direct experience of this service is that this type of transport is not able to respond to the disparate needs of those travelling from the east to the north of the city. I am concerned that a transport study will not have been carried out prior to 21 December, the date when the Board aim to take a final proposal to the NHS Greater Glasgow & Clyde Board.
- I would hope that if the Board was to take an informed decision they would do so on the basis of clarifying whether patients would be able to travel to Stobhill Hospital with as little stress as possible.
- I trust that the Board would also appreciate that part of the rehabilitation process of patients is that they receive visitors as often as possible. I know from the direct experience of patients and staff that contact with the outside world is a very important part of the rehabilitation process.
- Page 5, 4.3, Maintaining Effective Cover Across All Inpatient Sites: Whilst I note the point made in relation to fewer doctors being available due to European Working Time Directives and the way that doctors are now trained I am disappointed that the Board has made no effort to meet these particular challenges.
- I have received representations regarding the engagement process that was followed in connection with this proposal. I understand that the Parkinson Society was not part of the focus group when discussions took place to formulate the discussion document.
- I note that the Board has set out their preferred option on page 11, 8.3. I am disappointed once again that the Health Board has published this information as I would have thought that if this was a genuine consultation exercise then the Board would not be in a position to have a preferred option before considering responses from all interested parties. By publishing their preferred option the Board could have an undue influence on those yet to respond to the consultation document.
- Please note that my preferred option would be Option 1.

## MEMBERS OF THE PUBLIC

### Ms B Armitage

- From personal experience, praise the staff at Lightburn Hospital for their attention and kindness.
- As this is an elderly persons hospital, the patients themselves have adult, if not elderly children and friends – it would be virtually impossible for people in the East End of the City to visit in the evening at Stobhill Hospital.
- There is no direct bus route from Baillieston, Easterhouse, Garrowhill, Barlanark, Cranhill, Gartloch, Lightburn, Shettleston, Mount Vernon, Carntyne, Ruchazie, Garthamloch to Stobhill. This means visitors would have to travel on two or even three buses to visit.
- Many of the bus services go off in the early evening making it hard enough for visitors to get to Glasgow Royal Infirmary, never mind having to travel into town to practically double back on their journey to the North of the City.
- Realise that everything comes down to cost these days but we also have to be realistic and sympathetic to our elderly citizens who, in many cases are in hospital for the first time and being deprived of visits from family and friends would be the final straw for many of them.
- Please rethink about closing Lightburn – it is a vital and essential part of the East End of Glasgow and provides a very caring service to all.

## **C Bartter and D Kean**

- It seems that the proposal, and in particular the proposal to close the Lightburn Hospital site, is being driven mainly by cost considerations. Even to the extent that the proposal is being considered prior to any consideration of alternative location(s) for outpatient and day hospital functions that form such an important part of the overall function.
- The reduction in the number of rehabilitation beds in transferring from Lightburn (75 beds) to Stobhill (48 new beds) will merely increase the pressure on the rehabilitation function. This cannot be effective when dealing with an increasingly elderly population.
- Any thought that centralising assessment and rehabilitation on one site (Stobhill) will improve efficiencies is negated by the coming transfer of all assessment beds at Stobhill to Glasgow Royal Infirmary.
- The breaking up of integrated services - rehabilitation, therapeutic, out-patient and day-hospital functions, and close-by health services such as patient transport, health centre, and pharmacy will leave the East End of the City with little or no such facilities, and create major travel chaos for a predominantly elderly patient body.
- We are deeply concerned that the consultation appears to be directed more by cost considerations. There is a potential cost saving to the Board if all services can be relocated away from Lightburn Hospital. This seems particularly to apply to the full closure (and then sale?) of the Lightburn Site. It is invidious that this consideration should be dressed up as some kind of improvement, when some proposals - the proposed move of the out-patient and day hospital functions at Lightburn - are not being considered for any other reasons than cost, and there are currently no alternatives for the public to consider.
- By the Board's Summary Leaflet's own admission, the number of rehabilitation beds being lost in the closure of Lightburn (75) is not compensated for in the number of brand new beds opening at Stobhill (48). It is a common problem (which we have experienced already) that patients waiting for rehabilitation beds are stuck in acute hospitals, an inappropriate use of these beds, not assisting the patient to recover, and extending risk of infection.
- The summary leaflet also points out the total number of patients discharged from rehabilitation wards across the two sites is in the region of 1,200 per annum from a total assessment input in Glasgow north and east of 3,000. I seriously doubt whether this throughput will be achievable with only one rehab site, however well-equipped.
- It is all too often the view from a central authority, that one centralised service point is more efficient than a number. We recognise the cost-considerations that providing more than one site involves. However, the transfer of all assessment beds from Stobhill to Glasgow Royal Infirmary, means that the full function will not in any case be centralised to one site, and the move of all assessment and rehabilitation services for the north and east of Glasgow to the Royal and Stobhill sites means the travel problems for patients in the east of the city are magnified rather than diminished.
- This will be compounded by the break up of the services provided on site. The splitting of out-patients and day hospital functions from the rehabilitation function could well mean elderly patients going from the Royal (assessment) to Stobhill (rehabilitation) and then to an unknown site in the East End for any future out-patient or day hospital treatment. This is not an improvement in service.
- In addition, the transport links to Lightburn - while not as good as they might be - certainly are more user friendly than transport to Stobhill, particularly from the East of the city. In addition, the Scottish Ambulance Service has a major station next to Lightburn, where a substantial patient transport services are based - it recently received a half-million pound upgrade.
- It is accepted that the accommodation at Lightburn requires refurbishment. The wards are aging and need to be brought up to standard. However, both the size and structural standard of the accommodation seems to be good, and the work of the teams on-site deliver good outcomes. It is also the case that the new Stobhill unit has many new diagnostic facilities not available at Lightburn, and it may be that improved facilities would be a useful assistance to keeping Lightburn open, and improving its already good record.
- The services that are available at Lightburn have led to a very positive experience being delivered to most of the rehabilitation patients. We are concerned that the splitting of functions (in

particular the separating of day hospital, out patient facilities from rehabilitation) will have a negative impact on patient outcomes.

- Other health-related facilities have grown up around Lightburn. In addition to the community-based social work services and the ambulance station, a substantial health centre is next door, the local pharmacy is a very well-used facility.
- All these factors suggest that the correct decision would be to invest the money to refurbish this accommodation. To do otherwise suggests that the prevailing consideration is one of cost, rather than the needs of the patients.

### **Mrs J Clokey**

- I am very much against the imminent closure of Lightburn Hospital as this is the only hospital in the East End of Glasgow which provided a great deal of services to the local community.
- I support the Parkinson's Group which hold their meetings in the hospital. Apart from the Parkinson's, there is physiotherapy, podiatry, warfarin and patients who have suffered from strokes etc.
- Have personal experience of the services provided from Lightburn Hospital, especially the Parkinson's service which were excellent. The staff were very much appreciated and the hospital should be saved not closed.

### **Ms F Cosimini**

- Option two is my preferred option.
- All longer term medicine for the elderly rehabilitation beds for North and East Glasgow will be centralised on one hospital campus.
- The new Stobhill Hospital located within the Stobhill Hospital campus provides first class ambulatory care services in a modern building.
- It is not logical that money should be spent upgrading x-ray facilities plus refurbishing the existing wards at Lightburn Hospital if the Health Board say that there are no current plans to locate new clinical services on to the Lightburn Hospital site (paragraph 2.3 of the full consultation document).
- Located within the Stobhill Hospital campus, there are also acute mental health facilities. It is vital that acute mental health facilities be located on the same campus as adult inpatient services – this is the case at Stobhill hospital.
- The Stobhill Hospital campus has plenty of areas for walking and panoramic views and lots of wildlife to see which makes patients more relaxed and recover quicker.
- If option three gets the go ahead, this would mean that 48 beds in a new ward block being currently built alongside the new Stobhill Hospital would remain vacant.
- Alternative accommodation could be found for ambulatory care services that are currently being provided at Lightburn Hospital either at Glasgow Royal Infirmary, the new Stobhill Hospital or Easterhouse Health Centre and if option two gets the go ahead.
- I understand the difficulty relatives and friends will have visiting patients if option two gets approval but with some ambulatory care services being relocated from Glasgow Royal Infirmary to the new Stobhill Hospital (and in future years in-patient services from Parkhead Hospital also moving to Stobhill hospital) I would urge the Health Board to hold talks with SPT and First Bus to improve and increase the frequency of buses from Glasgow City Centre to Stobhill Hospital campus.
- Mr Cosimini has attached detailed suggestions on how transport issues could be improved and considers that his suggestions would benefit staff, visitors and patients travelling to and from the Stobhill Hospital campus from Glasgow City centre and East Dunbartonshire

### **Ms I Dinnen**

- Appreciate that like all public sector services, the NHS has to review their costs in delivering the best care in the future.
- Note that it will likely be option two of Stobhill and GRI.
- Main concern is public transport – this will be an obstacle to the proposed options if a workable plan is not put in place prior to the change. Can verify that even now this is really difficult to manage and not particularly user friendly.
- Stobhill Hospital is particularly isolated with general public transportation. Although there is the Evening Visitor Transport Service available, service user carers report that this does not meet demand. Therefore, if there is an increase in hospital provision at Stobhill, this will make the issue even more difficult to manage. At present, there are approximately two buses that make their way to the city centre with a limited bus route. They do not cover the East or North of Glasgow; therefore, most visitors will be required to take two bus journeys.
- Baring in mind that these hospital beds are for the older population, emotional support from family and friends visiting are vital to their rehabilitation, therefore, if visiting is an issue due to transportation this could be detrimental to the overall outcome of their treatment plan.

### **Mrs J Forsyth**

- Attended Lightburn Hospital regularly and personal experiences have been excellent.
- Urgently ask the Board to decide where to put the services currently at Lightburn for elderly people with poor mobility.
- Speaks most highly of Lightburn Hospital as a place providing service and care.

### **Mrs D Galloway**

- Personal experiences of a family member being an inpatient in Lightburn Hospital have been very positive.
- Glasgow Royal Infirmary is very institutionalised and not pleasant to be either a patient or visitor.
- Stobhill would be a terrible option for people who live in the East End for visiting which, in turn, would be disastrous for inpatients who rely on family to visit.
- Feel that people of the East End and some of the most needy in Glasgow will suffer due to money saving options.
- Lightburn has a valuable contribution to make to the patients of the East End and their needs should take precedence over saving some money.

### **G Greenshields**

- Stobhill/GRI have great difficulty in parking. Lightburn much easier to park.
- Public transport poor to Stobhill/GRI.
- Lightburn outlook (gardens etc) good for patients.
- Surely transport for patients needing CAT and MRI Scans to Stobhill can be provided at low cost.

### **Mrs M Gwynne**

- Lightburn Hospital staff are very attentive.
- It would be such a shame to close such a great place for the patients.

**Ms J Haney**

- The main concern is reliable transport and if that was resolved members of a stroke club I attend and I would be happy to go anywhere.
- No doubt the staff will be affected greatly.

**Mr R Jackson**

- Lightburn is a small hospital greatly prized by locals. This hospital is well staffed and has a range of therapists and is highly regarded by NHS staff, a Parkinson's consultant and support group and a daily support facility for the disabled and elderly.
- David Cameron (Prime Minister) has been seen on the television promising that facilities would be where people wanted them and not politicians. I can not think that you would have us Scots do with anything less.
- This year I have needed, on several occasion, to visit hospitals. Taxi's are expensive, public transport unreliable and I have a long distance to walk. Hospital transport is also lengthy.
- Lack of finance is used often for making political decisions. I trust your decision will come out in favour of the elderly. We, in the East End have a 10 year shorter life span than most – please don't short change us.

**Mrs S Johnstone**

- Any potential closure would be a huge loss to everybody who attends and others within this community.
- It would be such a sad loss if these valuable services are moved from this area.
- Hopes that NHS Greater Glasgow will seriously reconsider this proposal.

**Ms M Kelly**

- Do not want Lightburn Hospital to close.
- Please don't close the Hospital, please give a reason for the closure.

**Ms M McCracken**

- The care and assistance I have received in the past seven years from the Doctors and Nurses at Lightburn Hospital have been invaluable to me. The Parkinson's Support Group is also so important and helpful.
- I am against this proposed closure.
- The journey I would have to make to the North of Glasgow to Stobhill Hospital would be a difficult one given that I have Parkinson's disease.
- Encourage that this valuable resource for Glasgow's East End remains open and that elderly and vulnerable people are not placed under extra unnecessary hardship.

**Ms M McFadyen**

- Sorry to hear that the hospital is being closed as it was very useful for myself and other patients.
- All staff were very helpful and it would be very sad to see it get shut down as it was a good service for the East End of Glasgow.

### **Ms V Provan**

- I hope the new wards will be rehab with some planned activity. From personal experience of facilities provided from the hospital, I realise what an important part the environment plays in someone's wellbeing.
- I understand there is a fundraising campaign to be able to provide dementia nurses on hospital wards. They are badly needed.
- Whether or not one has dementia, patients would be a lot happier and make quicker recoveries if there was more provided for them to do.

### **Ms C Reid**

- Staff are wonderful – find it very sad both for staff and patients for the forthcoming closure of Lightburn Hospital.
- The friendly atmosphere is very unusual in this busy hospital not something found in other hospitals.
- Sad loss to this area.

### **Mrs A Shea**

- Staff at Lightburn Hospital do everything they can to help patients.
- It would be a shame if this hospital was closed as it is the only one in the East End of Glasgow.

### **Ms D Thomson**

- Stobhill is too far to travel from Balarnock.
- Unsuitable for pensioners

### **Mrs A Wilson**

- Please stop the closure of Lightburn Hospital in the East End of Glasgow.
- We have a great Parkinson's support group and our nurse specialist is the best.
- Closing Lightburn means the patients will have to travel to the North of the City at Stobhill Hospital. Most of the patients are over 60 years – some in their 80s – it's just not convenient for us.
- Heaven help us if we get a winter like last as the hospital is at the highest point in Glasgow. We are afraid we might miss appointments.
- My husband is a patient and we are over 80 years.
- I hope something can be done for the Parkinson patients also the elderly patients who are ward bound.

### **Mr A Wilson**

- I have only attended Lightburn as an out-patient but found it very convenient to get to by taxi from Garrowhill. It would be very inconvenient and expensive to get to Stobhill by taxi.
- I am 82 years of age and have to use a walking stick and would not like to have to travel to Stobhill. Perhaps these observations should be taken into consideration as there will be a lot of people in similar circumstances to myself.

## OTHER ORGANISATIONS

### Glasgow North East Carers Centre

- Public Transport from the East to Stobhill Hospital is extremely time consuming requiring two separate bus journeys.
- The consultation document mentions the Evening Visitor Transport Service as a possible solution. This operates a priority system and does not guarantee a service if over subscribed. In addition, different wards/departments have different visiting times.
- The Evening Visitor Transport Service will be of no benefit to older carers, some ages 70 or 80 years, who do not go out at night and only visit loved ones during the day.
- Many carers often older, make the effort to attend visiting twice a day, something extremely important to loved ones who are unwell and have been in hospital and away from home for a long time. These visits are often crucial to their recovery and wellbeing, however, additional travelling time to Stobhill Hospital will now mean this is no longer possible for many carers.
- Carers often have additional family and caring responsibilities and the additional travelling time to Stobhill Hospital will mean more time away from these responsibilities.
- When using public transport, the bus stops are a considerable distance from Stobhill Hospital itself. This then involves a further walk of several minutes, sloping uphill, along dull isolated tree-lined paths. This will cause additional difficulties for carers, including older carers, who are experiencing their own health and mobility problems. This will also be a problem for carers visiting at night especially during darkness.
- Although requiring modernisation, a visit by the hospital inspection team which included one of our group, approximately 8/9 months ago, found no issues with cleanliness in any part of Lightburn Hospital.
- Even for carers who drive, access to Stobhill Hospital is difficult due to limited parking spaces. When eventually getting parked, this again often involves a lengthy walk to the hospital building itself, posing difficulties for carers with mobility or health problems themselves. If Lightburn services are transferred, this will add to parking capacity problems. More parking spaces do not help as these just end up further away from the hospital building itself.
- We believe (the letter is signed by 20 people) that the closure of Lightburn Hospital and relocation of services to Stobhill Hospital would affect the health and wellbeing of carers throughout the East of Glasgow and would urge the Board to consider refurbishing and upgrading Lightburn Hospital.

### Parkinson's UK

- As you will be aware, the Board's proposals have caused particular concern for people with Parkinson's living in the East End of Glasgow, who currently use services based at the Lightburn Hospital. The Lightburn Support Group has campaigned vigorously against closure, because its members value the service that they currently receive very highly, and strongly believe that the existing service should be retained. Their commitment to retaining services at Lightburn has resulted in a 10,000 signature petition.
- Parkinson's UK shares the concerns of the Lightburn Parkinson's Support Group, and believes that the best option would be to retain rehabilitation beds at Lightburn, with a full range of supporting services. This would best be achieved through Options 1 or 3.
- The Parkinson's service at Lightburn currently offers access to a multi disciplinary service, for both inpatients and outpatients. This is essential to good Parkinson's care because the condition is very complex. Parkinson's has a wide range of motor and non-motor symptoms that can impact on people's lives and ability to function.

- People with Parkinson's have onsite access to a consultant with an interest in Parkinson's, a Parkinson's Nurse Specialist, and allied health professionals including occupational therapists, physiotherapists and speech and language therapists. The current service provided at Lightburn meet the Parkinson's-specific standards specified in the recent NHS QIS Clinical Standards for Neurological Health Services, against which Boards are currently being assessed. The service allows the consultant or specialist nurse to make same-day, same-site, referrals to colleagues in the multi-disciplinary team. This means that issues are promptly identified and addressed, which can help to prevent emergency admissions. This system also ensures that missed appointments are very rare. It makes it much easier for people with Parkinson's to get the full range of support that they need. The fluctuating and complex nature of Parkinson's can make it very difficult to attend appointments on multiple sites and different days.
- The Parkinson's Support Group provides high levels of peer support to people with Parkinson's and has a large and committed membership. The group meets at Lightburn, with monthly meetings scheduled to coincide with clinic days. Group members find that this maximises attendance and enables members with more advanced Parkinson's to play an active role that they might not otherwise be able to manage. The Support Group is keen to ensure that the scheduling between clinical services and the group is retained.
- Parkinson's UK welcomes the measures that the Board has already taken to reassure members of the Parkinson's Support Group that current levels of service provision and support for people with Parkinson's will be provided at the Royal Infirmary in the event that the Board takes the decision to close the Lightburn Hospital. Should the Board decide to close the hospital at Lightburn, it will be very important to ensure that the current level of service is retained, and that people with Parkinson's are able to access a full multi-disciplinary team, including a consultant with an interest in Parkinson's, a specialist nurse, and a full range of allied health professionals.
- We are sure that the Board will meet the commitment outlined in the consultation to retain the current levels of staffing, and trust that the hallmarks of the successful, efficient, popular and highly valued Lightburn service will be retained if the hospital is closed.
- People living in the East End of Glasgow have significantly lower rates of car ownership than in Glasgow as a whole. In addition, older people and people with Parkinson's frequently have to stop driving, which further reduces access to private cars. As the consultation document acknowledges, public transport from parts of the East End to Stobhill can be particularly challenging. For some people with Parkinson's and their families, multiple bus trips and long journeys can be very hard to manage. Links to the Royal Infirmary are significantly better for most people living in the East End.
- There is clear evidence that difficulties in accessing appointments reduce attendance, and contribute to poor symptom management and control. In addition, it is important for carers and families to be able to visit people when they are in hospital. People's carers, family and friends have an important role to play in supporting reablement and rehabilitation, and this is more difficult if they are unable to attend the hospital.
- The East End of Glasgow has some of the poorest health indicators in the UK. Rates of heart disease, stroke and cancer are very high. It is of concern that the Board proposes to remove Lightburn's inpatient and outpatient facilities from the East End of the city.

### **Save Lightburn Hospital Action Group**

- As patients and carers from the East End of Glasgow who attend Lightburn Hospital we strongly oppose the proposal put forward.
- Moving the 2 Rehabilitation Wards to Stobhill would cause great difficulties and distress for both the patients and their families. Elderly visitors would be unable to travel to Stobhill for visiting; as a result rehabilitation of the patient would be severely affected. Local rehabilitation healthcare facilities are important in ensuring a more effective recovery.

- For people residing in the East End travel to the Stobhill would result in lengthy multiple journeys by unsuitable public transport. In some cases a 2 hour journey each way from parts of Baillieston. Transport links to Stobhill Hospital and new timetables advertised are unacceptable.
- Access to Stobhill on some journeys includes a 7 minute walk, this is impossible if you are elderly or disabled.
- The updated proposal to operate the Day Hospital from Glasgow Royal Infirmary and Easterhouse Health Centre on separate days would mean fragmentation, resulting in a loss of care and services for patients. There would be no cohesion.
- Whilst Easterhouse Health Centre is a modern refurbished building it does not have the space for all the facilities currently provided at Lightburn used for physiotherapy and required for Day Hospital Care. Parking is already extremely difficult for both staff and patients.
- A Multidisciplinary Team approach is crucial in the care of Parkinson's patients and their families. Lightburn currently provides an excellent standard of care given by the Parkinson's Specialist Consultant, Parkinson's Disease Nurse Specialist, Physiotherapist and Speech Therapist along with other health professionals.
- As part of their care Parkinson's patients are also regular users of Lightburn Day Hospital Services which provides the opportunity to:-
  - Ongoing Assessment
  - Attend an organised exercise programme specific to the needs of the patient
  - Receive intense Lee Silverman Voice Therapy
  - Use the Kitchen allowing Occupational Therapist to assess patients with everyday tasks and activities
  - Regular assessment by Parkinson's Disease Nurse Specialist to monitor drugs within a supervised environment
  - Nutritional needs assessment by the Dietician where they can be monitored in a safe environment

The current proposal makes it impossible to provide this same level of care. This would have a detrimental effect on the quality of life of the patients who attend the clinic as the provision of their care by the Multidisciplinary Team would be greatly diminished.

- There was no information provided to support the potential savings of £500,000 quoted in the document. Indeed if there is such a saving in real terms it could be deemed that costs will have been passed on to the hundreds of East End families who will have extra financial burdens placed on them should they need to travel to Stobhill.
- The east end community has one of the worst health and social deprivation records in the country. Closure of Lightburn would have a major impact on the community as the proposal would not allow a local and fast access to much needed health care.
- We sincerely hope that the board will reconsider its proposal and give serious consideration to the legitimate concerns of all who have signed our petition.

## PETITION

A petition was presented to the NHS Board's Chairman on 10 December 2010, signed by over 7,097 people saying:-

*“Say NO to the Closure of Lightburn Hospital. The people of Glasgow East deserve the best possible treatment, that means local treatment. NHS care in our community would be severely damaged by any decision to close the services available at Lightburn Hospital. We urge the Scottish Government and NHS Greater Glasgow and Clyde not to close our Hospital. Instead, to work towards safeguarding and improving services at Lightburn Hospital for future generations. We the undersigned object to the proposal to close Lightburn Hospital”.*

For any enquiries regarding this summary Appendix or to view the full responses please contact Shirley Gordon, Secretariat Manager on 0141 201 4477