

Improving Rehabilitation Services for the Elderly in North East Glasgow

Frequently Asked Questions about the Proposal

NHS Greater Glasgow and Clyde are proposing to improve the way they provide rehabilitation services for older people in the North East of Glasgow and East Dunbartonshire.

The following are frequently asked questions that people have already asked or might ask about our proposal.

- **What are you proposing?**

We want to improve the way we provide rehabilitation services for older people across the whole of North East Glasgow and East Dunbartonshire. To do this we want to locate services on our acute hospital sites at Stobhill or the Glasgow Royal Infirmary, other services will be provided in local care facilities commissioned by the Health and Social Care Partnerships and services will also be provided directly in people's homes. This would mean moving all services currently provided at Lightburn to other locations in the North East of Glasgow. We would also provide an alternative meeting space in the East End for the local Parkinson's support group.

- **Why are you making this proposal?**

We are making this proposal to improve the way we provide elderly rehabilitation to respond to the changing needs of the population. The way we provide care has changed and this has been recognised in national and local strategies developed with the specialist teams who provide the services and in consultation with people who use the services. The doctors, nurses, physio and other therapists who provide these rehabilitation services want to ensure patients get the best possible treatment, when they need it, and in the right setting to help them live independently. People have told us that they want their stay in hospital to be as effective as it can be in as short a time as possible and that they want to get back to their homes and communities as soon as they can. We believe that our proposal will help enable this.

- **How will this proposal affect people?**

This proposal is primarily about how we provide rehabilitation for older people, but we recognise that some family members and carers might also be affected and there is also the staff that currently deliver the services.

For the majority of **Inpatients** from across the catchment there will be no change. They will attend the Glasgow Royal infirmary and after assessment or a period of acute care they will be discharged to their own homes. For those that require a further period of acute hospital rehabilitation this would now take place at Stobhill; however with more community based beds and interventions at home the number who require this will be reduced. In the current model the hospital admitted to is not dependent on home address and patients from the East End could be sent to Stobhill and those from East Dunbartonshire could be sent to Lightburn.

For **Outpatients** we are looking to have clinics at either Stobhill or the Glasgow Royal Infirmary. This might mean further to travel for some people in the catchment area; however what we want to do is do more in less visits in a 'one-stop shop' approach. For example, if someone currently attending Lightburn needs a scan they have to have an appointment made elsewhere (Stobhill or the Glasgow Royal Infirmary). They then have

to attend that appointment then make another back a Lightburn to review the results with the team there, which all in could take several weeks. If the clinic was at Stobhill then there is often the ability to have investigations done and reviewed on the same visit, meaning less appointments and being able to start treatment much sooner. This scenario would also apply to having the **Day Hospital** on an acute site.

For **Carers** and **Family** it might mean, dependant on where they stay, having to travel further to support someone to an appointment or to visit them in hospital. However, we have described that we want the length of stay in an acute hospital to be shorter and that we want to do more using a 'one-stop shop' approach. This would mean that there would be less overall journeys to and from hospital as we want to provide more services in people's local communities and directly within their homes. In addition, when we [surveyed visitors](#) we found that often they don't live locally and the majority don't use public transport.

If the proposal was to proceed, then of the **Staff** who are currently delivering the services at Lightburn would be supported to find them a similar roles elsewhere within the organisation. We'll also work with the HSCP to see if there can be alternative local jobs for current staff.

- **What is elderly rehabilitation?**

[Elderly rehabilitation](#) caters for the needs of older people who have suffered an injury or are recovering from an illness. The goal of rehabilitation is to help people get as near to their previous level of function and wellbeing. This will involve assessment of each individual's ability and needs before implementing therapy to address these needs and help them adapt to any change in circumstance. This might be by increasing a person's mobility, or with everyday things such as personal care to eating and drinking with the goal being to help older people live as independently as possible.

- **What is acute hospital based rehabilitation?**

Acute hospital based rehabilitation is when a patient has had treatment for their injury or illness, but still requires a period of rehabilitation in an acute hospital with access to the services they provide. For example this might mean a person can start their rehabilitation, but might need scans or other investigations as part of their ongoing recovery and if not on an acute site this would mean being transported to another site.

- **What are intermediate care and community rehabilitation beds?**

[Intermediate care](#) is when, usually following a period of acute hospital care, a patient is not quite ready to return to their own home and still requires rehabilitation as an inpatient. However, they don't need the support and services of an acute hospital and instead can access community rehabilitation beds in modern local care home commissioned by the Health and Social Care Partnership. These modern facilities provide single ensuite rooms where patients can focus on reablement in setting that is more homely than a hospital. These beds can also be used to prevent people having to be admitted to an acute hospital.

- **What is reablement**

Reablement is a form of rehabilitation usually delivered in the intermediate care setting. It focuses on practical tasks and activities of daily living such as washing, dressing and cooking etc. to help patients develop the confidence to be able to carry them out independently at home.

- **What is acute care and an acute hospital?**

Acute care is when a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Acute hospitals are usually larger sites that have a wide-range of specialties and services to provide care for people who are acutely unwell or have more complex recovery needs.

- **What would happen to the Lightburn Hospital site?**

If the services are transferred other sites then the Lightburn Hospital site will close. Beyond this there are no other plans for the site or what would happen to it.

- **How will access and transport affect people?**

For this proposal, the [Stakeholder Reference Group](#) identified that access and transport will have the biggest impact on some carers and family members as most patients will be transported by ambulance services. As part of the initial engagement then as part of the consultation we looked at [travelling by both car and public transport](#) from across the whole catchment area to each of the hospital sites and several of the care homes. Dependant on where someone was travelling from and where they are travelling to could mean either an increase or decrease in their journey time. The greatest impact would be on those who use public transport travelling from the East End of Glasgow to Stobhill hospital. However, as we have described elsewhere we want to reduce the length of time people spend as an inpatient or do more in less visits for outpatients. So although some people might have to travel further they will do so less often.

- **What are the new models of Community Rehabilitation?**

There are two models of community rehabilitation, Intermediate Care described earlier plus there is a [Community Rehabilitation Team](#). This is a multidisciplinary team that includes physio and occupational therapists who provide rehabilitation and reablement directly within people's homes. This can provide people with support and confidence to live independently at home and can prevent a hospital admission.

- **What are the financial implications for the beds in care homes?**

There is no charge to inpatients undergoing assessment or treatment in Intermediate Care beds. This can last up to four weeks and if the outcome is that someone is no longer able to return to their own home the rehabilitation team will work with Social Services, family and carers to look at a permanent placement in a care home. When this occurs there will be means testing.

- **What is a Day Hospital?**

The Day Hospital model has changed significantly in the last few years to provide intensive rehabilitation and more focussed and specialised healthcare to individuals who require those services but are able to return to their homes overnight. The more traditional model was often seen to be more social and although we recognise that isolation can be an issue for many elderly people we want to deliver a service that provides rapid progress through treatment so that people can remain at home independently. To do this we want to locate our Day Hospitals on acute site with access to the service required and we work with partners in the community and voluntary sector to look at other solutions and services to reduce isolation.

- **How did you develop the options you are proposing?**

We have worked closely with our Public Partners on the Stakeholder Reference Group and listened to wider feedback to shape and determine the options we are proposing. The Public Partners are members of organisations or groups who represent the interests of elderly people in North East Glasgow and East Dunbartonshire, plus many of them would describe themselves as older people. Feedback we got from them helped shape how we informed and engaged with people early in the early stages of our proposal and the feedback we got from the public and interested parties helped develop a list of possible options. Before we moved to consultation the Stakeholder Reference Group carried out an [Options Appraisal](#) exercise overseen by the Scottish Health Council to evaluate discuss and score each option. The most feasible options that score the highest against criteria such as clinical care, facilities and access are then put forward for public consultation.

- **What impact would closing Lightburn have on the East End?**

Recognising that the East End of Glasgow is often described as an area subject to high levels of deprivation [we are looking at](#) what affect closing Lightburn Hospital might have. Public Health doctors will analyse how factors such as employment, the economy, local identity and ownership might impact on local people's health. This will be made available when completed and included in the report of this consultation sent to the Board.

- **What about the proposed development of the Parkhead Hub?**

Glasgow City Health and Social Care Partnership are proposing the development of a Health and Social Care Hub in the East End of Glasgow. The centre would include a wide range of health and social care services. An initial options appraisal identified the Parkhead Health Centre and Hospital site as the preferred option but this will now be subject to further appraisal including the Lightburn site, should it become vacant. The development of the proposal will be led by Glasgow City Health and Social Care Partnership with a joint planning group with NHS Greater Glasgow and Clyde to ensure the benefits to the local community and opportunities for integration with acute services maximised. The development of this hub will be subject to Scottish Government funding;

- **How can I get hold of more information or some of the materials available online for a friend who doesn't have access to the internet?**

Have your friend call us on our Freephone Number 0300 123 9987. We are happy to print off and send out any of our consultation materials.

- **I would like to get some leaflets to give out to my friends in the lunch club. How do I get hold of some?**

Again, please call us on Freephone 0300 123 9987 and will send you more leaflets and posters.