

Attachment 2

Changes to rehabilitation services in NE Glasgow: Lightburn Hospital

1. Introduction and current services

1.1. This paper outlines our proposals for North East Glasgow which will:-

- Reshape inpatient rehabilitation services in the North East of Glasgow;
- Deliver a new extended care home model to enable direct discharge from acute care to local facilities;
- Modernise day hospital care for older people;
- Integrate outpatient services and Parkinson's disease care with new facilities being developed by the Glasgow City HSCP at Parkhead Hospital.

The detailed operational delivery of this proposal for an improved model of rehabilitation services in North East Glasgow has been developed with the multi disciplinary teams of consultants, nurses and allied health professionals delivering the current service. The implementation and the sustainable delivery of the new service model will be clinically driven.

These changes require the reshaping of the services currently provided at Lightburn, these are as follows:-

- Two 28 bedded inpatient wards providing rehabilitation for older people predominantly transferred from the GRI: In 2015/6 there was a total of 714 inpatient episodes.
- An outpatient department providing three consultant led clinics per week, one nurse led outpatient clinic per week and one fortnightly consultant led clinic: In 2015/6 there was a total of 417 new patients with a total of 1,084 attendances
- A Day Hospital providing multi disciplinary assessment and rehabilitation for older people: In 2015/6 there was a total of 436 new patients with a total of 3,787 attendances.
- The site also provides accommodation for the local Parkinson's support group as well as office accommodation for a number of local staff.

The rest of this section describes in more detail the current pattern of older people's admission and rehabilitation services.

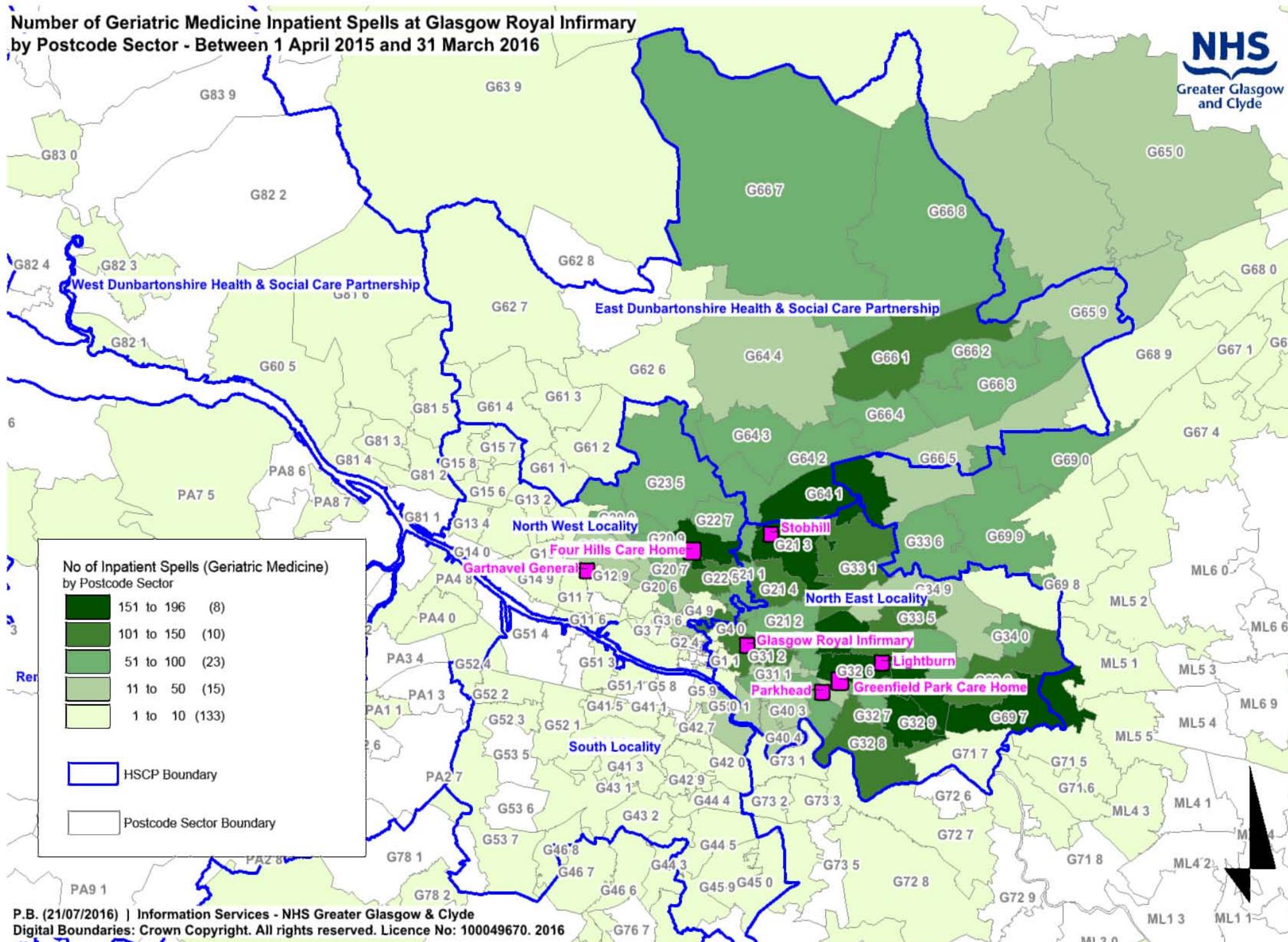
1.2. Inpatient Rehabilitation: Current Services

Patients who are admitted to the GRI and require inpatient rehabilitation access services at Stobhill and Lightburn Hospitals. Patients who require geriatric rehabilitation after orthopaedic surgery from across Glasgow are admitted to Gartnavel General Hospital. The service at Lightburn is provided in two inpatient wards. The maps and tables below show the patient home postcode pattern of geriatric admissions to the GRI and Lightburn Hospitals and the number of patients admitted.

The information illustrates a number of key points:-

- All admissions for rehabilitation are first admitted through the GRI which serves a wide catchment area;
- The majority of geriatric admissions are discharged without transfer for rehabilitation;
- Admissions to the rehabilitation services which support acute care at the GRI cover a wide geographical patient population across the north and east of the City;
- The current facilities at Greenfield Park and the former Parkhead site provide local access for patients from the city's East End.
- Patients admitted to Lightburn come from a wide catchment area.

**Number of Geriatric Medicine Inpatient Spells at Glasgow Royal Infirmary
by Postcode Sector - Between 1 April 2015 and 31 March 2016**



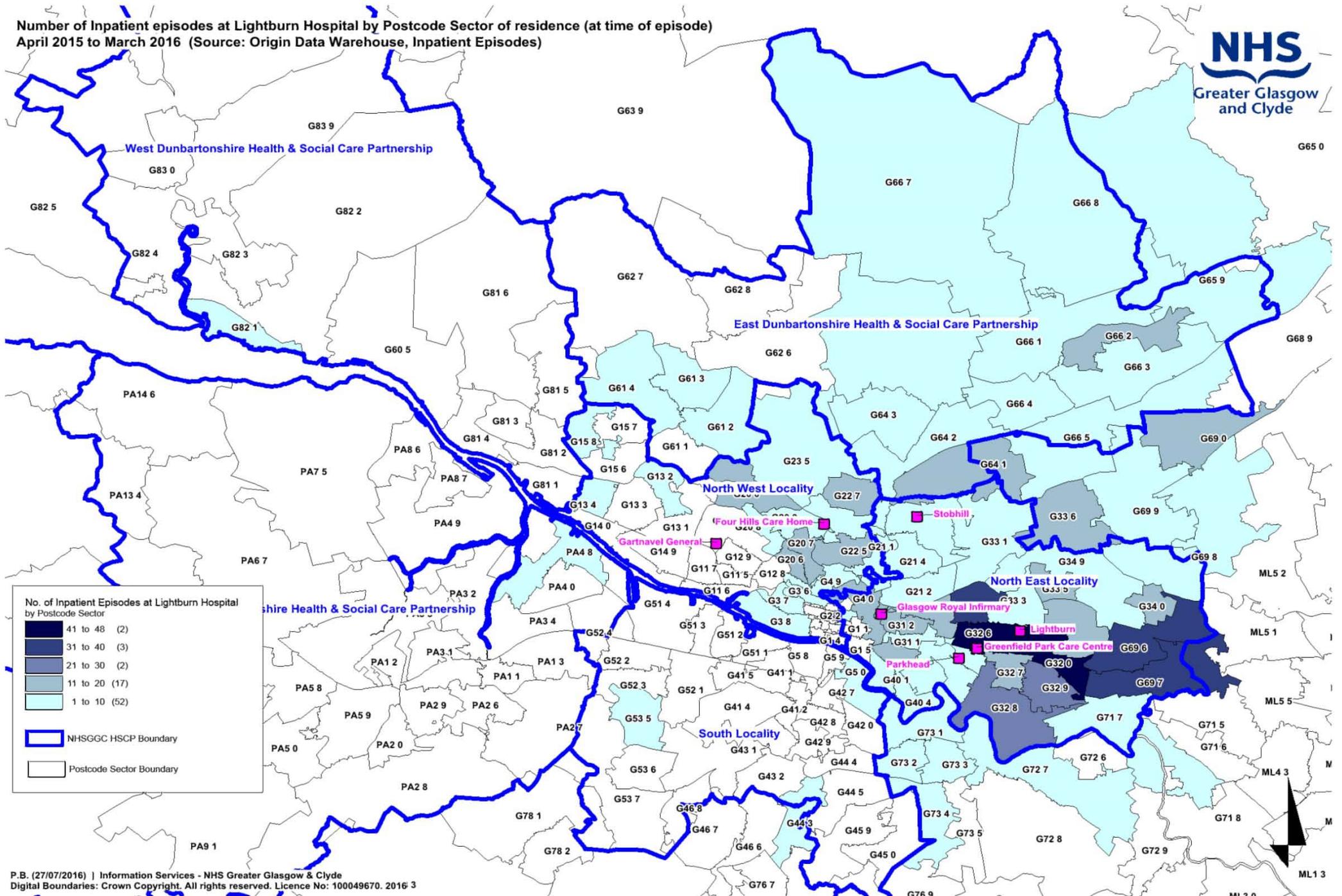
No of Inpatient Spells (Geriatric Medicine) by Postcode Sector

	151 to 196	(8)
	101 to 150	(10)
	51 to 100	(23)
	11 to 50	(15)
	1 to 10	(133)

HSCP Boundary

Postcode Sector Boundary

Number of Inpatient episodes at Lightburn Hospital by Postcode Sector of residence (at time of episode)
 April 2015 to March 2016 (Source: Origin Data Warehouse, Inpatient Episodes)



Glasgow Royal Infirmary

Number of Geriatric Medicine Inpatient Spells 2015/16

Total		5,055
East Dunbartonshire Health & Social Care Partnership		
		915
G66	Kirkintilloch, Lennoxton, Lenzie, Milton of Campsie	498
G64	Bishopbriggs, Torrance	351
G65	Croy, Kilsyth	41
G61	Bearsden	20
G62	Milngavie	5
Glasgow Health & Social Care Partnership - North East Locality		
		3,046
G32	Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	733
G33	Carntyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	623
G21	Barmulloch, Cowlairs, Royston, Springburn, Sighthill	453
G31	Dennistoun, Haghill, Parkhead	341
G69	Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	311
G40	Bridgeton, Calton	190
G22	Milton, Possilpark	152
G34	Easterhouse	122
G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	104
G1	Merchant City	14
G71	Bothwell, Uddingston	3

Glasgow Health & Social Care Partnership - North West Locality		711
G20	Maryhill, North Kelvinside, Ruchill	335
G22	Milton, Possilpark	218
G23	Lambhill, Summerston	72
G3	Anderston, Finnieston, Garnethill, Park, Woodlands, Yorkhill	22
G13	Anniesland, Knightswood, Yoker	17
G12	West End, Cleveden, Dowanhill, Hillhead, Hyndland, Kelvindale, Botanic Gardens	15
G2	Blythswood Hill	9
G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	9
G11	Broomhill, Partick, Partickhill	5
G15	Drumchapel	5
G14	Whiteinch, Scotstoun	3
G1	Merchant City	1
North Lanarkshire Health & Social Care Partnership		198
Other HSCPs		185

Lightburn Hospital

Number of Geriatric Medicine Inpatient Episodes 2015/16

Total		714
East Dunbartonshire Health & Social Care Partnership		
		74
G66	Kirkintilloch, Lennoxton, Lenzie, Milton of Campsie	39
G64	Bishopbriggs, Torrance	29
G61	Bearsden	6
Glasgow Health & Social Care Partnership - North East Locality		
		483
G32	Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	157
G33	Carntyne, Craighend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	89
G69	Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	70
G31	Dennistoun, Haghill, Parkhead	55
G21	Barmulloch, Cowlairs, Royston, Springburn, Sighthill	28
G40	Bridgeton, Calton	28
G34	Easterhouse	25
G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	18
G22	Milton, Possilpark	10
G1	Merchant City	3
Glasgow Health & Social Care Partnership - North West Locality		
		88
G20	Maryhill, North Kelvinside, Ruchill	48
G22	Milton, Possilpark	23
G23	Lambhill, Summerston	7
G3	Anderston, Finnieston, Garnethill, Park, Woodlands, Yorkhill	5
G13	Anniesland, Knightswood, Yoker	3

G15	Drumchapel	1
G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	1
North Lanarkshire Health & Social Care Partnership		
		34
Other HSCPs		35

2. Case for change and proposed services

2.1. There are a number of local and national strategic drives which frame these service change proposals

- The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:
- Caring for more people in the community and doing more procedures as day cases where appropriate will result in a shift from acute to community based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.
- The integration of health and social care is leading to the development of new services and care pathways.
- There is a focus on prevention, anticipation and supported self management
- Acute hospitals are focussing only on the most acutely ill patients. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission
- We need to prioritise support for people to stay at home/in a homely setting as long as this is appropriate and avoid the need for unplanned or emergency admission to hospital wherever possible.
- We need to make sure people are admitted to hospital only when it is not possible or appropriate to treat them in the community.
- Improve the quality and consistency of care for patients, carers and families
- To provide seamless, joined up care that enables people to stay in their homes, or another homely setting, where it is safe for them to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the growing population of older people with longer term and often complex needs;
- The need for the highest quality specialist care in hospital;
- A need for changes to current service provision that would better support people to return home from hospital as soon as possible;
- The importance of organising services to aid effective communication and coordination of care and reduce fragmentation of care
- Facilitating good links between hospital and community/Primary Care services to better coordinate care

This range of drivers for change was considered as a core part of our Clinical Service Review in the older people's work programme. This programme gave the opportunity to explore these drivers in relation to our local circumstances and engagement with older people was central to the development of our thinking on new models of care. Options for the future were discussed and refined throughout the two year engagement process. For example, initial engagement activity specifically for older people's services highlighted the need for greater coordination of services and improvements in planning discharge from hospital.

These views were further explored in subsequent engagement sessions with the public and community groups. This work emphasised the need for greater recognition of the impact of multi morbidity on older people and specifically:

- The need for the highest quality specialist care in hospital
- A need for changes to current service provision that would better support people to return home from hospital as soon as possible
- The importance of organising services to aid effective communication and coordination of care and reduce fragmentation of care
- Facilitating good links between hospital and community/Primary Care services to better coordinate care.

2.2. Further important points of context are that:-

- Substantial reductions in delayed discharges and agreement with IJBs to make further reductions;
- The Glasgow City HSCP investment in services to reduce demands on acute care including in intermediate care;
- Consolidation of beds for patients requiring acute rehabilitation onto our acute sites with access to a full range of clinical support services;
- We need to improve senior and junior doctor cover;
- Shifting the balance of care with more services and resources being directed to keep patients at home;
- As we focus hospital care only on the most acute part of the patient pathway, it is important that care is provided on sites where we can deliver the full range of acute hospital services;

2.3. Inpatient Rehabilitation

These proposals would see a redesign of the rehabilitation pathway across the north east sector which supports a more community based approach to rehabilitation in line with the described national and local strategies.

This approach is clinically driven and underpinned by evidence gathered in our work on the day of care and current occupancy. An audit of the current bed occupancy across North East facilities has been undertaken and each patient was clinically assessed to consider the requirement for location in an acute rehabilitation facility or whether their care needs may be better delivered in a community or homely setting.

The results of this audit was that of 104 acute patients clinically reviewed, 54 required acute hospital rehabilitation and 31 were clinically suitable for rehabilitation in a more homely setting (the other beds were vacant at the time of the audit).

- The proposed model sees a reconfiguration where patients requiring acute inpatient rehabilitation receive their care on an acute hospital site, providing immediate access to a greater range of support services than is currently available at Lightburn Hospital, including:
 - Lab medicine and phlebotomy
 - Imaging and Diagnostic services
 - Orthotics
 - Pharmacy
 - Cardiology; and
 - Liaison from a range of other specialties

This acute rehabilitation would be provided within GRI, Stobhill Hospital and through access to a small number of beds at Gartnavel General Hospital, providing a spread of local geographical provision to patients living across the west, east and central areas of the north sector catchment.

- Patients no longer requiring the support services of an acute hospital, but still requiring rehabilitation would be transferred to local community facilities for their ongoing care. There are currently suitable facilities for this level of care at Greenfield Park and Fourhills, where a strong focus would be on re-ablement within a homely setting. This model of providing care and rehabilitation has proven successful in recent years in enhancing rehabilitation and helping people to return home at the earliest opportunity;

- Using a model of community based rehabilitation will further strengthen links between clinicians within the acute sector and community services and complement the approach with community based intermediate care and the emerging models for complex community care.

This new model of care is an evidenced based approach to enable:

- Early intervention from specialists in the care of older people focussed on frailty assessment, followed by;
- Rapid commencement of multi disciplinary assessment and rehabilitation within appropriately resourced rehabilitation facilities which enable fast access to the full range of investigations and specialist advice as required for patients with multi morbidity; and
- Early planning for the transfer of care from hospital to community services involving all appropriate stakeholders

This approach is designed to ensure an individual's stay in hospital is for the acute period of care only and people are supported to return to their community as soon as possible. The new models of acute care require hospital facilities that provide ready access to a broad range of clinicians and diagnostic services. With limited diagnostics facilities at Lightburn Hospital and medical staff covering a number of hospital sites NHSGGC is unable to provide the level of acute care required to deliver the new models of care. The new model of service delivery will provide high quality services that are more tailored to individual needs. For patients requiring acute care this will be delivered in facilities providing access to the full range of acute and diagnostic services without the need for additional ambulance transfers as happens at present at Lightburn Hospital.

This wider provision of services will enable a greater range of patients to access the rehabilitation services and substantially reduce the current need to transfer patients who require such services from Lightburn to the GRI to access support services.

The majority of North and East Glasgow patients will be discharged from their assessment ward directly home without requiring a longer period of rehabilitation in hospital. This will mean for most people there will be no change from these proposals as their inpatient care will be provided at Glasgow Royal Infirmary.

2.4. Day Hospital Services

Our proposals for the provision of current Lightburn Day Hospital services would see provision combined in to a single Day Hospital on the Stobhill site. This would bring the service into line with all other Day Hospitals across Glasgow by providing modern facilities with access to a range of services that support Day Hospital activity including:

- Lab medicine and phlebotomy
- Imaging and Diagnostic services
- Orthotics
- Pharmacy; and
- Liaison from a range of other specialties

The modern model of day hospital provision is a more medicalised model requiring access to the full range of clinical investigations as part of assessment and treatment. For this reason it is important that services are delivered within facilities with those services on site. Lightburn Hospital has a very limited range of clinical support services and cannot deliver this modern, medicalised model of day hospital care.

2.5. Outpatient Services and Other Services

Glasgow City HSCP is planning a substantial development of an integrated community hub on the Parkhead hospital site. We will work together to further develop this proposal to include provision for high quality accommodation for outpatient services currently provided in the Lightburn site, with the potential for the development of a further range of community outreach services on that site.

Should this proposal proceed, as an interim arrangement until this new local hub can be delivered, we will put in place arrangements to ensure outpatient services provided from Lightburn and the Parkinson's support service can continue to be provided locally in the East End.

Previous work on surveying patient day and outpatient transport patterns showed the following distribution for Lightburn patients:

Day Hospital Arrival Method	Percentage (%)
Ambulance/Patient Transport	81%
Car	17%
Taxi	2%

Outpatients Arrival Method	Percentage (%)
Car	38%
Taxi	25%
Ambulance/Patient Transport	19%
Bus	12%
Walk	6%

This study is currently being updated to inform the engagement process.

3. Proposed Engagement

3.1. There have been previous proposals and public engagement processes with regard to the future of Lightburn Hospital. However, this is a new proposal with a different context in terms of acute and community service delivery, the advent of HSCPs and a different pattern of acute care across NHS Greater Glasgow and Clyde and is in line with the direction of the national and local clinical strategies. We are therefore proposing a substantial engagement programme with interests across the local area. Our proposal therefore is that there should be extensive engagement considered by the Board in advance of any formal public consultation.

3.2. As the acute service changes are an integral part of changes to the totality of older peoples care for this population, we would want to deliver the engagement process with the HSCP.

3.3. The engagement phase will include:

- Wide distribution of engagement material;
- Engagement with local Councillors;
- Option appraisal workshops;
- Drop in sessions;
- Visibility of the proposals at key public locations across the East End;

The process will draw on the relevant local networks and ensure the proposals are set in the wider context of local community health and social care services. The material for the engagement will be drawn from the content of this paper.

3.4. The engagement will run from the beginning of September 2016 until the beginning of December 2016 and the outcome will be reported to the December 2016 Board which will then make a decision on public consultation and the process for that consultation. The development of the engagement will be supported by a Stakeholder Reference Group (SRG) which will include:-

- Representatives from North and East Glasgow Older Peoples Groups
- Representatives from Carers Association
- Representative from Parkinson's Support Group
- Public Partner Representatives from Glasgow HSCP

3.5. The SRG will:

- Support the detailed development of the engagement programme outlined above
- Arrange and facilitate site visits for SRG members
- Help draft communications plan and information resources,
- Advise on a carer or patient perspective on access issues
- Advise on the best means of engaging with those affected and local communities,
- Attend and participate in public engagement events
- And provide feedback from their peers or contacts on the process as it progresses.

3.6. The engagement process will explore the following areas:

- Patient Pathways: what aspects are important to patients and carers/relatives to facilitate a good transfer of care between the GRI and the rehabilitation facilities?
- Access: we know there are substantial local concerns about access, we need to understand and appraise those issues in the context that we will retain and develop as much service as possible in the local area. The engagement will identify how the changes raise concerns about access and identify issues that need further consideration; for example transport and access for visiting?
- Communication: how might coordination of care between hospital and community services be further improved?
- Future Developments: to listen to suggestions for any further development of services and explore thoughts on the future use and purpose of the Lightburn Hospital site