

Improving Rehabilitation Services for the Elderly in North East Glasgow

Report: Options Appraisal Exercise 26 January 2017

Introduction

NHS Greater Glasgow and Clyde are proposing to reshape the delivery of rehabilitation services for the elderly in the North East of Glasgow and East Dunbartonshire. This would result in the transfer of services from Lightburn Hospital to our acute sites at Glasgow Royal Infirmary and Stobhill Hospital and to local community facilities in the North East of Glasgow and East Dunbartonshire.

When considering a major change to services the NHS is required to develop and evaluate a list of options for providing the service in the future. Option appraisal is a process that helps examine the strengths and weaknesses of the options. Each option is scrutinised, discussed and evaluated in an open, transparent and accessible way. This includes involving the multidisciplinary, managerial and planning staff from the service and Public Partners, representing patients' and carers' that might be affected by the proposal, in the process.

An options appraisal exercise was carried out on 27 Jan 2017 to determine preferred options for public consultation. The session was chaired by John Stuart, Acting Director and Chief Nurse North Sector and facilitated by Catriona Renfrew, Director Planning and Policy, and John Barber, Patient Experience Public Involvement Manager. Lucy Dorrian and Maureen McDowall from the Scottish Health Council were in attendance. Participating in the scoring exercise was:

George McGuinness	North East Glasgow Public Partnership Forum
Isobel Twaddle	Public Partner, Senior Forum, East Dunbartonshire HSCP
Jacqueline Forbes	Carer and Non-executive Board Member, NHSGG
Keith Mitchell	Fred Payton Day Centre Manager Glasgow Older Peoples Welfare Association
Sheena Glass	Chief Executive, Glasgow Older People Welfare Association
Ann Docherty	Lead Nurse, Older People Rehabilitation, North Sector, NHSGGC
Ann Ross	Chief AHP North Sector, NHSGGC
Barry Sillars	Head of Planning, North & Regional Services, NHSGGC
Gordon Bryan	Rehabilitation Service Manager, NE Glasgow City HSCP
Jim O'Neil	Associate Clinical Director Glasgow City HSCP and GP Lightburn Medical Practice
John Stuart	Acting Director and Chief Nurse North Sector
Morven McElroy	Lead Clinician for Older People North Sector, NHSGGC
Neil McCallum	General Manager, Rehabilitation, NHSGGC

In addition to those who scored on the day we had comments from Martin Brickley, Public Partner, Senior Forum, East Dunbartonshire HSCP, who completed the exercise with John Barber in advance of the session. John provided input to the process where appropriate using the notes and scores agreed by Martin.

1. Preparation

A range of information and supporting materials was sent participants in advance of the session to allow them time to familiarise themselves with the options and the criteria. This included the Board paper about the proposal, details of travel analysis and surveys, information about some of hospital and care home sites, and a guide to the options appraisal process. Each of the Public Partners was contacted prior to the session to ask if they required further information about the proposal or options and if they understood what would be required of them during the session. The options appraisal guide sent to public partners can be found in attachment 2.

2. Options Appraisal Exercise

The options appraisal exercise started with a briefing and open discussion around the process and format of the exercise. Each participant introduced themselves and it was noted that there was 5 public partners and 8 staff, ranging from medical, nursing, therapists and senior management, taking part in the scoring exercise that day. The group examined:-

2.1. Options

The options were discussed with some clarity provided around the range of inpatient beds with everyone agreeing on the definitions of acute assessment, acute hospital based rehabilitation, and intermediate care in community setting. Participants were asked if any there were any other options to consider that might have been missed and all agreed that these were the short list that had been identified via previous meetings and events to be appraised. The agreed options were:-

- **Older adult Inpatient Rehabilitation Beds**
 - **Status quo:** Acute assessment at Glasgow Royal Infirmary, hospital rehabilitation at Lightburn and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.
 - **The Proposal:** Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively. Community rehabilitation in local care homes.
 - **Intermediate beds at Lightburn:** Community rehabilitation at Lightburn. Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.
 - **No local intermediate beds:** Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.
- **Day hospital**
 - **Status Quo:** Day hospital at Lightburn and Stobhill
 - **The Proposal:** Combined day hospital at Stobhill
- **General outpatients**
 - **Status Quo:** Outpatients locally
 - **Alternative:** Outpatients at Glasgow Royal Infirmary
 - **The Proposal:** Outpatients at Stobhill
- **Movement Disorder Clinic**

- **Service at GRI:** Consultant and nurse led movement disorder clinic at Glasgow Royal Infirmary
- **Service at Stobhill:** Consultant and nurse led movement disorder clinic at Stobhill
- **Service at community facilities:** Consultant and nurse led movement disorder clinic in local facility.

2.2. Criteria

Criteria to consider the options had been developed and discussed during the engagement process and had been circulated to the group. The proposed criteria were:-

- **Modern acute clinical care**
- **Access**
- **Quality of facilities**
- **Strategic Direction**

A more detailed explanation of the criteria had been circulated before the workshop and is in attachment 1 to this report. Discussion about the criteria included considering the different access issues across the catchment area and the different issues for inpatients, outpatients and visitors. A number of points about public transport were made. The criteria were agreed.

2.3. Weighting

The approach to weighting was explained and that a weighting, as a percentage of 100 needs to be agreed by the group for each criteria. This lets the group decide on what they think is the relative importance of each criteria. An initial suggestion was made to weight the criteria as 50, 15, 15 and 20 for modern acute clinical care, access, quality of facilities and strategic direction. There was then discussion that for patients the most important criteria would be clinical care and strategic direction is not as significant as the quality of care and facilities. The discussion also concluded this proposal gave too much weight to access. Following the discussion a consensus was reached that the weight of the criteria should be:-

Criteria	Weighting
Modern acute clinical care	60%
Access	10%
Quality of facilities	20%
Strategic direction	10%
Total	100%

2.4. Scoring

The group agreed to move on to score the options with the approach agreed as discussing views on each option and aiming to arrive at a consensus score, recording any disagreement. Each of the participants was issued individual scoring sheets to enable them to record their views. The scoring scale was agreed as:-

- | | |
|--------------------------|-------------------------|
| 1 = Performs very poorly | 5 = Performs quite well |
| 2 = Performs poorly | 6 = Performs well |
| 3 = Somewhat inadequate | 7 = Performs excellent |
| 4 = Performs adequately | |

2.4.1. Access Scoring

The issue about access being different from different parts of the catchment was raised and the group agreed we needed to be able to record scores which reflected the fact that the options were not the same on access for the different geographical localities served by the Glasgow Royal Infirmary, Lightburn and Stobhill. The group agreed that access from the locality surrounding Lightburn, the wider North Glasgow area and East Dunbartonshire would be considered for each option. Three scores were recorded for the access criteria.

3. Scoring the Options

The group moved on to discussing and scoring the options. Agreement was reached to aim to reach a single consensus score but if that was not possible disagreement would be recorded. There was an active discussion by the whole group of each option before scoring. In a number of areas the group asked for clinical advice and the public/patient partners brought their perspective to the discussion. The agreed scores were captured in real time during the session and are shown in the next section with a short summary of the points made in the discussion.

The group also agreed to record the value placed by patients on the services currently provided at Lightburn, in particular:-

- The attention and effort of facilities and domestic staff in maintaining very high environmental and cleanliness standards even with the challenges of the fabric and age of the buildings.
- The care and treatment provided across the multidisciplinary team being recognised as high quality, person centred and effective.
- Patient's experience of care being excellent and the environment being warm welcoming and friendly due to the efforts of the staff working there.

4. Results

The detailed information on the scoring is attachment 2 to this report in summary the options scored as follows:-

- **Older adult Inpatient Rehabilitation Beds**
 - **Status quo:** Acute assessment at Glasgow Royal Infirmary, hospital rehabilitation at Lightburn and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.
Score 203
 - **The Proposal:** Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively. Community rehabilitation in local care homes.
Score 603
 - **Intermediate beds at Lightburn:** Community rehabilitation at Lightburn. Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.

Score 490

- **No local intermediate beds:** Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.

Score 300

- **Day hospital**

- **Status Quo:** Day hospital at Lightburn and Stobhill

Score 313

- **The Proposal:** Combined day hospital at Stobhill

Score 613

- **General outpatients**

- **Status Quo:** Outpatients locally

Score 313

- **Alternative:** Outpatients at Glasgow Royal Infirmary

Score 450

- **The Proposal:** Outpatients at Stobhill

Score 613

- **Movement Disorder Clinic**

- **Service at GRI:** Consultant and nurse led movement disorder clinic at Glasgow Royal Infirmary

Score 510

- **Service at Stobhill:** Consultant and nurse led movement disorder clinic at Stobhill

Score 613

- **Service at community facilities:** Consultant and nurse led movement disorder clinic in local facility

Score 363

This option appraisal confirms our preferred options for consultation.

Attachment 1

Improving Rehabilitation Services for the Elderly in North East Glasgow

Public Partner Information for Options Appraisal Process 26 January 2017

Introduction

NHS Greater Glasgow and Clyde are proposing to reshape the delivery of rehabilitation services for the elderly in the North East of Glasgow and East Dunbartonshire. This would result in the transfer of services from Lightburn Hospital to our acute sites at Glasgow Royal Infirmary and Stobhill Hospital and to local community facilities in the North East of Glasgow and East Dunbartonshire.

This paper provides information to help you take part in the options appraisal for this proposal. It includes information about:

1. What is an options appraisal
 - 1.1. What happens in the options appraisal
 - 1.2. Things for participants to consider
2. The steps of an options appraisal
3. What happens next
4. Where to find further information

1. What is an options appraisal?

When considering a major change to services the NHS is required to develop and evaluate a list of options for providing the service in the future. Option appraisal is a process that helps examine the strengths and weaknesses of the options. Each option is scrutinised, discussed and evaluated in an open, transparent and accessible way. This includes involving the multidisciplinary, managerial and planning staff from the service and Public Partners, representing patients' and carers' that might be affected by the proposal, in the process.

1.1. What happens in an options appraisal?

- The options for the service will be agreed with participants.
- Participants will identify what is important to them, leading to agreed criteria to assess those options;
- Options will be discussed, reviewed and scored on their strengths and weaknesses.

Participants will receive information and assistance to enable them to take part. They should be prepared to discuss ideas and state what is important to them. The appraisal involves scoring the options using an agreed scale, which will be explained, but participants won't need to do any calculations.

1.2. Things for participants to consider

There is no expertise required. Your experience and knowledge to represent patients' and carers' potentially affected by the proposal is all that is necessary. All participants in an options appraisal are asked to try to be objective.

Additional information will be available and you can ask for assistance at any time if you are unclear about anything, or the opportunity to discuss the options and other

relevant information further. If during the process you do not agree with larger group consensus on aspects of the appraisal then the NHS staff present will make sure that your views are recorded

2. The steps of an options appraisal

There are 6 steps in an options appraisal:

1. Develop a long list of all the options that might be available
2. Review the long list and agree a short list of the 'possible' options
3. Agree criteria to judge the non-financial costs and benefits of the options on the short list

Stakeholder engagement on this proposal began in September 2016 with a range of activities to inform and engage with patients, carers and interested parties until 06 December 2016. During the informing and engaging process we heard feedback from and reviewed the available options with stakeholders, including the Stakeholder Reference Group at public events and meetings. This has provided a short list of possible options for each service area of the proposal (appendix 1) and a range of criteria to measure them against (appendix 2). There will be an opportunity to review and discuss the options and criteria as part of the appraisal process.

We will then move onto the steps below.

4. Rank and weigh the criteria to identify how important each is
5. Score the options using the criteria to discuss and assess each of them
6. Calculate the weighted scores

Steps 4

The criteria are ranked in their order of importance and then weighted, according to their relative importance. This will be done via facilitated group discussion to reach a consensus and recorded.

Step 5

The options will be scored as a group through facilitated discussion to reach a consensus and recorded with recording any differing opinions.

Step 6

Once the scoring process is complete we bring them together to get a score for each option. The outcome of the scoring process allows people to compare how each of the options performs and which performs best.

3. What happens next

The options appraisal process and group discussion provides evidence towards and helps identify the preferred option to be formally consulted upon. The preferred option will be described in consultation materials with information available about their development and the appraisal process.

4. Where to find further information

Further information about the proposal and all materials developed to date are available on NHSGGC's website [here](#) with printed copies of any documents available on request.

Appendix 1

Improving Rehabilitation Services for the Elderly in North East Glasgow and Lightburn Hospital

Options Appraisal 26 January 2017: Short List of Options

A. Service Area: Older adult Inpatient Rehabilitation Beds	
Option	Description
1. Status Quo	Acute rehabilitation beds at Glasgow Royal Infirmary, Lightburn and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively.
2. The Proposal:	Acute rehabilitation beds at Glasgow Royal Infirmary and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively. Intermediate rehabilitation beds in a range of local care homes.
3. Intermediate beds at Lightburn	Intermediate rehabilitation beds at Lightburn. Acute rehabilitation beds at Glasgow Royal Infirmary and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively.
4. No local intermediate beds	Acute rehabilitation beds at GRI and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively.

B. Service Area: Day Hospital	
Option	Description
1. Status Quo	Day hospital at Lightburn and Stobhill
2. The Proposal:	Combined day hospital at Stobhill

C. Service Area: General Outpatients	
Option	Description
1. Status Quo	Outpatients locally
2. Service at GRI	Outpatients at Glasgow Royal Infirmary
3. Service at Stobhill	Outpatients at Stobhill

D. Service Area: Movement Disorder Clinic	
Option	Description
1. Service at GRI	Consultant and nurse led movement disorder clinic at Glasgow Royal Infirmary
2. Service at Stobhill	Consultant and nurse led movement disorder clinic at Stobhill
3. Service at community facilities	Consultant and nurse led movement disorder clinic in local facility

Appendix 2

Improving Rehabilitation Services for the Elderly in North East Glasgow and Lightburn Hospital

Options Appraisal 26 January 2017: Benefit Criteria

Benefit criteria are all of the factors that are relevant and important to the service, but which cannot be measured in financial terms.

Modern acute clinical care
<ul style="list-style-type: none">• Is provided in locations with on-site access to range of investigations• Is provided in locations on-site access to range of support services• Is provided in locations with full medical cover– Has individuals in an acute hospital setting for the acute period only– Can provide more intensive rehabilitation in a shorter period of time– Can reduce the need to transfer patients to other sites– Can reduce the number of follow-up appointments– Can provide more rapid progress to definitive treatment– Services are integrated and work across settings to provide ensure people
Access for patients, their carers and family
<ul style="list-style-type: none">– Location has good public transport links– Location is easily accessible by car– Location is fully physically accessible
Quality of facilities
<ul style="list-style-type: none">– Acute inpatients<ul style="list-style-type: none">– Access to single room en-suite accommodation– Multiple bedded areas have access to adequate toileting and showering facilities– Patients can access common areas for socialisation with other patients or family members– Day hospital– Outpatients
Strategic Direction
<ul style="list-style-type: none">• Local and National Clinical Services Strategy set out future models of care for Older People's Services to ensure stay in hospital is for the period of acute care only.• Early intervention from specialists in the care of older people focussed on multi-disciplinary assessment of frailty• Rapid commencement of multi-disciplinary rehabilitation within facilities that enable fast access to the full range of investigations and specialist advice.• Develop services in the hospital and community to enable more people to be discharged directly home and directly from shorter lengths of stay in acute hospitals to care home facilities, providing a new range of care;• Medicalised day hospital model• One stop outpatients in a setting where access to support services allows the delivery of modern standards of service delivery

Attachment 2

Options Scoring Sheets

Notes:

- As agreement was reached to score access for three different localities access three score are shown a third of the weighting allocated to each score.
- The notes on each option are a very short record of detailed discussions to arrive at the score.

Service Area:		Older Adult Inpatient Rehabilitation Beds		
Option		Status quo: Acute assessment at Glasgow Royal Infirmary, hospital based rehabilitation at Lightburn and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		2	Lightburn does not have access to full range of acute services or full on site medical cover.	120
Access	Lightburn Locality	7	Very good access for those who live in surrounding area.	23.33
	North Glasgow	4	Road access OK. Public transport for many in the catchment involves getting two buses, including some areas of the East End	13.32
	East Dunbartonshire	2	Furthest away, road access not good and public transport links are very poor to Lightburn	6.66
Quality of facilities		1	Quality and fabric of the building, access to showering and toileting for inpatients are not good. All participants wanted it noted that the score was not a reflection of the facilities and domestic staff and cleanliness, or the care provided by the multidisciplinary team.	20
Strategic direction		2	Does not meet strategic direction - Rapid commencement of multi-disciplinary rehabilitation within facilities that enable fast Access to the full range of investigations and specialist advice. – Develop services in the hospital and community to enable more people to be discharged directly home and directly from shorter lengths of stay in acute	20

		hospitals to care home facilities, providing a new range of care;	
Total Score			203

Service Area:		Older Adult Inpatient Rehabilitation Beds		
Option		The Proposal: Acute assessment at Glasgow Royal Infirmary, acute hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively. Intermediate rehabilitation in a range of local care homes.		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	This option delivers on all of the key components of modern acute care.	360
Access	Lightburn Locality	4	Patients would be transported but taking into account a small number of visitors who would need to use public transport to Stobhill, Community beds are locally accessible	13.32
	North Glasgow	6	Recognised that public transport can be difficult for visitors to Stobhill but for few patients and most visitors are cars. Road access is OK Community beds are locally accessible	19.98
	East Dunbartonshire	6	Recognised that public transport can be difficult for visitors to Stobhill but road access good. Community beds are locally accessible	19.98
Quality of facilities		6	The quality of the physical facilities and the fabric at Stobhill and care homes is very good and they provide excellent access to showering and toileting facilities.	120
Strategic direction		7	Would meet all the strategic aims.	70
Total Score				603

Service Area:		Older Adult Inpatient Rehabilitation Beds		
Option		Intermediate beds at Lightburn: Intermediate rehabilitation at Lightburn. Acute assessment at Glasgow Royal Infirmary, acute hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	Scores highly as hospital based rehabilitation is moved to an acute	360

			site and only intermediate remains at Lightburn.	
Access	Lightburn Locality	7	Would be very accessible for local community	23.31
	North Glasgow	3	Lightburn not an accessible location for community beds	9.99
	East Dunbartonshire	2	Lightburn not an accessible location for community beds	6.66
Quality of facilities		1	Not a homely environment, not good access to showering and toileting and the fabric of the building is poor.	20
Strategic direction		7	It meets all the strategic aims by delivering acute beds on an acute site and community beds but the site would require significant capital investment and redevelopment by the Health and Social Care Partnership to improve the quality of facilities and provide a more homely environment.	70
Total Score				490

Service Area:	Older Adult Inpatient Rehabilitation Beds			
Option	No local intermediate beds: Acute assessment at Glasgow Royal Infirmary, acute hospital based rehabilitation at Stobhill with stroke and orthopaedic rehabilitation at Stobhill and Gartnavel General Hospital respectively.			
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		3	There are no community rehabilitation beds to discharge to and people would stay in an acute hospital when not needed.	180
Access	Lightburn Locality	2	No local care beds to discharge to.	6.66
	North Glasgow	2	No local care beds to discharge to.	6.66
	East Dunbartonshire	2	No local care beds to discharge to.	6.66
Quality of facilities		4	Overall consideration when weighing the GRI against Stobhill.	80
Strategic direction		2	Does not provide the range of care required	20
Total Score				300

Service Area:	Day Hospital
Option	Status Quo: Day hospital at Lightburn and Stobhill

Criteria		Score	Reason	Weighted Score
Modern acute clinical care		3	This is a lower score for as the Lightburn part of the is two site model, does not provide full acute facilities.	180
Access	Lightburn Locality	7	If attending Lightburn - very good access for those who live in surrounding area.	23.31
	NE / NW Glasgow	4	Lightburn – dependant on area of catchment can be difficult to get to.	13.32
	East Dunbartonshire	2	If attending Lightburn – furthest to travel	6.66
Quality of facilities		3	This is a lower score as Lightburn is not in modern purpose built facilities but	60
Strategic direction		3	Lightburn cannot provide a modern medical model as lacks full range of acute services	30
Total Score				313

Service Area:	Day Hospital			
Option	The Proposal: Combined day hospital at Stobhill			
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	Has onsite access to a full range of acute services allowing more to be done in less visits and faster progress.	360
Access	Lightburn Locality	4	Patients can access transport service, but recognised that further to travel	13.32
	North Glasgow	6	For many Stobhill is closer	19.98
	East Dunbartonshire	6	Stobhill is closer	19.98
Quality of facilities		7	The day hospital at Stobhill is purpose built and has full facilities p	140
Strategic direction		6	Would be able to provide a medicalised model of care and provide support to prevent admission or early discharge from acute setting.	60
Total Score				613

Service Area:		General Outpatients		
Option		Status Quo: Outpatients locally		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		3	No access to acute services and specialties and these would need to be accessed on other site meaning more appointments and longer time to diagnosis/treatment.	180
Access	Lightburn Locality	7	Very good access for those who live in surrounding area.	23.31
	North Glasgow	4	Public transport to Lightburn for many in the catchment involves getting two buses, including some areas of the East End.	13.32
	East Dunbartonshire	2	Furthest away and public transport links are very poor to Lightburn.	6.66
Quality of facilities		3	The fabric of the building at Lightburn is not good.	60
Strategic direction		3	Lightburn cannot provide a one-stop model.	30
Total Score				313

Service Area:		General Outpatients		
Option		The Proposal: Outpatients at Glasgow Royal Infirmary		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		5	There is access onsite to acute services but inpatient pressures can limit when these are available for outpatient use.	300
Access	Lightburn Locality	3	Site is easy to get to however the access once on site including access and distance to get to some areas means a lower score.	9.99
	North Glasgow	3	Site is easy to get to however the access once on site including access and distance to get to some areas means a lower score.	9.99
	East Dunbartonshire	3	Site is easy to get to however the access once on site including access and distance to get to some areas means a lower score.	9.99
Quality of facilities		4	Recognition that some buildings are	80

		older so fabric is mixed	
Strategic direction	4	Strategy is to separate ambulatory care from acute emergency sites and this would fail to achieve this.	40
Total Score			450

Service Area:		General Outpatients		
Option		The Proposal: Outpatients at Stobhill		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	Can provide onsite access to a range of acute services on an site with lower acuity and reduce transfer across sites with faster progress to diagnosis and treatment.	360
Access	Lightburn Locality	4	More difficult to get to by public transport but recognised that the site is easy to access by car and much more physically accessible to navigate than GRI.	13.32
	North Glasgow	6	Can be difficult by public transport but site is easy to access by car and much more physically accessible to navigate than GRI.	19.98
	East Dunbartonshire	6	Can be difficult some by public transport site is easy to access by car and much more physically accessible to navigate than GRI.	19.98
Quality of facilities		7	Excellent modern and purpose build facilities	140
Strategic direction		6	Can provide a one-stop model on an acute ambulatory site.	60
Total Score				613

Service Area:		Movement Disorder Clinic		
Option		Service at GRI: Consultant and nurse led movement disorder clinic at Glasgow Royal Infirmary		
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	Access to acute services and specialist nurses for integration and cross working.	360
Access	Lightburn Locality	3	The site is easy to get to for most patients, but the physical access and navigating the site due to its	9.99

			size, mix of buildings and layout can be difficult.	
	North Glasgow	3	The site is easy to get to for most patients, but the physical access and navigating the site due to its size, mix of buildings and layout can be difficult.	9.99
	East Dunbartonshire	3	The site is easy to get to for most patients, but the physical access and navigating the site due to its size, mix of buildings and layout can be difficult.	9.99
Quality of facilities		4	Recognition that some buildings are older and a busy hospital site with high footfall and affect this has on the fabric.	80
Strategic direction		4	Strategy is to separate ambulatory care from acute emergency sites and this would fail to achieve this.	40
Total Score				510

Service Area:	Movement Disorder Clinic			
Option	Service at Stobhill: Consultant and nurse led movement disorder clinic at Stobhill			
Criteria		Score	Reason	Weighted Score
Modern acute clinical care		6	Access to acute services and multidisciplinary teams for cross-working.	360
Access	Lightburn Locality	4	More difficult to get to by public transport but recognised that the site is easy to access by car and more physically accessible and easier to navigate.	13.32
	North Glasgow	6	More difficult to get for some to get to by public transport but recognised that the site is easy to access by car and more physically accessible and easier to navigate.	19.98
	East Dunbartonshire	6	Difficult to get for some to get to by public transport but recognised that the site is easy to access by car and more physically accessible and easier to navigate.	19.98
Quality of facilities		7	Newer build so fabric of the building is very good with excellent layout easy physical access.	140

Strategic direction	6	Can provide access to a greater range of acute services and multidisciplinary teams but on an ambulatory site.	60
Total Score			613

Service Area:		Movement Disorder Clinic	
Option		Service at community facilities: Consultant and nurse led movement disorder clinic in local facility	
Criteria		Score	Reason
Modern acute clinical care		3	Recognition that the patient experience is high for those attending Lightburn, but there is no access to acute services if required and less opportunity for cross-working.
Access	Lightburn Locality	7	Local and site is physically accessible.
	North Glasgow	4	Public transport to Lightburn for many in the catchment involves getting two buses, including some areas of the East End.
	East Dunbartonshire	2	Furthest away and public transport links are very poor to Lightburn.
Quality of facilities		5	Reasonable outpatient facilities could be available
Strategic direction		4	Cannot provide access to a greater range of services or develop cross working relationships with other specialties.
Total Score			363