

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 16<sup>th</sup> August 2011

Board Paper No. 2011/37

Director of Corporate Planning and Policy

## THE FUTURE OF CONTINUING CARE IN THE WEST AREA OF NHS GREATER GLASGOW AND CLYDE AND THE BLAWARTHILL HOSPITAL SITE

### Recommendation:

- **The Board is asked to**
  - **consider the outcome of the engagement process around the future of continuing care in West Glasgow and approve establishing and completing the due process required to consult on a proposal to cease the provision of NHS continuing care on the Blawarthill Hospital site;**
  - **note the ongoing negotiations with Glasgow City Council on a potential future use of the site.**

### 1. BACKGROUND AND PURPOSE

1.1 In November 2009 the Board's Performance Review Group approved the final details of a land transaction to redevelop the Blawarthill site which had been underway for several years. That transaction, with a commercial development company, delivered the Board's plan to see a redevelopment of the site from a standalone NHS continuing care facility into a campus to include a range of health and social care services. The plan was jointly developed with Glasgow City Council and would have provided:

- 60 beds for NHS continuing care;
- 60 care home beds under contract to the City Council;
- 16 Very Sheltered Housing Units and 8 Disabled Access Housing Units.

1.2 In February 2011 the Board received a detailed report on why the transaction could not proceed. In essence the contract fell because a critical part of the legal agreement with the developer was that they were required to have a partner to run the care home services approved through Glasgow City Council's procurement process. Southern Cross Health Care was approved through that process. However, in late 2010 Council and NHS Board officers were informed that the developer and Southern Cross were no longer working in partnership. In formal legal terms this situation meant that the binding requirements and timescale of the concluded missive had not been met by the developer. The outcome was extremely disappointing after such a prolonged period of planning. The Board therefore agreed to:

- complete a review of continuing care in West Glasgow and the future of the site;
- negotiate with the City Council to assess whether an agreed disposal might enable the development of a care home on the Blawarthill site;
- continue to work with Yoker Housing Association to deliver the agreed social housing development.

- 1.3 The purpose of this paper is to inform the Board of the outcome of the initial review of continuing care in West Glasgow, the current position on discussions with the City Council about the potential care home development and to seek approval to proceed with the required process to end the provision of NHS services on the Blawarthill site.

## **2. CONTINUING CARE REVIEW PROCESS**

- 2.1 We started the review process by issuing the discussion paper at Attachment 1 to nearly 500 individuals and organisations we felt would have an interest in the issues. In addition to the paper, briefing sessions were held with patients' relatives and staff and we ran an open stakeholder event in Yoker. The rest of this section describes the issues raised and our responses. Six written submissions were received and material from those is included in this paper.

### **2.2 Issues raised in the Stakeholder Event**

Around fifty people attended the stakeholder event which included a presentation on the clinical issues around continuing care and of the discussion paper. The points raised in the event are summarised below under the headings and appraisal set out in the discussion paper (**shown in bold**).

#### **2.2.1 Bed numbers:**

**The number of beds needed for NHS continuing care has reduced considerably over the last 10 years due to:**

- **a declining number of admissions to continuing care as a wider range of community care services became available;**
- **reducing lengths of stay in the beds as patients are generally admitted in the last months of their lives.**

**Since 2000 the number of continuing care beds across Greater Glasgow and Clyde has reduced by 465. We are working on up to date analysis which is suggesting that further planned reduction is possible. As an example of the information on which we base this thinking, twice a year we undertake a census of the number of patients receiving NHS continuing care. The most recent figures showed that in September 2010 there were 18 patients at Blawarthill receiving NHS continuing care and in March 2011 there were 13. The balance of the beds were being used to care for patients who were fit for discharge but for whom arrangements had not yet been put in place in the community. In May there were 39 patients at Blawarthill who were fit for discharge, 27 of these patients had been awaiting discharge for over six weeks.**

**In addition to this analysis of bed numbers we are now working to deliver the Government's policy of improving health and social care working which is intended to reduce the use of acute beds by older people. The expectation is that there will be further reductions in NHS beds for older people and we need to plan for that in considering the numbers and locations of beds.**

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There were four main issues raised under this heading at the Stakeholder session:

1. There is a strong view from the public that the NHS should have a much greater role in the provision of long stay care for older people. This view is reinforced by the financial challenges which are faced by Councils and concerns about private sector provision of care. However, within the current legislative framework the NHS has a very tightly defined role in the provision of long term care only for the most complex and unstable patients. The direction of policy is to further shift the balance of care from NHS to community care provision through improved and extended services being available both in the community and independent sector.
2. There is a high degree of doubt about the likelihood of delayed discharges being addressed and of this either enabling the NHS to close beds or of that being a desirable objective. The additional resources associated with the Change Fund and the shift in key indicators for delayed discharge to focus on delayed bed days have provided a new impetus to reduce the impact of delayed discharge, currently consuming 90,000 bed days across NHS GGC. We have an agreed target with Local Authorities, delivery of which will be overseen by the national ministerial steering group, to reduce delayed discharge beds days lost by almost 45,000 bed days this year.
3. There were a number of challenges to the proposition about actual use of continuing care beds at Blawarthill but the most recent information indicates that only around 13 beds are occupied by continuing care patients.
4. There was a view that patients were waiting for access to beds. However, the small number of patient waits for continuing care are as a result of continuing care beds being occupied by patients who are awaiting discharge to social care.

In addition to these points a detailed paper was prepared by the relative of a patient challenging our beds analysis. This included the points above and has been separately shared with Board members with our commentary.

### **2.2.2 Location of Continuing Care beds:**

**We currently have NHS continuing care beds at Blawarthill and at St Margaret's Hospice. Such beds should ideally be provided in single rooms with en suite facilities:**

- **the Blawarthill beds are provided in accommodation which is not fit for purpose. Each 30 bed ward has four six-bedded rooms, one four-bedded room and two single rooms. The rest of the site has been unused for some time and the only other area occupied are some staff offices. The site is subject to vandalism to such an extent that the Board has had to employ intensive security services. The site also has significant maintenance issues which had not been planned to be addressed due to the proposed new development; these include the need for a replacement boiler and heating system and rewiring;**
- **the beds at St Margaret's Hospice are provided in a recently upgraded ward with 12 single rooms and 9 double rooms. The specialist palliative care beds are also on the site and it has to gardens, onsite therapy staff, a dining room, a chapel, hydrotherapy and other support facilities.**

**In addition to the current continuing care beds we have vacant beds on other hospital sites, including at Drumchapel Hospital which need to be included in our consideration of the future locations for continuing care in West Glasgow. Drumchapel Hospital provides rehabilitation for older people; the site has inpatient beds, a dining room, therapy staff and day hospital and out-patient services for older people with associated nursing and medical staff. A 30 bed ward at Drumchapel Hospital wards has 2 double rooms, 2 single rooms and the balance in shared bed bays.**

There continues to be strong support for the provision of the service at St Margaret's and for the quality of care delivered at Blawarthill, although the issues with the current facilities' on that site are understood and accepted the clear view from the staff and public is that the Blawarthill site should simply be redeveloped. This is partly related to the strong affinity and support of the local community but also to the related issues addressed above about the role of the NHS in long stay care, delayed discharges and access to continuing care.

### **2.2.3 Financing a development at Blawarthill:**

**The previous part of this paper outlined how the planned commercial development of the site cannot now proceed. This leaves the option if we are to deliver the essential replacement of the current beds of accessing NHS capital for a redevelopment. There are two challenges to this approach. Firstly the financial pressures on the public sector have significantly reduced the availability of capital to build new NHS facilities. Secondly, to justify using money for new buildings we need to be confident that they will be needed for at least the next 25 years. That means that even if we could access funding for building we would need to be certain that a new, small, stand alone hospital on the Blawarthill site would be used by the NHS until at least 2036.**

The stakeholder view is unequivocally that the original package of development should proceed, financed either by the NHS or Scottish Government. The limitations on access to capital and the long term nature of capital decisions are not accepted or understood.

## **2.3 Issues raised by Patients and their Relatives**

Patients and relatives were very concerned about the potential impact of a move of service and particularly emphasised their very high opinion of the quality of care delivered by the Blawarthill staff and the caring and commitment of those staff. They do not accept the tightly defined role for the NHS in long stay older people's care or the definition which is set nationally for access to NHS continuing care. The process for making decisions to discharge patients from NHS acute care was challenged.

## **2.4 Issues raised by Staff**

Staff felt strongly that they provide high quality care on the site; they accepted that many of the patients are waiting for nursing home care but they did not have confidence that delayed discharges will be addressed. There were views that the site has been allowed to run down and a challenge to the decision to retain the beds at St Margaret's as 60 beds should be kept together. There were concerns about security and the state of the buildings and the costs of running a standalone site.

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A number of points were raised about what change might mean for staff. It is important to emphasise that all staff would be redeployed if there was change at Blawarthill and our aim would be to retain the staff within older people's care services.

### 2.5 Conclusions

The West continuing care review process has offered the opportunity to hear a range of views. However it has not brought forward any substantive challenge to our appraisal that:

- a maximum of 30 continuing care beds would be required on the Blawarthill site;
- there is a real clinical and service delivery issue about a single standalone ward;
- there is very limited prospect of accessing capital for a site redevelopment and there is not the required certainty about continuing care bed numbers and models for long term capital investment;
- there are beds immediately available at Drumchapel which would offer a short-term improvement in the quality of facilities while medium and longer term planning on the model and number of beds takes place.

It is clear, and generally accepted, that the option of the status quo is not viable given the condition of the site infrastructure and the quality of environment. The Board needs therefore to reach a final position about the future of the provision of NHS continuing care on this site. Our conclusion, which needs to be fully tested in the next stage of process, is that redevelopment is not possible in terms of available capital funding and is not required in terms of the number of beds needed and the availability of alternative beds. While the beds at Drumchapel are not ideal as a long term solution they provide a viable solution to offer an improved environment, collocation with synergistic clinical services and modern site infrastructure while retaining the service in the west of the Board area and enabling more extended consideration of the future model and number of continuing care beds as part of the Board's acute service review and the further development of the change fund process.

### 3. FUTURE OF THE SITE

- 3.1 While we have concluded that the site does not appear to have a future for NHS continuing care our preference remains that the site is redeveloped for care services if that is possible. We have reaffirmed our commitment to the Yoker Housing Association development.
- 3.2 Before the engagement process began there were a series of discussions with Glasgow City Council about potential use of the site to build a 120 bed care home which they have planned for West Glasgow. The Performance Review Group agreed in March 2011 to the possible disposal of land at Blawarthill at a price below the commercial value. At that stage it appeared that the Council was unable to access the required funding. However, recent further discussions have indicated this may still be a real option. We are currently in negotiation with the Council to structure a financial agreement which would enable this disposal to be achieved in the terms required by the NHS property transactions rules. There is commitment on both sides to reach an agreement which would see care services continue to be delivered from the site.

### 4. CONCLUSION AND NEXT STEPS

- 4.1 Our conclusion is that there does not appear to be a future for the site providing a single ward of NHS continuing care beds. We need therefore to agree the required further process with the Scottish Government to test that conclusion and a proposed move of the

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ward to Drumchapel Hospital in public consultation. This paper would provide the basis of any consultation process which we would aim to commence during September and conclude by the end of the calendar year.

- 4.2 This next phase of process may depend upon whether the same public consultation process is required if care services, albeit in the form of Local Authority not NHS care, are to continue on the site.
- 4.3 In this next phase of process we need to be mindful of the impact on staff, patients and relatives and if change does proceed we will need to consider the timescale based on ensuring the welfare of patients is protected. That consideration also needs to reflect the immediate environmental, security and other site issues.

Publication: The content of this Paper may be published following the meeting

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**THE FUTURE OF CONTINUING CARE IN THE WEST AREA OF NHS GREATER GLASGOW  
AND CLYDE AND THE BLAWARTHILL HOSPITAL SITE**

**A CHANCE TO LET US HAVE YOUR VIEWS BY THE END OF JUNE**

**A. BACKGROUND AND PURPOSE**

- 1.1 NHS continuing care is provided for patients who need regular ongoing specialist supervision due to their complex clinical needs and who remain under NHS consultant care. Patients are admitted mainly from another hospital and are too unwell to return home. The average age on admission of a continuing care patient is 83 and the average length of stay of a continuing care patient is 115 days.
- 1.2 Several years ago the Greater Glasgow and Clyde NHS Board agreed that less continuing care beds were needed for the West Glasgow area and that NHS continuing care beds would be reduced from 120 to 60 at the Blawarthill site and that these beds should be provided in new, purpose built accommodation.
- 1.3 The approach which was developed to deliver this aim was to agree a contract with a private developer to take ownership of the NHS land in exchange for building a new 60 bed facility for the NHS. A key part of this development was that the private developer would also build a 60 bed care home for which Glasgow City Council would contract. In addition to this development package, the NHS agreed to sell Yoker Housing Association part of the site to build sheltered housing.
- 1.4 After years of complex negotiations the contract with the private developer which had been agreed to deliver this development fell through. This means the current position is that we have 60 beds at Blawarthill provided in accommodation which is not fit for purpose and now we don't have a plan for their replacement with a modern facility.
- 1.5 In addition to the issues for the Blawarthill site, the analysis of future continuing care needs undertaken in 2005 and updated last year indicated we needed even less continuing care beds in the West area. To deliver that, St Margaret's Hospice had been given notice that the 30 continuing care beds which they provide would no longer be required - with the end of the plan to develop the Blawarthill Hospital site this notice has been withdrawn. This now requires a reduction of 30 beds at Blawarthill.
- 1.6 To make a new plan for these beds and decide on the future of the site there are a number of issues which we need to resolve and the rest of this paper outlines these.

**B. ISSUES TO BE ADDRESSED**

- 2.1 There are three issues we need to consider in this engagement process:
  - i) The numbers of NHS continuing care beds which are required.
  - ii) What are the issues around the location of continuing care beds for the West area?
  - iii) If development of the Blawarthill site is to proceed how could this be financed?
- 2.2 Each of these issues is set out in more detail in the next section of this paper.

## C. DETAILED ISSUES TO BE ADDRESSED

### 3.1 Bed Numbers

The number of beds needed for NHS continuing care have reduced considerably over the last 10 years due to

- a declining number of admissions to continuing care as a wider range of community care services became available;
- a reducing length of stay in the beds as patients were generally admitted in the last months of their lives;

Since 2000 the number of continuing care beds across Greater Glasgow and Clyde has reduced by 465. We are working on up to date analysis which is suggesting that further planned reduction is possible. As an example of the information on which we base this thinking twice a year we undertake a census of the number of patients receiving NHS continuing care. The most recent figures showed that in September 2010 there were 18 patients at Blawarthill receiving NHS continuing care and in March 2011 there were 13. The balance of the beds were being used to care for patients who were fit for discharge but for whom arrangements had not yet been put in place in the community. In May there were 39 patients at Blawarthill who were fit for discharge, 27 of these patients had been awaiting discharge for over six weeks.

In addition to this analysis of bed numbers we are now working to deliver the Government's policy of improving health and social care working which is intended to reduce the use of acute beds by older people. The expectation is that there will be further reductions in NHS beds for older people and we need to plan for that in considering the numbers and locations of beds.

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In addition to the current continuing care beds we have vacant beds on other hospital sites, including at Drumchapel Hospital in the West of Glasgow which need to be included in our consideration of the future locations for continuing care in West Glasgow. Drumchapel Hospital provides rehabilitation for older people, the site has inpatient beds, a dining room, therapy staff and day hospital and out-patient services for older people with associated nursing and medical staff. A 30 bed ward at Drumchapel Hospital wards has 2 double rooms, 2 single rooms and the balance in shared bed bays

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**D. PROCESS AND NEXT STEPS**

- 4.1 The issuing of this discussion paper and the stakeholder event we are organising mark the start the process of making decisions about the future of continuing care in the West area and the future of the Blawarthill site.
- 4.2 We are aiming to conclude this first stage by the end of June 2011 so please let us have any comments on this paper by that date. After the end of June the Board will consider the views and issues which have emerged in July and agree what the next steps to reach a final conclusion need to be.
- 4.3 Comments should be sent to Lorna Gray - [lorna.gray@ggc.scot.nhs.uk](mailto:lorna.gray@ggc.scot.nhs.uk).
- 4.4 If you need more information or want to participate in the stakeholder event please contact Lorna Gray either on the email address above or by telephoning 0141-201-5598

1<sup>st</sup> June 2011