

NHS Greater Glasgow and Clyde
Dalian House
350 St Vincent Street
GLASGOW
G3 8YZ

Telephone: 0141 201 4444



Vale of Leven Hospital Integrated Care Pilot



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What services will continue to be provided by the Vale of Leven?

The Vale of Leven Hospital will continue to provide inpatient care for non-urgent treatment, operations and procedures. In addition, it will continue to provide a wide range of outpatient and day services. These include kidney dialysis, cardiac and X-ray investigations and day surgery services.

What out of hours services will patients be able to access at the Vale of Leven?

The GP out-of-hours service will remain at the hospital. This provides care and treatment for local people who require assessment or treatment by a doctor outwith normal GP surgery times. In addition, local patients will continue to have access to the Minor Injuries Unit at the hospital from 9am to 9pm, 7 days a week. This unit provides assessment and treatment for adults and children over 5 with minor limb injuries (including X-rays for suspected broken bones), wounds requiring dressings or stitches, minor burns and minor eye, ear or nose injuries.

Aren't there any other options for emergency medicine cover that could be explored?

No, the former NHS Argyll and Clyde Board explored a wide range of options and the Integrated Care Pilot Project offered the only possible alternative solution for providing emergency medicine cover at the Vale of Leven Hospital.

Who will be involved in taking forward plans?

We are committed to working with local staff, patients, GPs and the ambulance service to take forward plans for the Vale of Leven Hospital over the next few months.

NEXT STEPS

This leaflet is widely available to ensure that the local community is kept fully informed. A planning group will be established to take forward work on the development of the inpatient services as well as the alternative arrangements for emergency inpatient care. We will, ensure that the planning process involves local clinical staff and that its work is visible through our web site and other communications.

This leaflet provides information about the outcome of the Vale of Leven Hospital Integrated Care Pilot.

BACKGROUND

A few years ago it became clear that it would no longer be possible to maintain the out-of-hours anaesthetic and medical cover required to treat medical emergencies at the Vale of Leven Hospital through traditional models of inpatient care. This is because of national changes to junior doctor working hours and difficulties in recruiting permanent anaesthetic staff. Currently the out-of-hours cover at the hospital relies totally on short-term locum anaesthetists and locum doctors also provide much of the consultant cover.

The Integrated Care Pilot Project was put forward as an innovative solution to these problems, bringing together the skills of primary and secondary care with overnight cover at the hospital provided by local GPs who had undergone additional training.

The pilot project has been implemented in stages from January 2006. On 1st April 2006 NHS Greater Glasgow and Clyde took over responsibility for the pilot and since then we have been working with local staff to take it forward.

To date the pilot has not been fully implemented. The medical staff and GPs have continued to have access to immediate anaesthetic and junior medical cover. The next stage would be to withdraw this cover to pilot the full model. However, in reviewing progress with the pilot so far a number of clinical concerns about the safety of withdrawing the anaesthetic cover have emerged from anaesthetists and physicians.

In light of these clinical concerns it would not be safe to proceed with the pilot project. This means that the integrated care model cannot be fully implemented. The pilot offered the only possible alternative solution for maintaining the out-of-hours medical cover required for emergency inpatient admissions. We now have no alternative but to plan the transfer of these services to other hospitals. While it is very disappointing that the pilot project cannot proceed as planned, safety must be our top priority.

We are committed to maximising the level of rehabilitation and planned inpatient care that can be transferred to the Vale of Leven to maintain the highest possible level of local access.

SUMMARY

- **It has become clear that the implementation of the next phase of the pilot, which would see the removal of immediate anaesthetic support from the Vale site, cannot proceed because of concerns about clinical safety.**
- **This means that the integrated care model, as it was developed, does not represent a safe way of providing emergency inpatient care for the Vale’s population.**
- **The clinical safety concerns are not about the pilot, as it is currently operating, but about implementing its next phase. The present arrangements will remain in place until alternative services have been carefully planned, looking at potential provision of the emergency inpatient service across Glasgow and Clyde hospitals.**
- **NHSGGC is committed to retaining consultant led, inpatient services, at the Vale of Leven.**
- **While we need to plan alternative arrangements for emergency inpatient care, our objective will be to maximise the inpatient activity which can be provided at the Vale and to aim to retain the present level of staff at the hospital.**
- **We also continue to see a central role for primary care physicians in the future clinical arrangements for the Vale, building on the expertise and skills which local GPs have developed during the pilot.**

The outcome of the pilot is a major disappointment, particularly for local staff, who have worked very hard to develop the model. Two things are important to emphasise:

- It is important to acknowledge the contribution of hospital staff and their primary care colleagues in the development of the integrated care model. Lessons learnt from that work and the pilot so far, has clearly improved patient care. We will be looking at how those lessons can be used in our other hospitals as well as further developed for the inpatient services which will continue to be provided at the Vale.
- The changes which will be required to arrangements for emergency medicine will not threaten or undermine the provision of the other services at the hospital.

QUESTIONS AND ANSWERS

When will the transfer of urgent medical emergencies take place?

This will not happen immediately as we need to carefully plan the replacement service. The present arrangements for emergency inpatient care will remain at the Vale of Leven until alternative arrangements are put in place.

What will this mean for local patients?

Once these alternative arrangements are in place, all emergency medical patients currently referred to the Vale of Leven Hospital will be transferred to other acute hospitals. This means that in the future if you suddenly become ill and need to be admitted to hospital for urgent treatment you will be taken to another acute hospital. After you have received the treatment or operation you require, you will then be transferred back to the Vale of Leven Hospital for follow-up care. This will make it easier for family and friends to visit you as you recover. Seriously ill patients with head injuries and breathing problems are already being transferred to other hospitals to ensure they have access to intensive care facilities.