A Safe and Sustainable Future for Hospital Services in Inverclyde and Renfrewshire

This leaflet describes proposed changes to services delivered from Inverclyde Royal Hospital and the Royal Alexandra Hospital and lets you know how to put forward your views.
Foreword
NHS Greater Glasgow and Clyde took responsibility for Inverclyde Royal Hospital and the Royal Alexandra Hospital in April 2006.

At that time we made a commitment to review work done by our predecessor organisation, NHS Argyll and Clyde, and cast a fresh eye over the way services are provided at both hospitals.

This leaflet, and the consultation it supports, helps us keep our word that we would complete our review before the end of 2006. We have also kept our minds open about the way forward for the hospitals and we think the proposals set out here:

• ensure services are maintained locally where it is safe and sustainable to do so;
• take account of the needs of patients in accessing services;
• are built around the whole ‘patient journey’ from community-based services to hospital and back again.

Our proposals are very different from those put forward by the former NHS Argyll and Clyde and we hope that you will regard them as positive, constructive and realistic. We are also delighted – after seven years of debate – to offer the prospect of certainty about the future of the two hospitals.

We value your opinion and would welcome any comments you would wish to make. You can find out how to go about doing this on the last page of this leaflet.

I very much look forward to hearing what you think.

Dr Liz Jordan
Associate Medical Director for Clyde
NHS Greater Glasgow and Clyde
8th December 2006

Introduction
In 2004, after years of consultation and development, the former NHS Argyll and Clyde proposed a strategy for hospital services that would have brought a virtual end to inpatient care (for patients who need to stay overnight or longer in a hospital bed) at Inverclyde Royal Hospital (IRH). Between 27,000 and 37,000 patients would have to have travelled instead to the Royal Alexandra Hospital (RAH) in Paisley.

The care remaining at IRH would have been concentrated on providing outpatient and daycase services (routine procedures or examinations that can be provided in a single or a series of single appointments) only.

NHS Argyll and Clyde was not able to confirm its strategy before it was split up by the Minister for Health and Community Care on 31st March 2006.

On taking responsibility for healthcare in Renfrewshire and Inverclyde, NHS Greater Glasgow and Clyde committed itself to reviewing the previous NHS Board’s strategy and to seeking possible new alternatives. We also recognised that Inverclyde Royal Hospital provides services to the Argyll and Bute and North Ayrshire communities and that it was important that we considered these patients.
NHS Greater Glasgow and Clyde’s review

Our review is based on trying to find ways of maintaining services locally wherever possible – both at the IRH and the RAH. We have spent a great deal of time checking how many patients access both hospitals and whether their ‘patient pathway’ is via referral from their family doctor or other community-services or on the basis of emergency and urgent care. We now have a better understanding of who our patients are and the types of services they need to use.

Why there has to be change

Our first conclusion is that there are very good reasons why hospitals need to change – the question is what the change should be.

There are a number of important issues that make changes to some services unavoidable:

• Changes to the working hours (due to a European Directive) and contracts of consultants and junior doctors – this means both sets of staff have less time to spend with patients;
• New national training arrangements being introduced which mean that senior staff need to spend more time teaching and junior staff more time learning;
• Improving technology and medical knowledge mean that individual staff can’t cover all the knowledge required – staff have to specialise in certain areas and the best way to ensure fair and efficient access to specialist services is to concentrate staff in fewer locations;
• Recruitment and staffing issues at the IRH in particular – we have to plan ahead for the retirement of certain key staff now. There is a lot of difficulty in recruiting qualified medical staff across Europe at the moment and we will have to find different options to keep certain services viable and safe;
• Inherited overspending from the former NHS Argyll and Clyde – services in Clyde cost £30 million a year more to run than we receive to provide them. The Scottish Executive has written off the historical debt and provided money up until March 2009 to give us time to get back into financial balance. But the clock is ticking and we need to find solutions quickly that don’t compromise patient care if we are to get services onto a firm footing for future planning and development.

In doing this we have met with service planners, doctors and nurses, managers, medical staff and trade unions so we can better understand the pressures faced by the hospitals. We worked with them to find constructive solutions to some of the problems that we identified through the course of this work.

We have also taken the time to meet with local community and patient representatives to get their feedback before we launched this consultation.

Our main conclusions

Even though many of these difficult problems are faced by every hospital in the country, we think we have found solutions that are radically different from NHS Argyll and Clyde’s proposals.

We think that we can:
• maintain Accident and Emergency services at the IRH and RAH without change;
• maintain the vast bulk of inpatient services at the IRH and RAH without change;
• leave virtually all outpatient and daycase services untouched.

However, we do think we will have to make small changes to five specialist services – Ear, Nose and Throat (ENT), Dermatology (skin conditions and diseases), Ophthalmology (conditions and diseases of the eye), Vascular Surgery (conditions of blood vessels) and Urology (conditions of the “waterworks”). This mainly concerns the movement of inpatient services to new sites in order to provide safe and sustainable access to expert care – otherwise, there is no change to arrangements for routine outpatient and daycase appointments.

By our calculations our proposals would affect less than 900 patients each year at the RAH and less than 500 each year at the IRH. This compares to the many thousands of patients who would have been affected by NHS Argyll and Clyde’s previous proposals and should be set against a total of just under 300,000 ‘patient episodes’ at the RAH and 145,000 at the IRH.
## Our proposals

**The old proposals made by NHS Argyll and Clyde in 2004**

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<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
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<tr>
<td>IRH becomes an 'ambulatory care' facility. All A&amp;E, inpatient and emergency care transfers to the RAH. Around 37,000 episodes of patient care would have to have been transferred to the RAH in Paisley.</td>
<td>IRH becomes an 'intermediate hospital' providing a mixture of planned and unplanned (i.e. urgent access) care. A &amp; E services transfer to the RAH. Around 27,000 episodes of patient care would have to have been transferred from the IRH to the RAH in Paisley.</td>
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**NHS Greater Glasgow and Clyde's new proposals, 8 December 2006**

<table>
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<tr>
<th>What we are proposing</th>
<th>Why</th>
<th>Who would be affected</th>
<th>When the changes would take place</th>
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<tr>
<td>No change to Accident and Emergency (A&amp;E) at the IRH or the RAH.</td>
<td>We believe we can meet pressures around staff recruitment at Inverclyde by closer working between specialists at the IRH, RAH and Glasgow.</td>
<td>No immediate change.</td>
<td>No immediate change.</td>
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<td>No change to most emergency and planned inpatient (overnight) care at the IRH and the RAH.</td>
<td>Most care can be sustained locally by taking the steps outlined above. There will be small changes in some specialties as described below.</td>
<td>No immediate change: 13,500 daycases at the RAH, 185,000 outpatient episodes at the RAH, 9,000 daycases at the IRH and 90,000 outpatient episodes at the IRH.</td>
<td>No immediate change.</td>
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<td>We will continue to offer planned daycase care and outpatient services at RAH and IRH. We will take steps to increase the number of patients we treat as daycases.</td>
<td>There is a requirement for patients who need to stay overnight for urological procedures to have access to specialist care. The relatively small number of patients treated, the impending retirement of one specialist urologist consultant and the future retirement of general surgeons with urology experience at Inverclyde make this change inevitable on clinical grounds.</td>
<td>Approximately 300 patients a year who currently receive inpatient care at the IRH will be cared for at the RAH. The average length of stay for this group of patients is three days. Another 3,200 episodes of patient care will continue to be delivered at the IRH as outpatients and daycases.</td>
<td>After October 2007.</td>
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<td>IRH – Urology – We will create a team of four consultant urologists who will deliver outpatient and daycase care at both the IRH and RAH but provide 24 hours a day cover at only the RAH, where all inpatient activity will take place.</td>
<td>RAH patients already travel to Glasgow for care. Of two surgeons at the IRH, one is eligible to retire and we believe that in the long term the service cannot be sustained with only one consultant.</td>
<td>50 – 100 IRH patients will need to go to Glasgow for care. Daycase, diagnostic activity, nurse led care and outpatient and follow-up appointments will continue to be delivered locally.</td>
<td>In phases by 2012.</td>
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<td>IRH – Vascular Surgery – emergency and overnight planned vascular surgery will be transferred to the Southern General in Glasgow. The vast majority of patients will continue to be treated locally at the IRH.</td>
<td>The time demands from new national training requirements may make it impossible to sustain cover of out of hours (overnight) emergency staff rota at the RAH and the IRH.</td>
<td>140 IRH and 80 RAH patients may have to travel to Glasgow each year for emergency care. 9,300 and 18,000 non-emergency patients would continue to be treated locally at the IRH and RAH.</td>
<td>After August 2007.</td>
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<td>IRH &amp; RAH – Ophthalmology – if pressures on staff time from new training methods increase, we may have to take the option of creating an out of hours emergency service based in Glasgow.</td>
<td>There is increasing demand for dermatology services, especially for outpatient and daycase care. Despite investing in appropriate facilities to improve patient care, we may be unable to provide the space needed for inpatient care at the RAH. This may mean we need to transfer the relatively small numbers of inpatients to the Southern General Hospital.</td>
<td>Potentially, around 230 inpatients currently treated at the RAH would access care at the Southern General Hospital (of whom 80 are from the IRH catchment area).</td>
<td>Following further costing and examination, after August 2007.</td>
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<td>IRH &amp; RAH – Dermatology – To improve services to patients, our priority is to invest in daycase and outpatient facilities at the RAH (the IRH facilities are good). Inpatient activity for the RAH and IRH catchments is currently delivered from the RAH. We need to undertake further work with clinicians but it is possible that we will need to transfer inpatient activity to the Southern General Hospital.</td>
<td>Pressures from national training initiatives on staff time are challenging our ability to provide 24-hour cover. We suggest that it will be possible at the RAH to continue to deal with inpatients who need to stay in hospital less than five days – but, to ensure 'round the clock' cover, patients with a need for a longer period of care may need to go to hospital in Glasgow.</td>
<td>550 inpatients who currently attend the RAH would have to go to Glasgow in future. Around 240 of these patients come from the Inverclyde catchment area. 800 short-stay inpatients would continue to receive care at the RAH and 9,000 and 3,800 outpatients/daycases would continue to receive care at the RAH and the IRH respectively.</td>
<td>After August 2007.</td>
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<td>IRH &amp; RAH – ENT (Ear, Nose and Throat) – Inpatient services are provided across the area from the RAH alone and outpatient and daycase services are provided at both the IRH and RAH. We may need to move a proportion of inpatient cases from the RAH to the Southern General Hospital in Glasgow.</td>
<td>No change: – 60,000 patients would continue to be seen at the A&amp;E at RAH – 30,000 patients would continue to be seen at the A&amp;E at IRH.</td>
<td>No change.</td>
<td>No change.</td>
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**Delivering better health**
Consultation to follow

This consultation covers only the main acute hospital services at the IRH and the RAH. Separate process has been established with regard to services north of the River Clyde and at the Vale of Leven Hospital and consultation is also planned later in 2007 around Mental Health services and Older People’s services.

What would the changes mean?

We think that these proposals offer the prospect of fair and equitable service delivery for local communities and staff alike.

They offer:

• Certainty about the future of the hospital for communities and staff after years of debate;
• A sustainable basis on which to plan and develop the hospitals and the services they provide;
• An ongoing commitment from the NHS Board to two excellent hospitals which will in turn give staff the confidence to stay and develop their careers or come and join from elsewhere;
• New and more flexible patterns of working that will benefit staff and patients;
• The retention of the vast majority of care at the two hospitals – less than 2% of the IRH’s and the RAH’s hospital admissions would be affected by our proposed changes. Admissions into hospital, whether planned or unplanned, account for less than 20% of total hospital activity and, if we include the activity that takes place at A&E and outpatients, then the changes affect only 0.3% of total patients at the RAH and the IRH.

What do you think?

We are keen to know what you think about our proposals and launched public consultation on 8th December 2006, which is due to finish on 2nd February 2007.

CONSULTATION BOOKLET

If you would like a copy of the detailed proposals and background information, please call 0141 201 4957 during office hours or download it from our website at www.nhsggc.org.uk/southclyde

ALTERNATIVE FORMATS AND LANGUAGES

If you would like the consultation documents in alternative formats such as audio tape, British Sign Language or Braille, or would like translations of the documents in languages other than English, please call 0141 201 4957.

COMMUNITY MEETINGS

We have set up two community meetings – one at the Tontine Hotel, Greenock between 6.30 – 8.00pm on 16th January 2007 and the other between 6.30 – 8.00pm at the Glynhill Hotel, Renfrew on 17th January 2007. The meetings are open to anyone to attend but it would help us to deal with venue arrangements and catering if you could pre-register by calling 0141 201 4957.

We have also arranged afternoon meetings with a range of stakeholder groups from Inverclyde and Renfrewshire. These take place between 1.00 – 2.30pm at the Tontine Hotel, Greenock on 16th January 2007 and between 1.00 – 2.30pm at the Glynhill Hotel, Renfrew on 17th January 2007. If you would prefer to attend a daytime meeting rather than an evening one, you are welcome to come to these afternoon sessions instead. Please call 0141 201 4957 if you would wish to register for the afternoon events.
PATIENT FOCUS GROUPS

Focus group meetings with current and former patients of the five specialties affected by our proposals are being organised in the second and third weeks of January 2007. Please call 0141 201 4957 if you would like more information.

PUTTING FORWARD YOUR POINT OF VIEW

If you would like to put forward a formal response to the consultation, you can either:

Write to – John Hamilton
Head of Board Administration
NHS Greater Glasgow and Clyde
Dalian House
350 st Vincent Street
Glasgow G3 8YX

or email – southclyde@ggc.scot.nhs.uk

The closing date is for comments is Monday, 2nd February 2007 at 5pm.