



NORTH EAST REHABILITATION SERVICES

Recommendation:

The Board:

- consider the responses to formal public consultation on the proposed changes to North East rehabilitation services;
- Endorse the proposed service changes set out in this paper for submission to the Cabinet Secretary for her consideration.

1. BACKGROUND AND PURPOSE

- 1.1 The 2016/17 Local Delivery Plan included a proposal to reshape rehabilitation services in North East Glasgow. In August 2016 the Board approved the process to inform and engage patients and the public on the proposed changes. In December 2016 the Board considered the outcome of that informing and engaging programme. That meeting approved the recommendation to take the proposed changes to formal public consultation. This paper reports back on that consultation and recommends next steps.
- 1.2 In approving public consultation the Board also agreed to establish a public health review of the concerns raised about the wider local impact of the closure of Lightburn Hospital.
- 1.3 This paper is presented with a number of additional background papers. The **current services and the proposals we put to consultation** are described in **Attachment 1**. The detailed **consultation report** is **Attachment 2** to this paper. **The Scottish Health Council feedback** on the consultation programme is **Attachment 3** (to follow, final report not yet received). The **Public Health Report** is **Attachment 4**.

2. PROPOSED CHANGE

- 2.1 This section summarises the proposed changes and the case for those changes. The detailed proposal we put to consultation is Attachment 1 to this paper.

2.2 The services currently provided at Lightburn are shown below.

Lightburn Hospital Activity Data	
Inpatient Episodes	714 for whole of NE including EDC
Day Hospital Attendances	400 new 3000 return
Falls OP	300
General Geriatric OP	300
Movement Disorder OP	550
All Outpatients	400 w and 750 return

2.3 Under our proposals **inpatients** from across the NE catchment would have rehabilitation which requires the full range of acute services at Stobhill Hospital. Patients, who need inpatient rehabilitation or other community inpatient care not requiring acute facilities, including palliative care, would be admitted to a small number of care homes commissioned by HSCPs to deliver that extended level of care. That service includes additional medical, AHP and nursing input beyond standard care homes. The majority of North and East Glasgow patients will be discharged from GRI directly home without requiring a longer period of rehabilitation. This will mean for most people there will be no change from these proposals as their inpatient care will be provided from Glasgow Royal Infirmary.

2.4 Extended **community rehabilitation services** will be able to provide more care in patients' homes.

2.5 The **day hospital and outpatient service** for the whole of the NE catchment would be brought together in the modern facility at Stobhill Hospital with a full range of acute services enabling a greater focus on one stop delivery and onward referral to community services if required.

2.6 Outpatient **movement disorder services** would be delivered from the GRI, with a continuing focus on multidisciplinary working and continuity of care.

2.7 Our proposals are fully aligned with the national clinical strategy and national delivery plan, key points include:

- the national clinical strategy emphasises the balance between local services and services which require the full resources of an acute hospital; and the development of new community services to shift the balance of care from acute hospitals;
- the national delivery plan includes a target to reduce by 400,000 beds days in acute services;
- Both plans emphasise that future models of care for older people's services should ensure older people stay in hospital only for acute care and that:-

"When someone does require specialist care in hospital we want it to be delivered in a centre of real expertise that is underpinned by our unswerving commitment to patient safety."

2.8 The key clinical benefits our proposals are shaped to deliver are:

- early intervention from specialists in the care of older people focussed on multidisciplinary assessment of frailty;
- rapid commencement of multidisciplinary rehabilitation within facilities that enable immediate access to the full range of investigations and specialist advice;

- services in the hospital and community to enable more people to be discharged directly home or after a shorter lengths of stay in an acute hospital;
- new community rehabilitation beds providing a local service and a wider range of care;
- additional community rehabilitation services delivered in people's homes;
- acute day hospital services which, for most patients, assess and intervene on a one-stop basis and then discharge patients or move them into local services;
- Outpatients in a setting where there is access to other clinical services enabling a one-stop approach.

2.9 The proposals are designed to ensure a patient's stay in hospital is for the acute period of care only and patients are supported to return to their community as soon as possible. For patients requiring acute care this will be delivered in facilities providing access to the full range of acute and diagnostic services. The model of community based rehabilitation will further strengthen links between clinicians within the acute sector and community services developing integrated care pathways between acute and HSCP services enabling alternatives to admission and early discharge.

2.10 The proposal has been developed with the multi disciplinary team in the North Sector, medical, nursing and AHP staff and has full support, across Board's clinical advisory structures including:

- Area Clinical Forum;
- GP and Hospital Sub Committees;
- East Glasgow and East Dunbartonshire GP Forums.

3. CONSULTATION PROCESS

3.1 We have carried out an major programe of consultation which has included:

- extensive promotion of the consultation process;
- an extensive range of materials from very detailed documents to short leaflets, video clips about the new services and financial information;
- a range of opportunities for the public to give us their views, in a range of public events, by email and by telephone;
- an option appraisal event with the SRG;
- connecting our proposals to the HSCPs hub development programme.

3.2 The detailed report on the consultation programme is Attachment 2 to this paper.

3.3 In reporting back to the Board it seems appropriate to acknowledge the contribution of the patient and public partner members of the Stakeholder Reference Group (SRG) who have made a major contribution to ensuring that all of these elements of the consultation have been driven by a patient and community perspective.

3.4 We have worked closely with the Scottish Health Council (SHC) throughout the consultation process and, as is required when a change is deemed major, the SHC have a quality assurance role. The SHC report, which is Attachment 3 to this paper, (final report awaited and to follow), confirms our consultation has met the requirements of the national guidance.

4. POINTS RAISED IN CONSULTATION

4.1 This section summarises the main themes which we have heard in the consultation. The consultation report, at attachment two, includes more detail of the feedback we have received and the written submissions from local politicians and organisations.

4.2 **Access and transport issues.** There were a range of issues raised about access and transport with particular concerns about access to Stobhill for patients and visitors. The local MSP emphasised that poor public transport links from the area to the other proposed replacement facilities would limit patient attendance and geographical access for visitors and family. The full transport analysis is included in the consultation proposal which is attachment one to this paper. We do understand that access is an important and requires careful consideration within our overriding aim to provide the highest quality patient services. There are a number of points of response to the access concerns:-

- almost all day hospital patients attend by ambulance and car;
- the SAS have provided reassurance about access to ambulances for the new pattern of services for all patients who require them;
- the aim is that small numbers of patients, less patients than those admitted to Lightburn from the East End, will require acute hospital rehabilitation outside the East End, with locally accessible services through the care home model and more care in patients' homes. Of the current 300 East End inpatients we estimate 150 will require rehabilitation at Stobhill and 150 will be admitted to local HSCP rehabilitation beds, with those numbers reducing as alternatives to inpatient care are further developed;
- the proposal will reduce follow up attendances, by delivering day services and outpatients on a full acute site with more patients dealt with on a one stop model;
- we will look to provide the movement disorder with the same team and model of care at the GRI;
- It is important to emphasise that Stobhill and the GRI already provide the over whelming majority of inpatient and ambulatory care to residents of the East End. This is illustrated below for the east end post codes:

	Glasgow Royal Infirmary			Stobhill Hospital	
	Day Case	Inpatient admission	Outpatient Attendances	Day Case	Outpatient Attendances
Total	4,741	22,537	24,258	6,225	5,617

4.3 **Parkinson's service.** Parkinson's Scotland ran an event for patients during the consultation, the report of which is included in the consultation report at attachment two. Concerns raised at that session included that a shift from Lightburn would mean the loss of the multi disciplinary Parkinson's' clinic and other elements of the current service. We understand the importance of multidisciplinary care and continuity to patients with chronic conditions. The proposal is that the whole clinical team would relocate to continue to provide integrated multi disciplinary care, including home visiting and direct access for patients.

4.4 **Impact on Inequalities.** The engagement process highlighted clear views from responses that Lightburn fulfils a particular need, generated by the socio-economic profile of the area, for health care services to be available locally and a number of responses have highlighted concerns about the impact on a deprived area of losing a local hospital service. An EQIA of the proposed changes, which effect small numbers of patients, did not raise major issues and the further review by the Public Health report has not indicated there is a significant impact. The services provided at Lightburn are limited in range and volume the overwhelming majority of acute care for this population is provided in the GRI and Stobhill. The Public Health report does highlight issues for the local community and employment and recommends that if the closure proceeds there must be a real focus on mitigating those impacts.

- 4.5 **Capacity in acute beds and community facilities.** There were concerns about reduced bed numbers by closing the beds at Lightburn. There are a series of changes which enable the Acute Division to deliver care in the NE with less beds these include:
- substantial reductions to the number of patients delayed in acute beds waiting for community care have already been delivered and we have agreed additional reductions with our HSCPs;
 - there will be additional beds in the community facilities;
 - These new facilities and the range of other service changes will enable us to reduce lengths of stay and to reduce admissions. More detail on how these arrangement will operate are set out in the Board's review of unscheduled care and new model for the delivery of care to frail older people arriving as emergencies at the GRI.
- 4.6 **No change to position since previous decision.** The challenge has made that there is no difference to the position since the previous Cabinet Secretary decision in 2011 not to approve the closure of the hospital. This point has been mostly strongly made by the local MSP. In our view there are a number of different factors:
- the National Clinical strategy and Delivery Plan give clear direction to shift the balance of care towards community services and to focus acute care only on those patients who require it;
 - Integration Joint Boards, with statutory responsibility for health and social care in the community, have been established since the previous proposal. HSCPs are now well established, commissioning and delivering extended community and inpatient services;
 - The 2011 proposed model of care did not include the key elements in this proposal, extended community based rehabilitation and beds provided in local care homes providing a range of new services immediately accessible to the local population. In addition, we are now proposing reframed outpatient and day services focussed on one stop care and reducing repeat attendances;
 - Our proposals now have comprehensive clinical support which was not the case on the last occasion.
- 4.7 **Palliative Care.** Concern has been raised that Lightburn plays an important role in providing end of life care. However, we know that patients prefer to die at home, or in a homely setting, not in hospital and HSCPs are driving programmes of service redesign to deliver that outcome. As well as strengthening local community services to support patients at home the inpatient services provided in the commissioned local care homes will include specialist end of life care in much better facilities than are available at Lightburn. This will ensure that, where appropriate, we have the option to move patients from acute sites for end of life care in local facilities. This is in line with the National Palliative care strategy.
- 4.8 **New models in care homes.** The engagement process included a number of challenges to the proposed new model of care, including whether the services in local care homes are an alternative to Lightburn services. Our consultation material explained the new model in more detail including the fact these services would not be means tested and we developed short videos explaining the model of care more clearly. This has generated a more positive response through the public events in the consultation process and was supported by the community representatives on our stakeholder reference group.
- 4.9 **Day hospital care.** Submissions to the engagement process acknowledged the higher quality facilities which would be available at Stobhill in a combined NE day hospital but raised the concern that patients would not be able to access this site. The SAS have helped us to make clear during the consultation that patient transport will enable access equivalent to Lightburn. The wider access issues have been covered in more detail earlier in this section.

- 4.10 **Current function of Lightburn.** There have been misunderstandings in engagement responses about the current function of Lightburn, including that the hospital provides care for patients discharged from acute services and that it is only a hospital for local people. Patients are admitted to Lightburn from across the NE and are not discharged from acute care. One of the drivers for change is that we cannot provide modern, full acute care on this site as it does not have the full facilities for acute care or the required medical cover. East End, patients are also currently transferred from the GRI to services in Stobhill and Gartnavel as well as to Lightburn.
- 4.11 **Parkhead hub is critical to the proposed service changes.** A number of submissions suggested that capital developments are critical to the proposal. That is not the case as our proposal uses existing acute facilities and commissioned care home services. From the engagement we recognised that the local community wanted to understand the timing and process for investment by the HSCP and to see the option of a Lightburn site explored. We will have therefore worked with the HSCP to ensure the consultation process has enabled engagement on this point and the new HSCP hub is being progressed as rapidly as possible.
- 4.12 **Investment at Lightburn.** In addition to the point above, responses wanted to see investment in hospital facilities at Lightburn to develop the site for acute care. The local MSP considered that the Board had run down facilities since 2011. We have explained that there has been investment to maintain the Lightburn facilities but the focus of capital investment has been on and will continue to be on the development of our major acute sites, alongside the priority of investment in community facilities to enable a shift in the balance of care. We have tried to explain that the Board does not require additional, new acute facilities, for example an ACAD development similar to Stobhill of the Victoria is not realistic in the East End. It is fundamentally important that scarce capital investment is focussed on delivering new models of care which are durable for the future needs of our population. Building a new inpatient facility on the Lightburn site rather than investing capital in community facilities and our major acute sites, including the GRI, does not make strategic or clinical sense.
- 4.13 **Lightburn is regarded as a valuable local facility by the local community.** The local MSP has highlighted the fact that in an area of high multiple deprivation and few community amenities compared to other areas, Lightburn Hospital is a known and valued landmark. Its closure would remove a significant piece of infrastructure from an already deprived community. The importance of visible, public sector investment in the East End is recognised, the HSCP has already delivered an extended care home in Dalmarnock and the Health and Social care hub proposal is visibly advancing. It would be inappropriate for us to be advancing potential other uses of the site while until a decision is made our proposals but we would underline that the site will be considered for the HSCP hub if closure proceeds and in the event that option was not pursued the Board would work with other public sector organisations to try to rapidly agree a future use which adds value to the local community. This issue was highlighted in the public health report which is Attachment 4 to this paper.
- 4.14 **Lightburn reflects national policy in terms of keeping services as local as possible.** Section two of this paper relates our proposals to the full range of national policies. The current Lightburn service cannot deliver the clinical model of acute care which national and local policy and clinical advice requires. Our proposal does reshape each of the current functions of Lightburn into an up to date model of care keeping as much of the service local as possible and increasing the range of services which are provided in the community.
- 4.15 **Lightburn removes barriers and disincentives which patients would encounter if required to attend a large acute hospital some distance away. It optimises access to health care in a deprived community.** The focus of our proposals is to offer modern acute health care, which cannot be delivered on the Lightburn site, alongside redesigned

and extended community services; this achieves the balance of highest quality of care and maximum local access.

4.16 **Local services such as those at Lightburn, provide the most effective rehabilitation. There would be a gap in the provision of the appropriate level of hospital-based provision if Lightburn shut.** The response which makes this point also acknowledges that:

- the proposal to use hospitals in other parts of Glasgow for acute occurrences is to some extent understandable, but they are not local and this has a proven effect on rehabilitation rates;
- Although returning patients to their own homes to be rehabilitated is an ultimate form of “local” service, and to be welcomed, the lack of a clear plan to support patients and families is unconvincing.

The acknowledgement of the positive aspects of the proposal are welcome and we agree local rehabilitation is important. That is why our proposal is to deliver more rehabilitation in patients’ homes and in commissioned care home places. We have clear clinical advice that the acute phase of rehabilitation requires the facilities of an acute hospital and the provision of community rehabilitation needs facilities which are as homely as possible. The current Lightburn hospital facility does not meet these criteria for either acute or community rehabilitation. The HSCP has detailed plans and a funding framework to deliver these changes, set out in wider plans to reshape older people’s care which have been approved by the IJB.

4.17 **Facilities such as Lightburn prevent inappropriate admissions to acute hospitals.** The model of care we propose provides more alternatives to hospital admission in the local community, these, combined with the new approach to frailty at the GRI will reduce admissions of frail older people, increasing discharge home with community support and enabling more patients to be admitted directly to the community inpatient beds. The approach we propose for ambulatory care with one stop outpatient and day hospital services, also contributes to rapid assessment and definitive treatment of patients which can prevent admissions. Our clinical advice is that there is no evidence that our proposed transfer of services would lead to additional inappropriate admissions.

4.18 **The benefits to patients, of the closure of Lightburn, are neither clear nor compelling and patients may not access the new services.** Our proposals are based on a strong and clear clinical case for change which has support from hospital and community clinical staff and local GPs. The proposals balance the challenge of local access by providing new local, community services, and the delivery of modern acute care. There is no evidence that patients will not access the new services, as the earlier part of this section illustrates, many thousands of patients from the East End access services at GRI and Stobhill.

4.19 **Consultation process:** Feedback included criticism of aspects of the consultation process. These criticisms included concern about the length and accessibility of the consultation document and failure to explain key aspects of the proposal. The consultation report at attachment three, describes the full range of material which we produced, this lengthy and detailed consultation document being only one element. The SHC report offers positive feedback on the material we produced with the SRG’s advice. There has also been criticism that Parkinson’s interests were not involved in the option appraisal process. The Parkinson’s Society was invited to join the SRG, which was the forum for the full option appraisal process, prior to the launch of the formal consultation but did not take up that offer. In addition, the public event during the earlier engagement process, which was attended by the Society, included a more limited option appraisal. Overall, the detailed SHC report provides positive feedback about the consultation process with a limited number of areas highlighted for learning. That report particularly highlights the extent to which feedback from the engagement process was reflected in the approach to consultation.

5. CONCLUSIONS AND NEXT STEPS

- 5.1 Our consultation paper set out the clinical case for change, making a clear case that this proposal will improve the care offered to patients. Lightburn Hospital is not able to provide full, modern acute care and nor is it the best environment for community inpatient rehabilitation. The proposals deliver acute hospital care for the small number of patients who require it and high quality local community rehabilitation for patients who do need acute care. The proposal has full clinical support.
- 5.2 The consultation process has enabled positive engagement with local communities about the new shape of services and enabled us to understand and address the issues and concerns about the proposed changes.
- 5.3 As this service change is deemed major approval by the Board triggers submission of a case, based on this Board paper, for the Cabinet Secretary's consideration.

CONSULTATION DOCUMENT

REHABILITATION SERVICES IN NORTH EAST GLASGOW CURRENT AND PROPOSED SERVICES

1. CURRENT SERVICES

1.1 This section describes the current pattern of services delivered and how Lightburn Hospital fits into that pattern of services:

- elderly patients attend the Glasgow Royal Infirmary from across the whole of the North and East of Glasgow and East Dunbartonshire;
- most elderly patients assessed at GRI are discharged home after a period of acute multidisciplinary care and do not need a longer period of rehabilitation;
- inpatient elderly rehabilitation is at Lightburn and Stobhill Hospitals covering the whole NE area;
- rehabilitation for all NE orthopaedics is at Gartnavel;
- rehabilitation for all NE stroke is at Stobhill;
- older people's day hospital and outpatient services are provided for the East End at Lightburn.

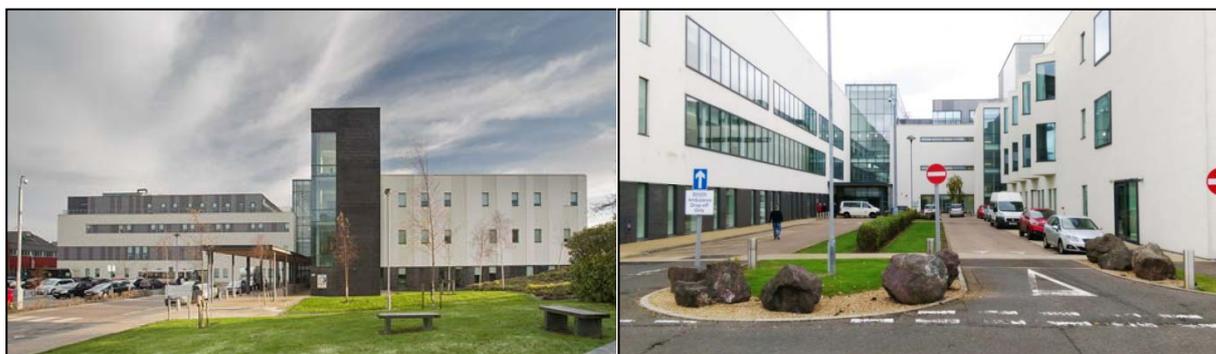
1.2 Lightburn services include:

- 56 inpatient beds: with around 450 admissions each year;
- day hospital: with around 400 new visits and 3000 return visits;
- consultant led clinics each week: around 400 new appointments and 600 returns per year;
- one Nurse led clinic each week: 144 return appointments per year;
- a monthly Parkinson's group meeting.

2. CURRENT FACILITIES

2.1 Stobhill Hospital

The new Stobhill Hospital opened in 2009 and provides state-of-the-art health facilities for the people of Glasgow in a modern care system. The project was a key component of the overall modernisation of Glasgow's acute hospitals.





The building and services are physically very accessible and have been described by patients and carers as bright, modern and spacious.



The inpatient wards, day hospital and outpatient services have onsite access to a full range of acute hospital support services and specialties:

- laboratory medicine (e.g. blood samples analysed);
- imaging and diagnostic services (e.g. CT scans, MRI, Ultrasound);
- orthotics (eg, inserts for shoes or supports for knee);
- pharmacy;
- cardiology (eg, tests and treatment for heart disorders);
- liaison from a range of other specialties.

There are two older adult inpatient wards, one for stroke rehabilitation with elements of general rehabilitation when required and the other for elderly rehabilitation. They each have 24 beds composed of 12 single bed ensuite rooms and three 4 bedded bays.



The wards have excellent access to toileting and showering facilities with ensuite rooms and the wards having 2 in each 4 bedded bay.



The wards have spacious patient common areas improved opportunities to socialise with other patients or meet with family/carers outwith their rooms.



2.2 Lightburn Hospital

Lightburn Hospital was built in the 1960s for geriatric patients. There have been additions to the hospital over the years.





There is onsite access to plain film x-ray 4 half days per week, however, other imaging and diagnostic services are accessed at Glasgow Royal Infirmary and Stobhill Hospital. If an inpatient requires these they are transported off-site accompanied by a member of ward staff.

There are two 28 bedded wards, each composed of 4 single rooms and four 6 bedded bays. In one half of each ward there is two 6 bedded bays and two single rooms with these having access to two toilets and a bathroom; none of the single rooms are ensuite. The building and services are physically accessible, the bed areas, toileting and showering facilities are not of modern standards. There are patient common areas/TV room and dining areas in each ward.



3. PROPOSED MODEL OF CARE

3.1 The proposals outlined in the rest of this paper reflect local and national clinical services strategies and the national delivery plan which set out future models of care for older people's services to ensure older people stay in hospital only for acute care. The key strategic objectives are to deliver:

- early intervention from specialists in the care of older people focussed on multidisciplinary assessment of frailty;
- rapid commencement of multidisciplinary rehabilitation within facilities that enable immediate access to the full range of investigations and specialist advice;
- services in the hospital and community to enable more people to be discharged directly home or after a shorter lengths of stay in an acute hospital;
- new community rehabilitation beds providing a local service and a wider range of care;
- additional community rehabilitation services delivered in people's homes;
- acute day hospital services which, for most patients, assess and intervene on a one-stop basis and then discharge patients or move them into local services;

- outpatients in a setting where there is access to other clinical services enabling a one-stop approach.

3.2 Our proposals would see a redesign of the rehabilitation pathway across the North East sector, supporting earlier discharge from acute care and a more community based approach to rehabilitation:

- 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 from Glasgow Royal Infirmary;
- patients requiring acute inpatient rehabilitation would receive their care on an acute hospital site at Stobhill;
- patients no longer requiring the support services of an acute hospital but still requiring inpatient rehabilitation would be transferred to a modern local community rehabilitation facility where a strong focus would be on reablement within a homely setting with single en suite rooms.

3.3 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. For patients requiring acute care this will be delivered in facilities providing access to the full range of acute and diagnostic services. 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.

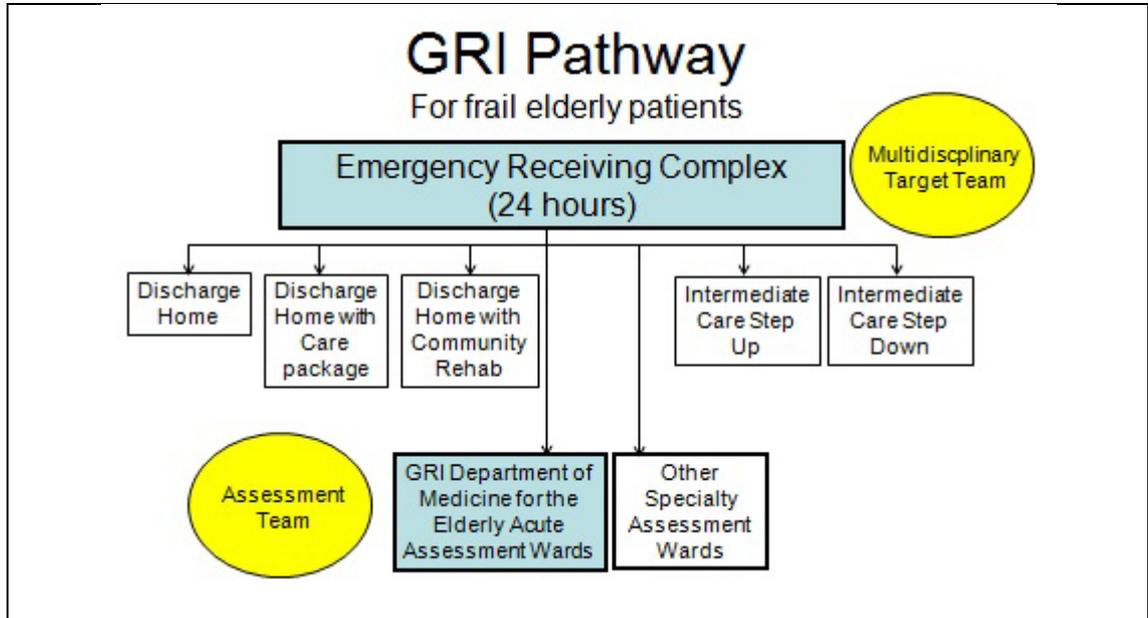
4. NEW MODEL OF CARE: ACUTE INPATIENT CARE

4.1 Our aim is that frail older patients presenting to the GRI as an emergency from their own home should be discharged back home after appropriate treatment:

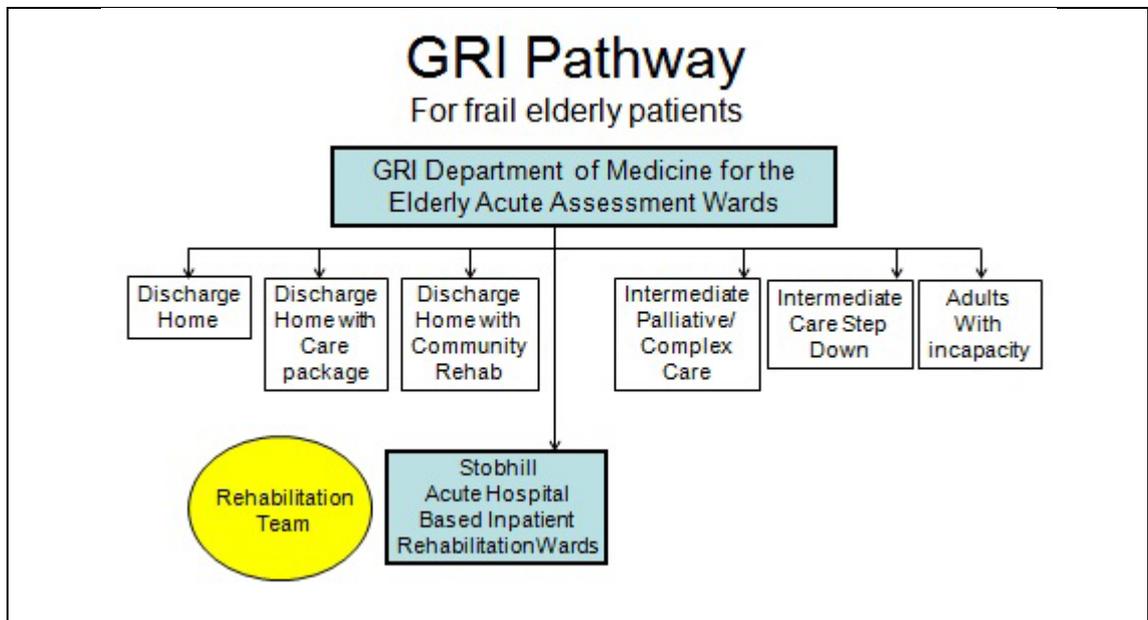
- following initial assessment in the emergency receiving complex, patients identified as requiring acute inpatient care will generally be transferred to GRI DME acute assessment wards. This provides multi disciplinary assessment, investigation, treatment and rehabilitation from specialists in the care of older people. In addition there are strong links with community health and social care services to ensure planning for discharge from hospital begins as soon as a patient arrives on the ward;
- patients identified as needing Comprehensive Geriatric Assessment either at the front door or those referred from other speciality wards will be assessed by a multidisciplinary Target Team, including Senior AHP, Consultant and Elderly Care Assessment Nurse;
- patients identified as likely to be able to be discharged rapidly from GRI, if provided with enhanced AHP input, will be supported by the Target Team who will link with established community teams to facilitate discharge back into the community as early as possible;
- most patients will return directly home but some medically stable patients who do not require acute hospital care but are not ready to be discharged home will access new community rehabilitation beds in local Care Homes;
- patients requiring rehabilitation and ongoing acute inpatient care will move to inpatient rehabilitation wards at Stobhill with immediate access to modern diagnostics, improved junior medical support and opportunities for enhanced AHP input and may then be discharged home;
- there will also be a small number of community beds for patients who do not require acute services but need inpatient end of life care or patients who cannot be discharged from NHS care for legal reasons.

4.2 The diagrams below show how the care pathway for patients will work in our proposed model. Sections 7, 8 and 9 then go on to describe each of the community and intermediate care elements of these services in more detail.

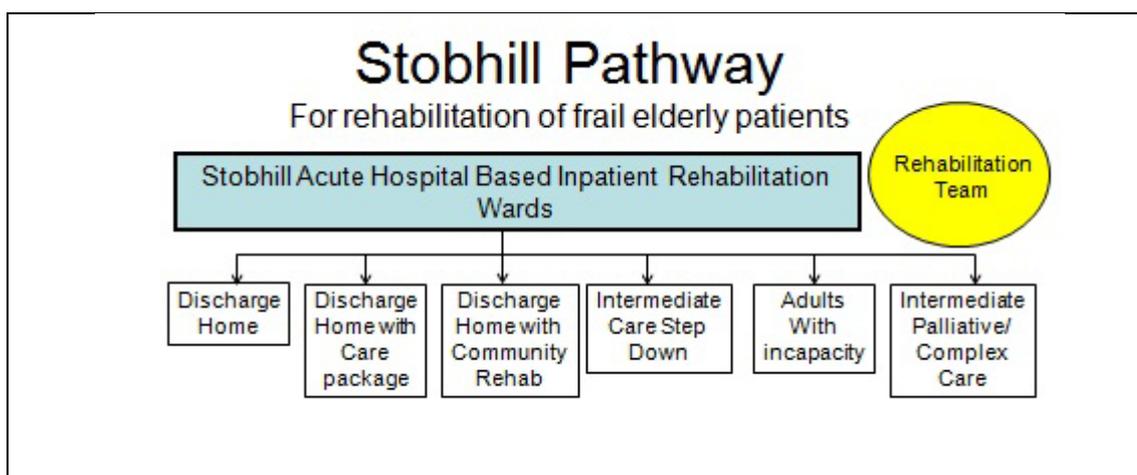
- This first diagram shows the pathways for patients from acute assessment at the GRI:



- This second diagram summarises the pathways available after a patient has completed their treatment in the Elderly Acute Assessment wards at Glasgow Royal Infirmary:



- The final diagram below summarises the pathways available in the third phase of the patient pathway from the Acute Rehabilitation wards at Stobhill:



- 4.3 The table below summarises the current patient flows through the Glasgow Royal Infirmary for patients aged over 75 referred to the acute care of the elderly service and the estimated flows which form the basis of the new model.

Patient Category	2015/16 Spells	Current Model	Future Model
Patients who have a period of assessment at GRI	4202	100%	100%
Patients discharged home	2279	54%	54% minimum increasing over time
Patients transferred to Lightburn for rehabilitation	456	10.9%	None
Patients transferred to Stobhill for rehabilitation	309	7.4%	10%
Patients who die in GRI	269	6%	6%
Patients discharged to a community facility	482	11.5%	Approx 30%

- 4.4 In 2015/16, of the around 450 patients undergoing a rehabilitation stay at Lightburn approximately 300 are for East End patients with the remainder being mainly from East Dunbartonshire or North and West Glasgow. Of the East End Lightburn admissions, half of current Lightburn inpatients will be discharged home with a community based rehabilitation package or be admitted to a community rehabilitation bed in the local care home facility. We would therefore expect around 150 East End patients each year to undergo a shorter and more focused acute rehabilitation stay at Stobhill.

5. NEW MODEL OF CARE: COMMUNITY BASED REHABILITATION BEDS

- 5.1 Delivering community based rehabilitation or intermediate care beds is the responsibility of Health and Social Care Partnerships for North East Glasgow, either Glasgow City or East Dunbartonshire HSCPs.

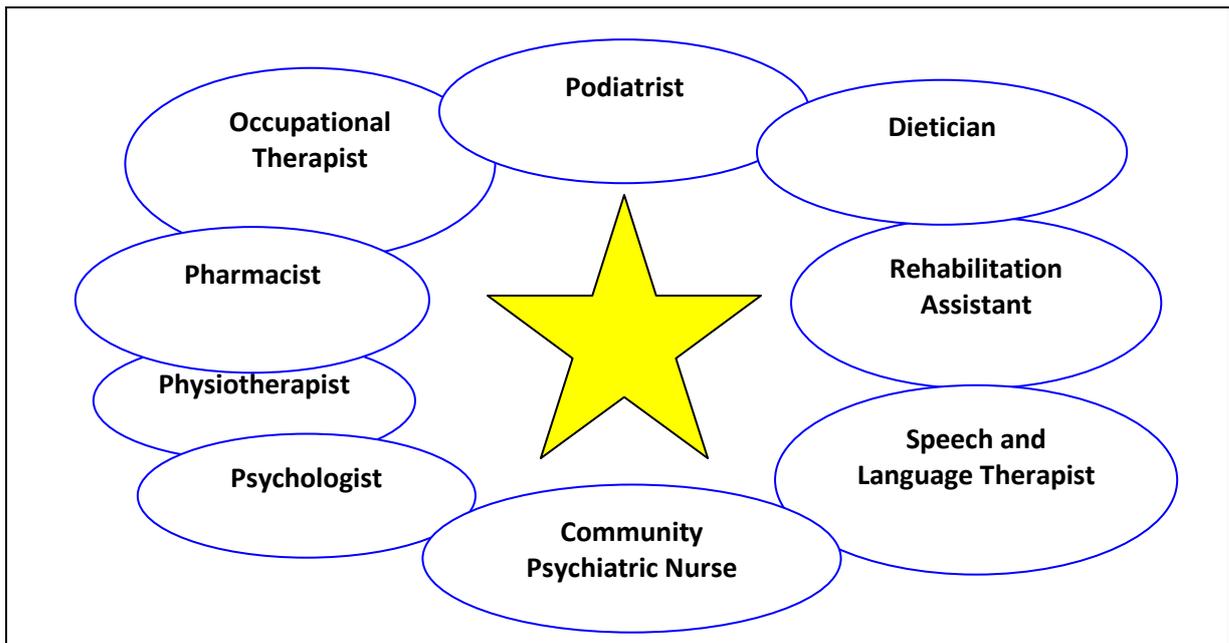
- 5.2 Community inpatient rehabilitation is for two types of patients, those:
- patients who no longer need to be in an Acute Hospital setting but are not yet able to return to their own home. This is also called the step down intermediate care model because it is a step down from an acute hospital, providing care which lies between acute care and a discharge home;
 - patients who are unable to remain at home but don't need an acute hospital This is the step up model because it is a step up from care at home.
- 5.3 Patients will be referred by GPs or hospital staff for a period of assessment and support including to determine longer term support and care needs. Community rehabilitation or intermediate care units are designed to feel more like being at home. The assessment and support period will usually last no longer than four weeks with no charge for the service during the assessment period.
- 5.4 The Intermediate Care Team includes a wide range of staff who may be working with patients depending on their specific needs. These team members include:
- **Social Workers** who will assess social care needs and discuss any practical support;
 - the **Rehabilitation Team** who will help patients to be as independent as possible;
 - **Carers and Support Workers** who will support patients in carrying out and achieving goals, for example exercises, walking, dressing, kitchen skills;
 - **Nurses** who will advise on care needs. This may include wound care, nutrition, pain control and medication;
 - a **GP practice** which has additional time to provide cover to these beds and will look after medical needs.
- 5.5 During the assessment period the Team will discuss options with patients and family and carers to assess the most appropriate option for patient's longer terms care needs. These could include:
- returning to their own home with care provided at home to support specific needs;
 - moving into alternative housing for example sheltered or extra-care supported housing;
 - moving into a residential care home, with or without nursing care, for long term care.

6. NEW MODEL OF CARE: COMMUNITY BASED COMPLEX/PALLIATIVE CARE

- 6.1 The new model of Intermediate Complex/Palliative Care is being developed alongside an interim service provision for adults with incapacity. This service will have a small number of beds for:
- patients who are at the end of their life, no longer need to be in an acute hospital setting, but due to the nature of their needs, cannot return to their own home or be supported in a mainstream nursing home. This service provides an enhanced level of medical input with nursing care and in-reach from other specialists, for example, the palliative care liaison nurses. A GP practice assigned to the unit has responsibility for the patient's medical care. The patient's needs are reassessed at regular intervals by the multidisciplinary team. This will include regular liaison with patient and relatives. A consultant geriatrician will visit the beds each week to provide additional review and assessment of patient needs,
 - interim placements for patients who lack capacity, do not require acute hospital care but cannot be discharged from NHS care until legal processes are completed.

7. NEW MODEL OF CARE: COMMUNITY REHABILITATION TEAM

- 7.1 Community rehabilitation is provided by multi disciplinary teams based in the Health and Social Care Partnerships. The service provides specialist rehabilitation supports to adults with complex health needs. The service provides coordinated interdisciplinary assessment and treatment in response to community referrals and to support hospital discharge.
- 7.2 Hospital staff will refer patients to the service when they are ready to leave hospital but require further rehabilitation support at home to maintain or improve their health, independence and mobility.
- 7.3 The Rehabilitation Service consists of:



8. NEW MODEL OF CARE: DAY HOSPITAL

- 8.1 The proposal is to transfer Lightburn Day Hospital services into a combined single Day Hospital on the Stobhill site. The modern model of Day Hospital provision is a more clinical model requiring access to the full range of clinical investigations as part of assessment and treatment. This enables earlier progress to definitive treatment and will substantially reduce the pattern of repeat attendances with the aim that for the majority of patients a single visit is required with onward referral to community services or discharge. This change 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.
- 8.2 Lightburn Hospital has a very limited range of clinical support services and cannot deliver this modern, clinical model of day hospital care.

9. NEW MODEL OF CARE: OUTPATIENT SERVICES

- 9.1 The current outpatient services which are provided from the Lightburn site include clinics for the following services:
- General Geriatric Medicine Clinics one each week;
 - Multidisciplinary movement Disorder twice a week;
 - Falls: multidisciplinary; once a week;

- Stroke: alternate weeks.

9.2 The proposal for consultation is that the current outpatient services will be delivered from Stobhill, where our clinicians have access to the necessary support services to provide modern care but with a substantial reduction in repeat attendances. We are aware that there are concerns about access if our proposals go ahead. A factor is that over 80% of patients travel by car or ambulance and that we can reduce repeat attendances for general clinics.

9.3 In the engagement process we suggested that the multidisciplinary movement disorder service might move to Stobhill or the GRI, the Stobhill option scored better in our option appraisal but we will engage further with Parkinson's patients on this issue during the consultation.

9.4 Parkinson's Support Group.

The Lightburn site also provides a meeting venue for the Parkinson's Support Group meetings. A number of local locations have been scoped for the venue for Parkinson's Support Group meetings and have been offered to the group.

10. OTHER COMMUNITY SUPPORT SERVICES

10.1 In addition to the community rehabilitation services detailed above patients there are a wide range of community services to support patients without the need for an acute hospital admission or to enable their discharge from an acute hospital.

- Continence Services - SPHERE Bladder and Bowel Services

The SPHERE Bladder and Bowel Service provides a professional, caring, confidential and supportive approach to people with bladder or/and bowel symptoms. The aim of the team is to promote continence by empowering the individual to self-manage their symptoms by teaching behavioural and lifestyle changes that can promote bladder and bowel health.

- Community Diabetes Service

The specialist diabetes teams consist of Diabetes Specialist Nurses, Dieticians and Podiatrists providing specialist care and interventions to people living with diabetes.

- Physiotherapy

The Outpatient Physiotherapy Service is based in health centres and outpatient departments across Greater Glasgow and Clyde. Physiotherapists will assess and treat patients who have any injury, disease or problem that relates to muscles, bones, joints and peripheral nerves and provide advice to help patients manage their condition or refer on to other services.

- District Nursing

The District Nursing Service provides a nursing service to all age groups in the community by working in partnerships with service users, care providers and other agencies.

Amongst their duties, the District Nursing Service staff:

- assess, identify and prioritise health needs within the home environment and wider community setting;
- administer medication and treatments and prescribe where appropriate;
- manage nurse led clinics and provide specialist advice, diagnosis and treatment of many conditions;
- promote a coordinated approach to hospital discharge that ensures a seamless service leading to improved health outcomes;
- provide health education, information and support for patients and carers;
- some of the care they provide includes:
 - tissue viability/wound management;
 - bowel and bladder management;
 - terminal and Palliative Care management;
- nursing management and support of patients with chronic degenerative conditions;
- participation in the rehabilitation of patients following surgery, disability, accident or illness event;
- teaching self care procedures to enable patients to manage their own health needs;
- enabling patients and carers to improve their health and wellbeing within the limitations of their illness;
- prescribing where appropriate and administering medications and treatments.

- **Older People's Mental Health**

The Older People's Mental Health Team provides care for people who have dementia or memory loss; clinical depression, extreme stress or anxiety; obsessions or phobias; or other mental health problems which seriously affect daily living. The service is for people over 65, but the team see people of any age suffering from memory loss or dementia.

Patients can be referred by a GP, Social Worker or District Nurse. Relatives or carers may also contact the service directly.

- **Carer Services**

Carer Services in the NE provide a universal offer of information and support for all unpaid carers supporting family, friends or neighbours who live with long term conditions, disabilities and frailty. There are a range of services available:

- Information and advice on:
 - how to access services;
 - help with the process of being assessed as a carer;
 - medical conditions affecting the person who is being cared for.
- Staff delivered emotional support:
 - through one to one contact;
 - by helping to access a carers support group;
 - by referring to a specialist support service if required.
- Health checks:
 - personal health check by Carer Community Nurse;
 - support from nurses to improve and maintain health and well being.
- Financial advice:
 - arranging a full check on benefit entitlement including assistance with form filling
 - completion of forms for grants or allowances;
 - signposting to organisations which provide support for tribunals and/or debt advice.

- **Social Work Services**

Social Work Services provide a variety of services which aim to:

- support individuals and families to maintain independence and to exercise choice about the way they live their lives;
- ensure the safety and protection of vulnerable adults, young people and children.

Various services can be provided or accessed after an assessment and these include:

- income maximisation;
- supported living services;
- home care;
- homecare reablement;
- day care and befriending;
- occupational therapy services;
- equipment and adaptations for daily living;
- residential and nursing care;
- respite services;
- carer services.

11. PATIENT ACTIVITY AND GEOGRAPHICAL INFORMATION

11.1 The Glasgow Royal Infirmary catchment for emergency admissions covers a geographical area across the North East of Greater Glasgow including the Health and Social care Partnerships of Glasgow City, East Dunbartonshire and North Lanarkshire. The percentage of patients from each part of the catchment is shown below:

Area of GRI catchment	Percentage of patients
Lightburn locality	37%
North East and North West Glasgow	37%
East Dunbartonshire	18%
Non NHSGGC	8%

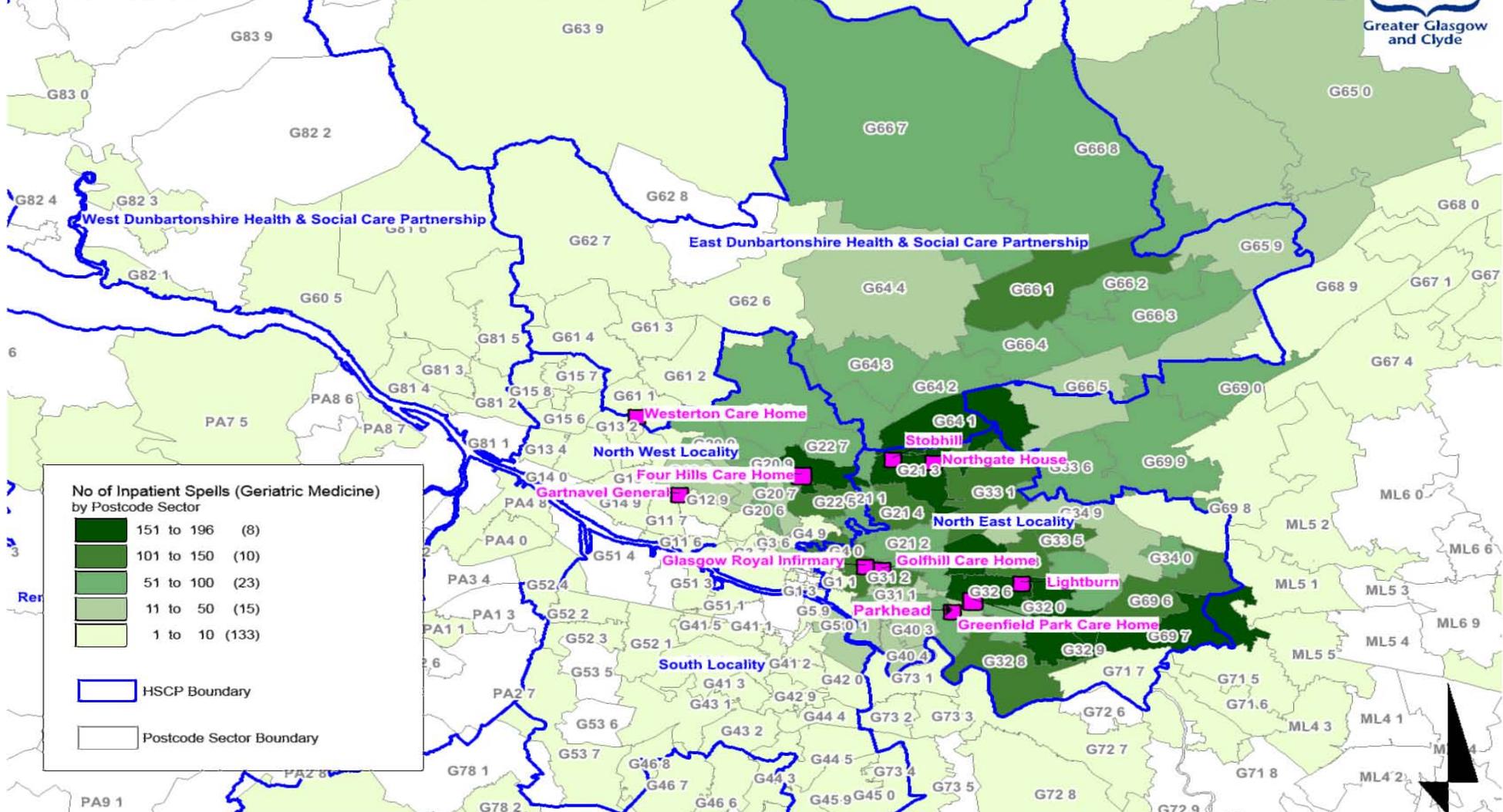
11.2 Glasgow Royal Infirmary

The table below shows the **Glasgow Royal Infirmary** elderly assessment patient spells split by HSCP in 20115/16

Glasgow Royal Infirmary Total	5,055
East Dunbartonshire Health and Social Care Partnership	915
Glasgow City Health and Social Care Partnership - North East Locality	3,046
Glasgow City Health and Social Care Partnership - North West Locality	711
North Lanarkshire Health and Social Care Partnership	198
Other HSCPs	185

The map below shows the distribution of GRI patient admission postcodes.

**Number of Geriatric Medicine Inpatient Admissions 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

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11.3 Stobhill

The table below shows the **Stobhill** elderly rehabilitation patient spells split by HSCP in 2015/16

Stobhill Total	516
East Dunbartonshire Health and Social Care Partnership	138
Glasgow City Health and Social Care Partnership - North East Locality	242
Glasgow City Health and Social Care Partnership - North West Locality	111
North Lanarkshire Health and Social Care Partnership	21
Other HSCPs	4

The map below shows the distribution of these Stobhill patient postcodes.

**Number of Inpatient Admissions at Stobhill Hospital by Postcode Sector of residence
April 2015 to March 2016 (Source: Origin Data Warehouse)**



11.4 Lightburn Hospital

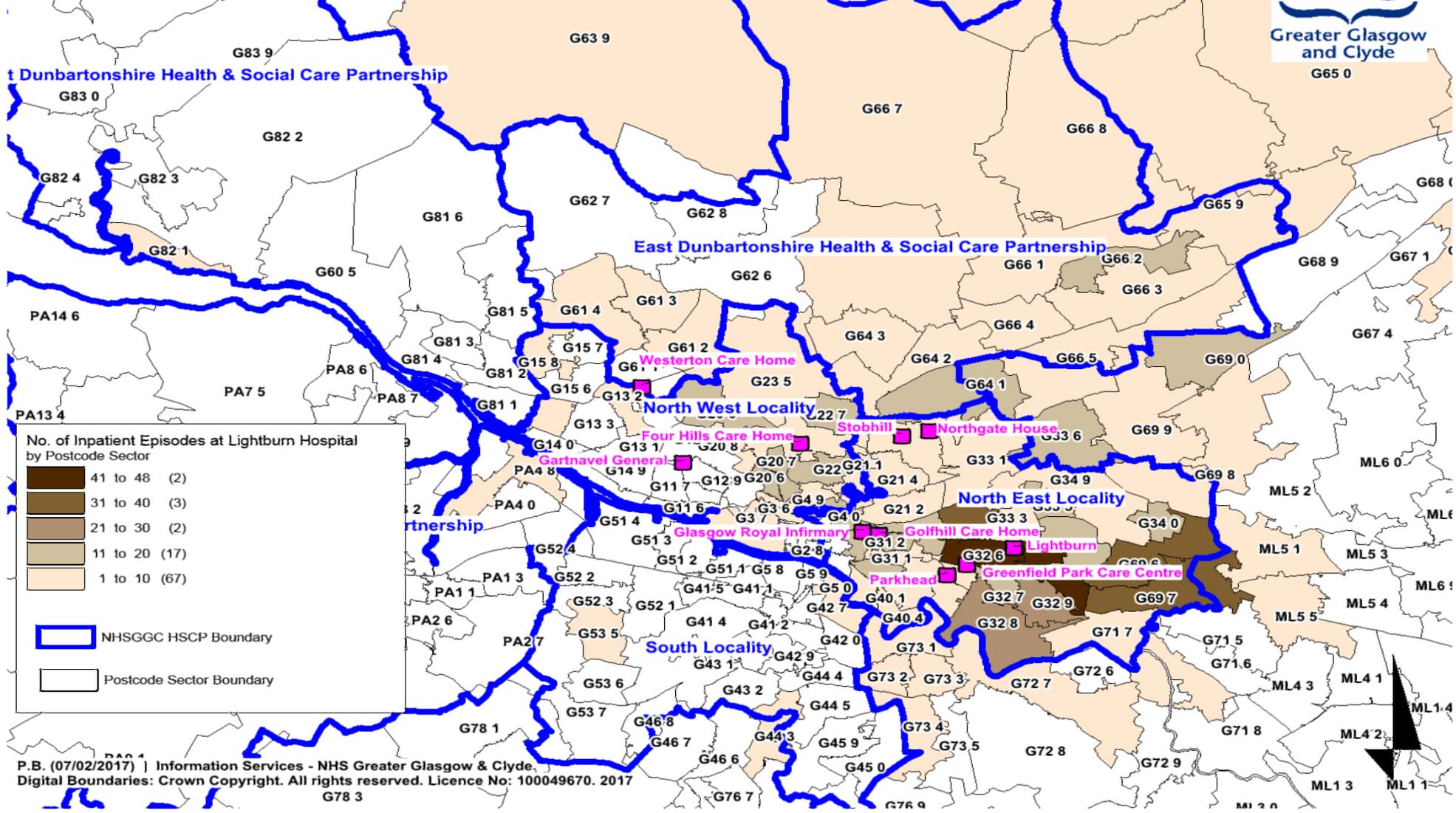
The table below shows the Lightburn patient episodes postcodes split by HSCP in 2015/16.

In total there were 714 patient episodes which equates to around 450 elderly rehabilitation patients in the year.

Lightburn Total		714
East Dunbartonshire Health and Social Care Partnership		74
G66	Kirkintilloch, Lennoxton, Lenzie, Milton of Campsie	39
G64	Bishopbriggs, Torrance	29
G61	Bearsden	6
Glasgow City Health and Social Care Partnership - North East Locality		483
G32	Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	157
G33	Carntyne, Craigend, 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 City Health and 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	Annie'sland, Knightswood, Yoker	3
G15	Drumchapel	1
G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	1
North Lanarkshire Health and Social Care Partnership		34
Other HSCPs		35

The map below shows the distribution of Lightburn patient admission postcodes.

**No. 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)**



No. of Inpatient Episodes at Lightburn Hospital by Postcode Sector

	41 to 48 (2)
	31 to 40 (3)
	21 to 30 (2)
	11 to 20 (17)
	1 to 10 (67)

NHSGGC HSCP Boundary

Postcode Sector Boundary

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11.5 Day Hospital Activity

The table below shows the distribution by postcode of Lightburn day hospital attendees in 2015/16.

Lightburn Day Hospital by HSCP	Postcode District	Area	New	Return	Total
East Renfrewshire HSCP	Total		0	1	1
Glasgow North East Sector	G1	Merchant City	4	38	42
	G21	Barmulloch, Cowlairs, Royston, Springburn, Sighthill	4	65	69
	G31	Dennistoun, Haghill, Parkhead	53	338	391
	G32	Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	168	1417	1585
	G33	Carntyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	86	652	738
	G34	Easterhouse	20	134	154
	G4	Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	5	32	37
	G40	Bridgeton, Calton	24	155	179
	G69	Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	54	401	455
Glasgow North East Sector	Total		418	3232	3650
Glasgow North West Sector	G21	Barmulloch, Cowlairs, Royston, Springburn, Sighthill	0	2	2
	G22	Milton, Possilpark	1	10	11
	G3	Anderston, Finnieston, Garnethill, Park, Woodlands, Yorkhill	1	0	1
Glasgow North West Sector	Total		2	12	14
Glasgow South Sector	Total		1	28	29
Renfrewshire HSCP	Total		1	12	13
Total GGC HSCPs			422	3285	3707

11.6 Outpatient Activity

The table below shows the distribution by postcode of each type of Lightburn outpatient clinic in 2015/16.

OPA Clinic	OPA CHP Sub Sector Desc At Attend	OPA Patient Postcode District At Attend	Consultant			Nurse Practitioner		Total
			New	Return	Total	Return	Total	
Falls	East Dunbartonshire Community Health Partnership	G64 Bishopbriggs, Torrance		3	3			3
		G66 Kirkintilloch, Lennoxton, Lenzie, Milton of Campsie	1	8	9			9
		Total	1	11	12			12
	Glasgow North East Community Health & Care Partnership	G1 Merchant City	1	4	5			5
		G21 Barmulloch, Cowlairs, Royston, Springburn, Sighthill	1	1	2			2
		G31 Dennistoun, Haghill, Parkhead	19	17	36			36
		G32 Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	49	35	84			84
		G33 Carnthyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	39	28	67			67
		G34 Easterhouse	8	10	18			18
		G4 Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	1	4	5			5
		G40 Bridgeton, Calton	10	9	19			19
		G69 Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	17	15	32			32
		Total	145	123	268			268
	Glasgow North West Community Health & Care Partnership	G20 Maryhill, North Kelvinside, Ruchill		1	1			1
		G22 Milton, Possilpark		1	1			1
		G3 Anderston, Finnieston, Garnethill, Park, Woodlands, Yorkhill	1		1			1
		G4 Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	1	1	2			2
	Total	2	3	5			5	
	Glasgow South Community Health & Care Partnership	G44 Cathcart, Croftfoot, King's Park, Muirend, Netherlee		1	1			1
		G45 Castlemilk	1		1			1
Total		1	1	2			2	
Total		149	138	287			287	
General Geriatric Medicine	East Dunbartonshire Community Health Partnership	G64 Bishopbriggs, Torrance		2	2			2
		G66 Kirkintilloch, Lennoxton, Lenzie, Milton of Campsie		1	1			1
		Total		3	3			3
	Glasgow North East Community Health & Care Partnership	G21 Barmulloch, Cowlairs, Royston, Springburn, Sighthill	1	3	4			4
		G31 Dennistoun, Haghill, Parkhead	7	17	24			24
		G32 Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	44	61	105			105
		G33 Carnthyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	26	35	61			61
		G34 Easterhouse	5	12	17			17
		G4 Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	3	4	7			7
		G40 Bridgeton, Calton	12	15	27			27
		G69 Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	10	18	28			28
		G71 Bothwell, Uddingston		4	4			4
		Total	108	169	277			277
	Glasgow North West Community Health & Care Partnership	G11 Broomhill, Partick, Partickhill	1		1			1
		G20 Maryhill, North Kelvinside, Ruchill	2	2	4			4
		G22 Milton, Possilpark	1	2	3			3
		G4 Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	1		1			1
		Total	5	4	9			9
	Glasgow South Community Health & Care Partnership	G42 Battlefield, Govanhill, Mount Florida, Strathbungo East	1	1	2			2
		Total	1	1	2			2
Total		114	177	291			291	
Stroke	East Renfrewshire Community Health & Care Partnership	G78 Barrhead, Neilston, Uplawmoor		1	1			1
		Total		1	1			1
	Glasgow North East Community Health & Care Partnership	G31 Dennistoun, Haghill, Parkhead		1	1			1
		G32 Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills		3	3			3
		G33 Carnthyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps		3	3			3
		G69 Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead		1	1			1
	Total		8	8			8	
Total			9	9			9	
Movement Disorders	East Dunbartonshire Community Health Partnership	G64 Bishopbriggs, Torrance		1	1			1
		Total		1	1			1
	East Renfrewshire Community Health & Care Partnership	G46 Giffnock, Kennishead, Thornliebank, Deaconsbank		1	1			1
		Total		1	1			1
	Glasgow North East Community Health & Care Partnership	G1 Merchant City	1		1			1
		G21 Barmulloch, Cowlairs, Royston, Springburn, Sighthill	6	2	8			8
		G31 Dennistoun, Haghill, Parkhead	11	36	47	19	19	66
		G32 Carmyle, Tollcross, Mount Vernon, Lightburn, Sandyhills	46	94	140	55	55	195
		G33 Carnthyne, Craigend, Cranhill, Millerston, Provanmill, Riddrie, Robroyston, Ruchazie, Stepps	26	61	87	27	27	114
		G34 Easterhouse	3	20	23	4	4	27
		G4 Calton, Cowcaddens, Drygate, Kelvinbridge, Townhead, Woodlands, Woodside	7	3	10	4	4	14
		G40 Bridgeton, Calton	3	5	8	4	4	12
		G69 Baillieston, Garrowhill, Gartcosh, Moodiesburn, Muirhead	15	41	56	26	26	82
		G71 Bothwell, Uddingston	1	1	2			2
	Total	119	263	382	139	139	521	
	Glasgow North West Community Health & Care Partnership	G21 Barmulloch, Cowlairs, Royston, Springburn, Sighthill		2	2	2	2	4
		G22 Milton, Possilpark				1	1	1
		G3 Anderston, Finnieston, Garnethill, Park, Woodlands, Yorkhill	1		1			1
		Total	1	2	3	3	3	6
	Glasgow South Community Health & Care Partnership	G42 Battlefield, Govanhill, Mount Florida, Strathbungo East		1	1			1
		G5 Gorbals		2	2	2	2	4
	Total		3	3	2	2	5	
	Total		120	270	390	144	144	534
	Total		383	594	977	144	144	1,121

PATIENT AND CARER TRAVEL ANALYSIS REGARDING PROPOSED CHANGES TO REHABILITATION SERVICES IN NORTH EAST GLASGOW

1. 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.

2. ACCESS

Relative accessibility of the sites was an issue raised by patients, carers and other stakeholders during the public engagement process. We had prepared surveys and analyses to help inform the engagement process by providing journey times from across the catchment area to the key sites both currently in use and those in the proposed model which is now being consulted on.

We accept that there are increased journey times for some patients particularly those close to Lightburn Hospital and that information is set out in the next section. Our aim is to mitigate those access issues in the way we deliver the proposed new service model:

- A key part of the new model being proposed is the redesign of the rehabilitation pathway to reduce the time during which the patient is in the acute phase of rehabilitation. This will reduce the period during which the patient will be treated on an acute site as an inpatient and will reduce the need for their carers, friends and family to travel to the Glasgow Royal Infirmary or Stobhill sites.
- The model will enable the earlier return of patients to their own communities either in their own home, possibly with a package of home care, or for those patients not yet ready to return home, in the more homely setting of a local care home until they are ready to return home.
- For outpatients the new model will see a reduction in the need for return Appointments to
 - acute hospital sites.
- For day hospital the new model will see the majority of patients being assessed and treated on a one stop basis to enable most patients to return to local services.

3. SURVEY OF TRAVEL METHODS

In order to assess the impact of the proposed service changes we analysed the current method of travel to attend appointments and visit patients in the rehabilitation services. A series of surveys were conducted on the Stobhill and Lightburn sites to record the method of transport used by patients and carers to access those sites.

Lightburn Day Hospital and Outpatients

The survey shows the method of transport arrival for patients attending outpatient appointments and day hospital appointments at Lightburn:

Day Hospital Arrival Method	Percentage (%)
Ambulance/Patient Transport	74%
Car	22%
Taxi	2%
Walk	2%

The predominant method of transport to the day hospital is by ambulance or patient transport services.

Outpatients Arrival Method	Percentage (%)
Car	72%
Taxi	7%
Ambulance/Patient Transport	4%
Bus	14%
Walk	4%

The predominant method of transport to the outpatient department is by car. Limited numbers of patients use public transport.

Stobhill Day Hospital

The survey again shows the method of transport arrival for patients attending day hospital appointments:

Day Hospital Arrival Method	Percentage (%)
Ambulance/Patient Transport	53%
Car	38%
Taxi	7%
Bus	2%

As with Lightburn the predominant method of transport to the day hospital is by ambulance or patient transport services.

Lightburn Visitor Survey

A survey of visitors to Lightburn was conducted which shows the method of transport used when visiting.

Lightburn Visitor Arrival Method	Percentage (%)
Car	65%
Bus	15%
Taxi	10%
Walk	10%

The predominant method of transport used to visit inpatients was by car.

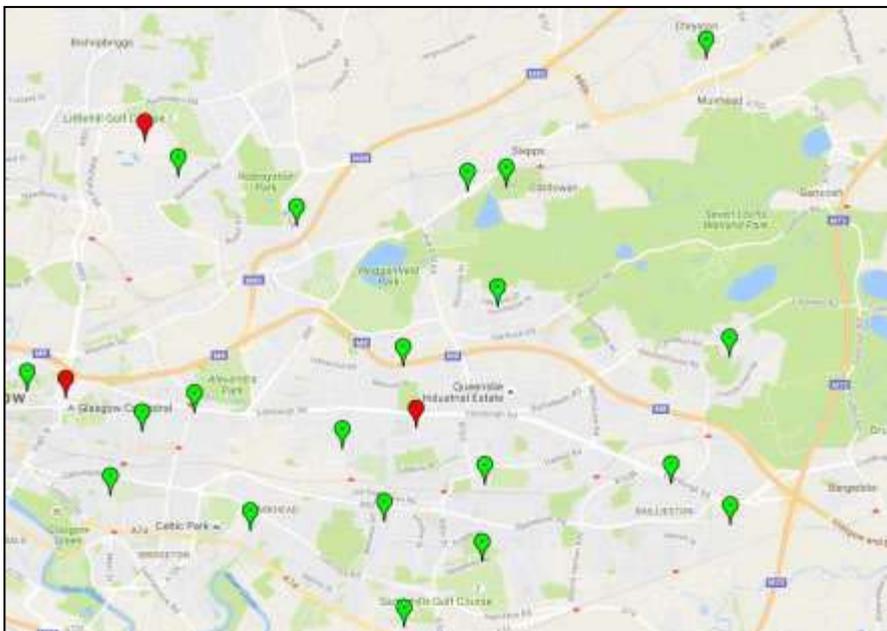
4. ANALYSIS OF JOURNEY TIMES

As part of the engagement and consultation information gathering process there were two journey time comparisons conducted.

- Both comparisons used internet based mapping software to calculate road travel times and the SPT travel planner for public transport travel times.
- Both comparisons used postcodes from across the North East catchment.

The first comparison examined the journey times from sample postcodes across the catchment to the current sites at the Glasgow Royal infirmary, Stobhill and Lightburn. The maps below show the sample postcodes used in this comparison from across the catchment.

From the North East area:



From the North West Area:

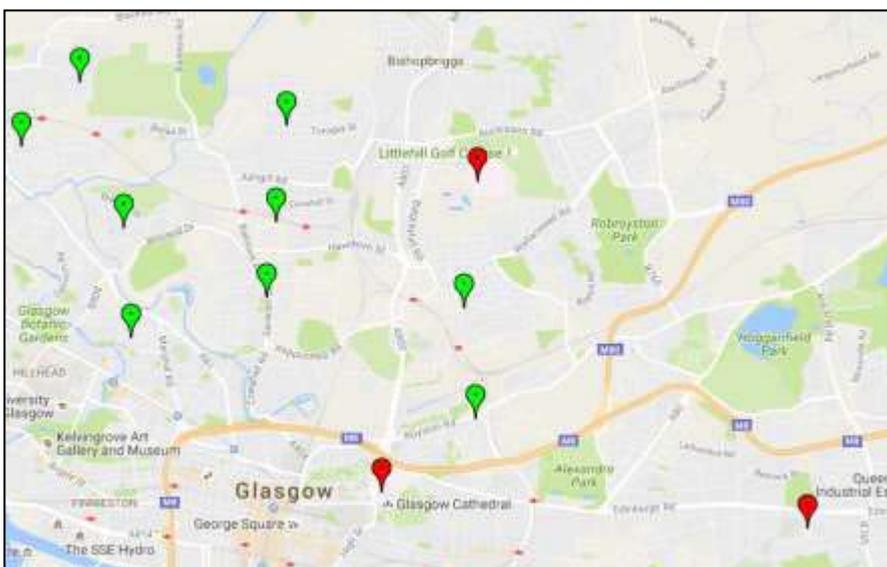


Table 1: Summary of travel study to each site

	North East HSCP Area 25 postcode areas			North West HSCP Area 9 postcode areas			East Dunbartonshire HSCP Area 9 Postcode areas		
	GRI	L-burn	S-hill	GRI	L-burn	S-hill	GRI	L-burn	S-hill
Average journey time in minutes by public transport	31	33	62	29	50	31	34	61	36
Average journey time in minutes by car	14	13	17	12	17	10	17	20	14
Percentage of area needing >1 bus / train	24%	20%	20%	66%	88%	11%	22%	11%	55%
Percentage of area with 10+ minute walk to public transport	4%	4%	4%	0%	0%	0%	22%	55%	22%
Percentage of area with 10+ minute walk needing >1 bus / train	0%	6%	32%	0%	11%	0%	0%	33%	0%

GRI = Glasgow Royal Infirmary
L-burn = Lightburn Hospital
S-hill = Stobhill Hospital

Table 2: Average time by public transport to each site

Total average time for catchment by public transport to GRI	94 minutes
Total average time for catchment by public transport to Lightburn	144 minutes
Total average time for catchment by public transport to Stobhill	129 minutes

This table shows that for the whole catchment area the GRI is the quickest to get to, followed by Stobhill then Lightburn.

Table 3: Average time by car to each site

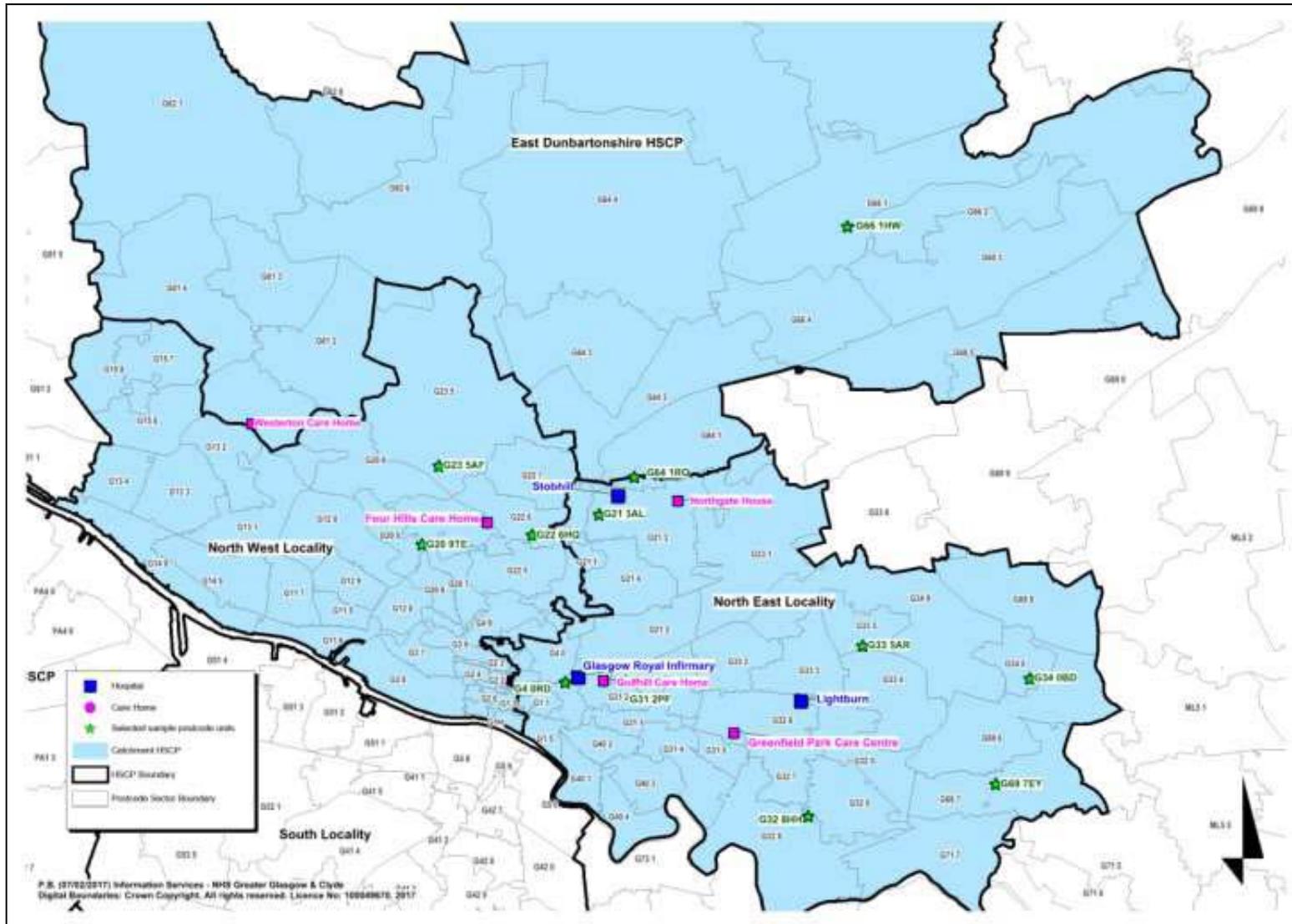
Total average time in minutes for catchment by car to GRI	43 minutes
Total average time in minutes for catchment by car to Lightburn	50 minutes
Total average time in minutes for catchment by car to Stobhill	41minutes

This table shows that for the whole catchment area the GRI is the quickest to get to, followed by Stobhill then Lightburn.

For the second comparison a similar method was used but this time the comparison looked at the journey time by public transport and road from a selection of postcodes across the catchment to all of the sites in the new and existing model including the community based care home facilities.

The map below shows the sample postcodes and the location of all the sites in the new model and the existing sites.

In the new model acute assessment would be delivered at GRI, acute rehabilitation at Stobhill and intermediate care at Greenfield Park, Fourhills, Northgate House, Golfhill and Westerton. Outpatients and Day Hospital care would be delivered at Stobhill.



The table below summarises the journey times by car and by public transport from the selection of catchment postcodes to the sites in the new and existing model.

Table 3: Journey time summary from catchment postcodes to all sites

North East Rehabilitation Travel Study				Travel Time in Minutes															
				Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car		
Admissions Sector	Postcode	Postcode Sample	Sample Address	Glasgow Royal Infirmary G4 0SF	Lightburn G32 6ND	Stobhill G21 3UW	Greenfield Park G32 6BX	North Gate House G21 3RB	Fourhills G20 9NU	Westerton G61 1HU	Goffhill G31 2HG								
196	G21 3	G21 3AL	Balgaryhill Road	25	10	39 * +	15	4	3	47 * +	15	6	5	22	8	45 *	19	24	11
160	G69 7	G69 7EY	Muirhead Road	40	14	23	10 +	59 * +	19	30 +	13	51 * +	17	61 * +	22	43	27	34	16
152	G22 6	G22 6HQ	Ashfield Street	22	11	57 *	18	21	7	45 *	19	27	9	6	3	27	15	26 +	12
151	G64 1	G64 1RQ	Auchinairn Road	26 +	10	46 *	15	11	5	45 * +	15	4	3	22 *	9	48 *	20	30	13
130	G32 8	G32 8HH	Tollcross Road	32 *	16	29 *	9	57 * +	19	21 +	9	53 *	20	50 * +	25	50 *	26	37 *	17
121	G66 1	G66 1HW	Cowgate	27	17	59 *	19	31 *	17	57 * +	20	31	16	43 *	22	46 *	24	40	17
117	G31 2	G31 2PF	Alexandria Parade	5	3	22	9	40	11	24	9	34	11	35	15	38*	19	3	3
108	G33 5	G33 5AR	Gartloch Road	15	9	19	6	49+	10	42	5	40*	9	48*	18	39*	21	25	10
104	G4 0	G4 0RD	Cathedral Street	0	0	23	10	27	11	30	12	22	10	30	13	26	16	7	5
94	G20 9	G20 9TE	Maryhill Road	30 *	12	48 *	17	48	11	56*	16	49*	14	19	3	28	11	39 +	15
85	G34 0	G34 0BQ	Lochdochart Road	22	11	15	8	59+	16	34	13	34	14	61*	20	52*	24	37	12
72	G23 5	G23 5AF	Skirsa Street	35 *	15	66 *	24	37	12	59*	23	37	13	19	7	27*	11	48 +	18
Totals				Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car	Public Transport	Car
				279	128	446	160	443	141	490	169	388	141	416	165	469	233	350	149
				Grand Total	407	Grand Total	606	Grand Total	584	Grand Total	659	Grand Total	529	Grand Total	581	Grand Total	702	Grand Total	499

The study above shows that GRI is the most accessible site by public transport and by car.

The study above shows that Westerton is the least accessible site by public transport and by car followed by Lightburn.

The study shows that for the whole of the catchment Stobhill is more accessible by public transport and car than Lightburn.

In view of the survey results which show the majority of journeys are by road, the study shows that for each sample postcode across the catchment there will be a intermediate care site within 17 minutes drive, access to acute assessment will be at most a 17 minutes drive and access to acute rehabilitation at Stobhill will be less than 19 minutes drive.

CONSULTATION REPORT: IMPROVING REHABILITATION SERVICES FOR THE ELDERLY IN NORTH EAST GLASGOW

1. INTRODUCTION

- 1.1 When NHS Boards are considering and proposing new services or changes to existing services a consistent and robust process of stakeholder engagement is required. The Scottish Government's CEL4 (2010) was developed to assist Boards on their engagement with patients, the public and stakeholders and was used as the framework for engaging and consulting on this proposal.
- 1.2 NHS Greater Glasgow and Clyde (NHSGGC) 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.
- 1.3 This report describes the formal public consultation process undertaken for the proposal and outlines; the programme and activities carried out to engage with patients, carers and interested parties; and the comments, questions and concerns we heard. The consultation took place between 8th February to 8th May 2017 and followed a programme of informing and engaging carried out 1st September to 6th December 2016 and reported to the Board in December 2016.

2. INFORMING AND ENGAGING

- 2.1 The Informing and Engaging process enabled us to shape the materials, communication, and process for public consultation, responding to points made including:
 - the need to raise awareness about the drive to deliver more services in the community, including NHS rehabilitation beds within care homes and the teams providing input directly within people's homes;
 - improving understanding of the new models of care including how and when people might access the various pathways, where services would be located and who would deliver care;
 - transport and access across the catchment area and recognising that in particular this proposal would primarily affect visitors to Stobhill from the East End reliant on public transport;
 - means testing and the potential financial implications if longer-term care is required beyond the Intermediate Care assessment period;
 - how best to communicate, engage with and hear feedback from those potentially affected by and wider stakeholders interested in the proposal;
 - the format and location of public events.
- 2.2 Our responses to these points included providing information by videos; developing clearer illustrative pathways; information on means testing; and a more flexible alternative public meeting format. Further detail on these approaches is set out in the next section.

3. CONSULTATION PROCESS

3.1 Stakeholder Reference Group

At the start of the engagement process a Stakeholder Reference Group (SRG) was established with members from NHSGGC staff and Public Partners. Invitations to participate on the SRG were sent to a range of older people's community or health related groups, including local carer groups, Parkinson's UK Scotland and the Glasgow East Parkinson's Support Group. Throughout the engagement and consultation period we consistently had Public Partner representatives from:

- Glasgow Older People's Welfare Association;
- North East Glasgow Public Partnership Forum;
- East Dunbartonshire Seniors Forum.

Several of the Public Partners also had personal knowledge or experience of the services being considered.

The SRG supported and guided the engagement phase of this service change proposal and in the lead up to and during the consultation process the SRG met on four occasions to:

- review all feedback from the engagement and consider the approach to consultation;
- advise and participate in an options appraisal scoring exercise to scrutinise, discuss and determine the preferred options for consultation;
- assist with the development of and endorse the draft consultation plan, consultation materials and information to communicate widely with stakeholders;
- discuss and review the format, content and information materials for the public consultation event;
- review the consultation process and consider the feedback heard for reporting to the Board;
- evaluate with the Scottish Health Council the process of consultation.

An officer from the Scottish Health Council was in attendance at each meeting.

3.2 Options Appraisal

In advance of the launch of public consultation the SRG carried out an option appraisal exercise to examine the strengths and weaknesses of options to meet the aims of the service. Thirteen people, 8 NHSGGC and Glasgow City HSCP staff, and 5 Public Partners, participated in the scoring exercise to determine the preferred options for public consultation. Participants included Consultant Geriatricians; a local General Practitioner; Senior Nursing, Allied Health Professional, management and planning staff; and Public Partners with direct experience of the services or representing those potentially affected. Two officers from the Scottish Health Council were also in attendance. Supporting material was sent to participants prior to the session and Public Partners were also contacted individually to answer any questions and provide clarity on the process. The options described below were agreed and scored against criteria which the group agreed and weighted, scores are shown against each option. The criteria were:

- modern acute clinical care;
- access;
- quality of facilities;
- fit with strategic direction.

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. **203 points**
- 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. **603 points**
- 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. **490 points**
- 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. **300 points**

Day Hospital:

- Status Quo: day hospital at Lightburn and Stobhill. **313 points**
- The Proposal: combined day hospital at Stobhill. **613 points**

General Outpatients:

- Status Quo: outpatients locally. **313 points**
- Alternative: outpatients at Glasgow Royal Infirmary. **450 points**
- The Proposal: outpatients at Stobhill. **613 points**

Movement Disorder Clinic:

- Service at GRI: consultant and nurse led movement disorder clinic at Glasgow Royal Infirmary. **510 points**
- Service at Stobhill: consultant and nurse led movement disorder clinic at Stobhill. **613 points**
- Service at community facilities: consultant and nurse led movement disorder clinic in local facility. **363 points**

The full report of the options appraisal exercise provides further information on the process, including the full scoring and summarised comments for each option. In addition to agreeing the preferred options for consultation the group also agreed to record the value placed by patients on the services currently provided at Lightburn, in particular:

- 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 all the staff working there;
- 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.

- 3.3 A draft Consultation Plan was developed and agreed with the SRG outlining how we would engage and consult with potentially affected people and communities. It described how we would adopt a wide-ranging and inclusive process to encourage and stimulate discussion and debate to hear and take account of feedback. It identified the methods and materials that would be used to address questions and issues highlighted during the engagement process, and was revised and developed during the consultation to respond to any further

feedback and requests. The next section sets out in more detail the key elements of the consultation programme.

4. CONSULTATION PROGRAMME

4.1 The consultation programme was developed and shaped throughout the consultation period via discussion with the SRG and a wide-range of methods, materials and approaches were used to engage with and invite feedback, comments or concerns from stakeholders.

4.2 Direct Correspondence

A letter or email was sent on 3 occasions to 250 community contacts from across the area, such as patients, carers, older peoples and health related groups and organisations and community councils. Correspondence included:

- notification of the Board's decision to approve a full public consultation, our intention to launch and how we would publicise it was sent early in January;
- notification of the launch of full public consultation that included a copy of the Summary Consultation Leaflet and preliminary details of the consultation event was sent early in February;
- updated details of the public consultation event and details about the various hospital drop-in and outreach sessions to local health centres sent was sent early in March.

All correspondence provided details on where to find further information, how to get in touch with requests and how to provide feedback. We also wrote directly to elected members in the catchment area on 2 occasions to; notify them of the Board's decision to consult following engagement; and notification of the launch of the full public consultation.

4.3 Consultation Materials

Working with the SRG a suite of information materials and methods were developed to provide different levels of detail about the proposal and to answer questions or address issues heard during the engagement phase. The table in Appendix 1 describes the full range of resources developed and reports made available. In addition to the full Consultation Document, the resources developed, their deployment and publicising were in direct response to feedback we heard during the engagement.

- The Summary Consultation Leaflet was developed with the SRG and Public Partners with concise and easy to understand material, designed and printed in full colour along with a poster to capture people's attention and raise awareness. The poster and leaflet was displayed across all older adult inpatient wards at the GRI, throughout Lightburn and Stobhill older adult wards, outpatients and day hospital. Copies of the leaflet and a poster were also sent to GP practices, pharmacies, libraries and community centres across the catchment area.
- Videos explaining the proposed new models of service, including community rehabilitation, intermediate care and the new acute pathway were developed with the SRG in response to the need engagement feedback. The videos were hosted publicly on YouTube and regularly promoted via social media.
- An illustrative diagram and description of the pathway was developed in response to SRG Public Partners asking for an easy to understand resource that described the route and services patients might take if accessing them. They asked for a resource that described how and when people might access the various elements of the pathway, where services would be located and who would be delivering care.

- We developed a Frequently Asked Questions resource and webpage to answer the queries people had during the engagement phase or might have about our proposal.
- Glasgow City Health and Social Care Partnership (HSCP) also provided resources and information about; Intermediate Care including financial implications; and details about planning for the Parkhead Hub.
- Reports detailing transport analysis and options appraisal; all other papers related to the proposal; including a section about the SRG and minutes of meetings were made available on a dedicated webpage. The webpage was updated and promoted regularly to provide a running commentary on the progress of the consultation. The availability of printed copies of all the information was promoted as was the offer of delivering presentations to community groups if requested via the webpage and in all correspondence.

4.4 Advertising and Social Media

The consultation and public event were widely publicised via press releases and an advert was purchased for placement in the Evening Times. NHSGGC's twitter account promoted the consultation or links to the video on a daily basis and information was displayed on all Health Centre SOLUS screens in North East Glasgow.

4.5 Public Consultation Event

A Public consultation event was held at Lightburn Hospital to speak to patients, their families, carers and interested groups. The aim of the event was to explain the proposals, encourage discussion, answer questions and note views. The event ran multiple times across the afternoon and evening and was attended by 52 people. Each session included a presentation covering all aspect of the proposal including. Following each presentation the audience had the opportunity to ask questions and raise points of concern with members of the clinical team and the Scottish Ambulance Service available to provide input.

There was also a drop-in area with a series of stations displaying information about the different elements of the proposal. At each station clinical, managerial and planning staff, and staff from Glasgow City HSCP were available to answer questions and hear feedback. The stations had information about:

- the proposal, consultation process and providing feedback;
- the Acute Rehabilitation Pathway;
- Day Hospital and Outpatient Services;
- Rehabilitation in the Community Setting;
- Rehabilitation in People's Homes;
- Intermediate Care in Care Homes;
- Travel and Access.

There was also information about the new East End Health and Social Care hub that Glasgow City Health and Social Care Partnership are developing and a representative was available to answer questions about their proposals.

During the sessions we encouraged discussion and feedback about the proposal. In addition participants were asked to write comments and post them on a 'graffiti wall'.

What we heard:

- Several people expressed concern about public transport and access to Stobhill from the East End of Glasgow and especially for those with poor mobility; however, there was acknowledgment that most patients would travel by ambulance and that access

was a particular issue for visitors. Issues raised about ambulance services were addressed by the SAS lead in attendance, providing reassurance that the same level of patient transport would be available should the service change.

- There was recognition that the proposal is about improving rehabilitation in modern fully equipped acute settings, with one respondent stating - "People are too focussed on transport. Patients should be in better facilities".
- There was discussion and feedback about Parkinson's Services with praise for the team and the level of care provided at Lightburn. People wanted to know if they, or their family member would have continuity of care and the proposal was about a change of location and not a reduction of service. By the end of the session people said we had answered their questions and they felt reassured.
- There were questions and concerns about Intermediate Care, this centred around people's preconception of care homes. People wanted to know who would be delivering care and would the service be comparable to that provided in a hospital. There were concerns about longer-term care costs and how extended periods of care can impact on benefits. Feedback from our responses to these points was that people felt reassured with some providing praise for the community rehabilitation models.
- There was discussion about the lack of investment in the East End and the loss of valuable local services and beds. Some asked if Lightburn could be invested in for the future or if it could be an alternative site for the proposed Parkhead Hub.
- There was also feedback about the session and consultation with people commending the informative content and recognising and giving positive feedback about the improved approach from the engagement.
- SHC participant evaluations indicated that most people felt:
 - NHSGGC had clearly explained the reasons for the proposal;
 - the information about the proposal was easy to understand;
 - they had opportunity to ask questions and provide views and comments;
 - that following the engagement activity their questions had been answered and that their views and comments had been listened to;
 - it was clear on how a decision on the proposal will be made.

4.6 Public Meetings

An offer was made via correspondence and the website to engage directly with standing groups and organisations. The Patient Experience and Public Involvement Manger facilitating the engagement process met with and heard feedback from the East Dunbartonshire Seniors Forum with approximately 25 members in attendance; and the Baillieston Tenants Association with 13 members in attendance.

What we heard:

- For people in East Dunbartonshire Stobhill is physically closer; however public transport to there and to the GRI can be an issue.
- Questions from people across both areas asking where Intermediate Care beds will be provided and where can they access more information about them locally.
- Praise for the facilities at Stobhill and recognition that the proposal is about improving care.

4.7 Hospital Drop-in and Community Outreach Sessions

Drop-in sessions were held at Lightburn, Stobhill and the Glasgow Royal Infirmary to engage with patients, their families and carers and outreach sessions held in 6 health centres across the catchment area to provide opportunity for wider stakeholder engagement. Community contacts were notified of the sessions via email and letter and details were available online. At each session a pop-up stand was used to increase visibility and leaflets were distributed by a Patient Experience Public Involvement Manager who was available to hear and record questions, comments or concerns. Across these sessions 30 people chose to provide feedback about the proposal.

What we heard:

- Praise for the care provided and staff at Lightburn.
- Stobhill is difficult to get to from the East End, general agreement that the clinical reasons for change made sense and people welcomed the idea of doing more in less appointments and that the location is not important as long as people get the best services and care.
- People welcomed approaches to and services that help people remain independently in their own home for as long as possible.
- Good experience of intermediate care and providing services in the community was appreciated; however there was reticence at use of care homes providing NHS beds.
- There was praise for the; level of care provided at and the modern facilities and environment at Stobhill; and dependent on geographic location some stated Stobhill was closer.

4.8 Equality and Accessibility

The consultation programme was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats. If required, information could be provided in alternative languages or formats. We used the internet to host papers and information to help make them accessible to a wider population or those who have difficulty in travelling. We ensured that all meeting venues for the stakeholder reference group or for public events were fully accessible. We ensured our engagement did not negatively impact on people based on age, sex, race or any other protected characteristics.

5. FEEDBACK, COMMENTS AND CONCERNS HEARD

- 5.1 All feedback, comments and concerns heard throughout the consultation process were captured and collated (see Appendix 1 for summary points of all feedback heard). In addition to the 123 people engaged with directly at events, drop-ins, and public meetings we received feedback about the proposal from stakeholders via 6 emails, 1 telephone call.

In addition there were written submissions from:

- Bailie Elaine McDougall;
- John Mason MSP;
- Ivan McKee MSP;
- Glasgow Green Party;
- Save Lightburn Campaign;
- Parkinson's UK In Scotland.

These are included as Appendix 2.

5.2 Summarised below are the key themes and feedback about them that emerged from the consultation.

- **Access and transport issues:** There were a range of issues raised about access and transport with particular concerns about access to Stobhill for patients with poor mobility and visitors from the East End of Glasgow reliant on public Transport. Questions were raised about Patient Transport and Ambulance Services and would the closure of Lightburn affect the; pickup times and time spent travelling; and location of the local depot and the overall service people receive in East Glasgow. However, some respondents noted that there was too great a focus on transport and providing an improved service in better facilities was more important.
- **Parkinson's service:** There were questions about where the service would be located, if the service model would be similar and delivered by the same team to ensure continuity of care. Again efforts were made to engage directly with the Glasgow East Parkinson's Support Group who declined to meet with us. However; Parkinson's UK in Scotland held a facilitated discussion with patients and carers from the Group and submitted a report of that session. In addition to the questions heard the submission raised concerns about the capacity of the service to deliver the same level of service and that the environment at Lightburn felt more personal than other larger hospital site. We did hear feedback in person from some people affected by the proposed changes to this service who reported feeling more reassured and that as well as continuation of care the service could possibly be enhanced through co-location.
- **Impact on Inequalities:** We heard comments that Lightburn fulfils a particular need, generated by the socio-economic profile of the area, for health care services to be available locally and a number of responses have highlighted concerns about the impact on a deprived area of losing a local hospital service. There were views that the proposal would disproportionately affect people of the East End of Glasgow; however there was also recognition that current services and catchment covers the whole of the North East and a wider population.
- **No change to position since previous decision.** The challenge was made in the engagement process that there is no difference to the position since the previous Cabinet Secretary decision in 2011 not to approve the closure of the hospital. This point has been made again in the consultation by the local MSP.
- **Palliative Care:** We heard concerns that Lightburn plays an important role in providing end of life care in a local facility.
- **New models in care homes:** We heard concerns about the use of care homes; to provide beds and would the care provided be comparable to hospital based beds; and a lack of enthusiasm about their use even if commissioned by HSCPs due to previously held opinion and perceptions of them. There were also questions about the locations Intermediate Care beds would be provided; who would provide the care to patients in them; and when and what costs might be incurred more long-term. In contrast to this some respondents commented positively about the model, the facilities and environment and of their personal experience of using services based within care homes.
- **Day hospital care:** Although people recognised the higher quality of facilities and the additional services available Stobhill, we heard concerns that patients from the East End would not be able to access the site.

- **Current function of Lightburn:** There was feedback that some people thought Lightburn provided local beds for those discharged from acute services and that the loss of beds would impact general capacity and could cause delayed discharge at the GRI.
- **Parkhead hub is critical to the proposed service changes:** We received feedback suggesting the development of the Parkhead hub is critical to the proposal and that the Lightburn site, if the hospital was to close, should be considered as an alternative location.
- **Investment at Lightburn:** In addition to the point above, people fed back that they wanted to see investment in hospital facilities at Lightburn and the site should be developed to provide modern acute care.

APPENDIX 1

RESOURCES DEVELOPED OR PROMOTED FOR CONSULTATION

Resource	Description
Consultation Plan	Describes the timetable, process and information materials that will be developed and deployed to engage with people about the proposal. Produced with the SRG and updated throughout the consultation to reflect or respond to feedback and requests.
Summary Consultation Leaflet	A high level summary that outlines the proposal, where to find further information about it and how to provide feedback. As well as provide basic information the full colour printed version would be widely distributed to raise awareness about the proposal.
Poster	A3 colour poster developed to raise awareness of the proposal and consultation across affected hospital sites and local health and community venue.
Proposal Consultation Document	A comprehensive document that sets out detailed information about the proposal, the case for change and descriptors of current patterns of service versus the proposed new models with the benefits expected to flow from them.
Summary Consultation Document	Abridged version of full consultation document with concise detail on the rationale for the proposed change and benefits expected to flow.
Glossary of Terms	Easy to understand descriptors of the terms produced as supplement to already detailed consultation documents.
Informing and Engaging Report	Report detailing activities to inform engage and hear feedback from Stakeholders and provide transparency around how this would influence the options and materials developed for consultation.
Options Appraisal Report	Full report of options appraisal describing process including how options were developed and scored with summarised comments for the basis of the allocated score preferred options.
Transport Analysis Report	Report of the; desktop transport analysis looking at journey times by car and public transport from postcodes identified from GRI inpatient episodes to the three main hospital sites; and a survey of how patients and visitors currently travelled to Lightburn.
Videos Explaining Service Models	Videos developed with multidisciplinary team and hosted on YouTube to explain the proposed service pathway , and how rehabilitation is delivered in Intermediate Care and people's homes .
Pathway Descriptor	Illustrative diagram and descriptor of how and when patients might access the various elements of the pathway, where services would be located and who would be delivering care.
Frequently Asked Questions	Resource that answered questions comments and concerns heard during engagement phase and pre-empted those that might be heard during consultation.

Resource	Description
Public Event Materials	A presentation about the proposal, and stations that provided information about Acute Rehabilitation , Day Hospital and Outpatient Services , Community Based Rehabilitation , Intermediate Care , Travel and Access and the Parkhead Hub Proposal . A summary note of the event was also produced, including an excerpt of the feedback heard. A sense of the event was like for non-participants.
Public Health Review	Work undertaken to look at the potential socioeconomic impact of Lightburn closing on the surrounding area.
Intermediate Care	Information about; why people are moved to intermediate care; what happens there and who provides care; and what happens at the end of the assessment period if not discharged home.
Financial Implications of Care Homes	Information about; the costs of moving into a residential care home if required; how costs are calculated and how much people will be asked to contribute if they can afford it.
Parkhead Hub Development	Information about; the proposal to build a health and social care hub in Parkhead; the services that might be located there; and how the HSCP will consult with people about the proposal.

APPENDIX 2

IMPROVING REHABILITATION SERVICES FOR THE ELDERLY IN NORTH EAST GLASGOW SUMMARY OF STAKEHOLDER FEEDBACK

The following is a summary of the feedback NHSGGC heard about their proposal to Improve Rehabilitation Services for the Elderly in North East Glasgow when consulting from 8th February to 8th May 2017. A full record of all feedback heard was also captured from:

- 6 emails;
- 1 telephone call;
- 1 letter;
- attendance at 2 public meetings speaking to 41 people;
- Public Consultation Event with 52 participants;
- drop in and outreach sessions with 30 people discussing the proposal.

Emails
<ul style="list-style-type: none">- Do not support proposal. Stobhill has better facilities but poor public transport and difficult access for elderly. Services should remain local and in East End with investment made in Lightburn to bring it up to standard.- People being able to remain in own homes longer - change is positive- As a carer with an interest in care of the elderly the proposal is positive and worthy of support- Care of elderly relative at Lightburn was very positive and staff excellent. Would like it to remain open as believe closing it would be a loss to the elderly.- Closing Lightburn would make bed shortage worse. Would not send family member to a care home. Stupid decision to close it.- Improvements to services for the elderly are welcome but must be easily accessible. Very poor public transport from Bearsden and a car is only way to get to Stobhill directly.
Telephone Calls
<ul style="list-style-type: none">- Understand the clinical reasons for the proposal and like idea of home based rehab, but it will be difficult for visitors to get to Stobhill by public transport.
Public Consultation Event
Written Feedback: <ul style="list-style-type: none">- Proposal is good - great intermediate care pathways. Good explanation.- Change is in the interest of patients even if visitors have further to travel.- Good that service is improving. Concerns about transport for elderly visitors.- Proposal is a good idea. People too focussed on transport. Patients should be in better facilities.- Proposal is a good idea - moving forward with times. Will take time for general public's acceptance.- Got questions answered regarding Parkinson's Group and outpatient services - more reassured now.- A really good session - very informative.- Need beds in the East End. Can travel to Lightburn but Stobhill is too far to visit.- Proposal not in the interests of the people of the East End. Public transport to Stobhill is terrible.

Question and Answer Sessions:

- Agree with the medical reasons for change. Still losing 56 beds and if put these in care homes then is it care home or NHS staff. Care homes I know could not provide medical care
- Will proposal see Lightburn services will move to Stobhill.
- Would outpatient service at Stobhill be the same? How will patient transport work from East Glasgow to get people to Stobhill.
- Would treatment be in community or people's homes?
- Is there capacity?
- Do the clinicians feel this will work?
- Like the idea of what you are trying to do.
- If nowhere to go it can result in a delayed discharge from the Royal Infirmary.
- Appreciate you can't deliver high quality acute care in non acute hospitals.
- Parkinson's service here is very highly regarded. Worried about it changing if moved. Not proposing to change it and just move it - that's important.
- Would Parkinson's Service eventually move to Parkhead hub and is not will it have to be Stobhill or Royal - Royal is better for East End. If relative with poor mobility had to go to Stobhill would they get patient transport. Important that it s the same team providing care - continuity of care is exactly the same. You have probably covered everything.
- Staff should decide where to move.
- Care in community is damaging. Why not keep Lightburn for future or make that the hub.
- If this is about a step between acute and home you don't need scanners. Treatment can prevent admissions.
- Lightburn is in need of upgrading - no reflection on the staff.
- People concerned about care homes - would service be comparable to Lightburn. What care homes and what about charging. What happens after assessment period if cannot return home.
- Will people have to pay for care homes?
- Care homes can be frightening for people.
- Are there plans to increase the number of intermediate care beds.
- Problem with intermediate care - don't like care homes.
- What care homes are near to Lightburn?
- Who will provide personal care to patients?
- Will tenancy be protected whilst patients in intermediate care?
- Patients who attend here lack mobility and most use patient transport service.
- Who can get patient transport service?
- Sometimes a long wait for patient transport. If cannot get this then how do people get to hospital.
- Stobhill difficult to get to from East End.
- Parking at Stobhill is difficult.
- Will council put buses on from East End to Stobhill.
- Stobhill in the middle of nowhere and Lightburn is local.
- Buses are not an option and taxis cost a lot of money.
- Travelling to Stobhill is difficult - if you have a car it is no bother.
- Ambulances are based here, where will you put them?
- Need more engagement with bus companies, buses can be difficult to other sites.
- Some appointment times can be difficult if using public transport - early mornings.
- For hub Parkhead is best option due to public transport links.
- No information about Parkhead Hub in community.
- Completely sold on the idea - worried about future planning of it.
- Can you tell us more about the Parkhead hub proposal.
- Lightburn would be a better site for the hub.
- What would happen to the Ambulance depot and the GP surgery if Lightburn closes?
- There is a lack of investment in the East End.
- Really consulted with people throughout.
- I tried to talk to people about proposal but they are not interested.

- A lot to take in but understood presentation.
- When will this happen - is it a done deal.
- Consultation has been positive. Much more engaging.

Drop-in and Outreach Sessions

Lightburn Hospital:

- Concerns about public transport for others to attend outpatients at Stobhill. Agree with clinical aspect and if can do more in less appointments this is better.
- Visiting Stobhill would be difficult - can visit at Lightburn daily. Staff at Lightburn excellent
- Proposal makes sense and Stobhill closer than Lightburn for visiting. Care has been very good in Lightburn.
- Proposal and improving services sounds good. Not sure people will agree with care home setting even if NHS. Staff excellent at Lightburn.

Stobhill Hospital:

- No issues travelling to Stobhill as family come from all over to visit. Facilities and care at Stobhill has been very good.
- Proposal makes sense. Stobhill facilities very good and staff have been great.
- Family member had been in Drumchapel and Modern facilities at Stobhill are much better. Proposal sounds positive.

Glasgow Royal Infirmary:

- Knowing the facilities at Stobhill and how it works makes sense when compared to information about Lightburn.
- Family member had been in Lightburn and not good experience - transported offsite for scans. Would prefer Stobhill as experience and facilities there were better.
- Location not an issue as long as people get the best services and care.
- Stobhill would be difficult to get to - not sure how easy Lightburn would be either.

Health Centres:

- The clinical reasons make sense but Stobhill is difficult to access from Baillieston. There are no hospitals in the East End and public transport is poor. Issues with social care and if not in place it will delay discharge.
- Difficult for visitors without car to access Stobhill from East End. Is this a done deal.
- People are better off in their own homes and rehabilitation within them sounds good.
- Good experience of Intermediate Care - proposal sounds good.
- Providing services in people's homes to help them cope sounds better.
- Proposal makes sense. Working with adults with learning disability then doing more at home is better due to negative experiences in hospital settings. Will share information with colleagues.
- Doing more in less appointments sounds positive.
- Stobhill is closer but can still be difficult to get to - GRI is difficult to get around.
- Where will Intermediate Care be provided for people from Kirkintilloch.
- Doing more in the community sounds better.
- Not sure if it affects Summerston area but Stobhill is easier to get to.
- Would have liked services to help remain independently at home.

Attendance at Public Meetings

East Dunbartonshire Seniors Forum:

- Stobhill is closer, but public transport can still be an issue and can be for GRI.
- Where is Intermediate Care in East Dunbartonshire - Westerton difficult to access by public transport from Kirkintilloch.
- Will Intermediate Care provision be increased in East Dunbartonshire?
- What are the financial implications of Intermediate Care?
- Proposal and improving care is positive.

Baillieston Community Council Meeting:

- Where is intermediate Care provided?
- Where can you get information about Intermediate Care?
- Facilities at Stobhill are very good.

Bailie Elaine McDougall

LIGHTBURN HOSPITAL

Our requirements are:-

- Detailed description of all Services delivered at Lightburn Hospital and who accesses them i.e.
 - a) Where do they come from?
 - b) Is it a genuine East End Service? or
 - c) Is it a City Wide Service?
- Detailed description of the post and jobs for all staff at Lightburn Hospital and where they come from geographically.
- Is this a loss of jobs in the East End?
- Confirmation of the expenditure in Lightburn Hospital in total and broken down by Service Area.

ALTERNATIVES

- Description of all the alternatives proposed for each of the Services detailed above.
- Detailed description of where staff would be redeployed to deliver these Services.
- Confirmation that if staff is redeployed to deliver Services elsewhere, these will be part of the long staff establishment and not reduced as the staff leave.
- A breakdown of how the Lightburn budget will be deployed to augment Services and not used as a means of rebadging and reducing existing budgets by the back door.

ACCESSIBILITY

- We require a detailed travel plan that highlights how there will be no increased transport difficulties for people in the East End.

PARKHEAD DEVELOPMENT

- We welcome the Capital Investment but not as a sweetener to get the agreement to the closure of Lightburn Hospital and long term re-occurring budget cuts.
- What's delivered from the Health & Social Care Hub cannot be agreed by the Politician's alone and must be supported by the East End Communities.
- No final decision should be made on Lightburn Hospital until all decisions are shared with MSP's and Councillors.
- Detailed briefing sessions need to be set up for the East End Councillors.
- A detailed consultation session based on the above information in all wards and detailed notes kept of Communities wishes and aspirations must be arranged.

- Any change needs to be agreed through a genuine Community Participatory Planning Process and not by Officials and Quango's.
- The bottom line needs to be - no job cuts - particularly in the East End.
- There will be no financial cuts on the back of the proposals.
- No loss of Services across the City on the back of the rebadging of these resources.
- A genuine detailed Community Engagement where all options are on the table.
- Investment in Parkhead and the proposed closure of Lightburn Hospital should be separate and should be considered on their own merit.

John Mason MSP

Submission to Consultation: Rehabilitation Services for Older People in North and East Glasgow and Lightburn Hospital

I am writing to respond to the above consultation with the aim of adding my own views to the process.

One of my main concerns about this process would be that at the end of it the East End would have even fewer services provided locally. I accept that both the Health Service and the City Council treat North East Glasgow or North and East Glasgow as one geographical area. However, I would dispute this. North and East Glasgow are not one geographical area as far as the public is concerned. It seems very clear to me that people in the East End of Glasgow consider that to be their main geographical area whereas the North of Glasgow is a virtually completely separate area. With a view to avoiding a further reduction in services in the East End of Glasgow, I would hope that if Lightburn is to close that services would not be moved to Stobhill, which residents consider to be a different sector of the city. Transport is obviously at the heart of this for residents but the overall point is that we have extremely poor health in the East End of Glasgow and, therefore, should have as many resources available locally as possible. Glasgow Royal Infirmary itself is more of a city centre hospital than in the East End but at least it has some transport links to the East End and is widely used and respected by the local community.

I would note that other sectors of the city, for example, the South Side, has the Victoria and the North has Stobhill. These are modern facilities dealing with a range of issues and it seems to me are exactly the kind of facility we are looking for in the East End. Therefore, I would suggest that Parkhead, which is also due for redevelopment, is a much better site for relocation than Stobhill is. Doing so would ensure that the services remain within the East End, a community which has many challenges. This would tie in with the proposal to replace Parkhead hospital with a major new facility.

I do accept that the Parkhead site may be limited in space to accommodate the existing and proposed services together with car parking and other necessities. Therefore, rehabilitation facilities in care homes may be necessary. However, I would just stress again that the number one priority is to keep services in the East End and not transfer them to the North. Especially for elderly people going through rehabilitation, a friend dropping in can be hugely beneficial to their recovery. Such 'pop-in' visits are possible at Lightburn or Parkhead but are not possible at Stobhill.

The Parkhead area has excellent transport links with the rest of the East End and the wider Glasgow community, with bus routes from all across the city passing through the area and nearby train stations providing further connectivity.

The Parkhead site has long been in need of an upgrade, having been assessed as needing modernisation in 2013. If any services have to be shifted, then moving them to Parkhead would help meet this requirement.

Ivan McKee MSP

Maintaining Community Health Services in the East End of Glasgow

Submission from Ivan McKee MSP

4 May 2017

1. Introduction

1. At its meeting on 16 August 2016, in Paper 16/45, Greater Glasgow and Clyde Health Board announced a series of proposed service changes. One of these is the closure of Lightburn Hospital, located in the heart of the East End of Glasgow.¹ In line with established practice, the Health Board embarked upon an engagement process which concluded in December 2016. At the end of that process (and overruling the Health Board's original opinion) the Scottish Health Council advised that the proposals met the criteria to be considered as a Major Service Change. This designation requires Health Boards to undertake further consultation and, following its meeting on 20 December 2016, the Health Board initiated a consultation process and issued a consultation document *Changes to Rehabilitation Services in North East Glasgow* (the "consultation document") on 8 February 2017.² The consultation closes on 8 May 2017 and the Board will consider the issues at its meeting on 16 May 2017.

2. This document has been prepared by Ivan McKee, MSP for Glasgow Provan, the constituency most affected by these proposals taking in much of the East End of Glasgow including Lightburn Hospital. It is my second submission to the Board. Building on the first, it is based on extensive desk research and meetings with Health Board officials, constituents and local community and stakeholder groups. It therefore reviews the Health Board's case in the context of the needs of the local community and in the light of Scottish Government statements, policies and strategies for health and social care.

2. Review of the proposals

Overview

3. My original submission, in December 2016, identified four principles, drawn from the Scottish Government's current health policy documentation³ and eight "tests", drawn from the letter written by then Cabinet Secretary for Health, Wellbeing and Cities Strategy, Nicola Sturgeon, in December 2011, in rejecting very similar proposals to close Lightburn Hospital, back then.⁴ The current Cabinet Secretary for Health and Sport has clearly stated in Parliament, and in writing to me, that new proposals to close Lightburn would need to demonstrate that her predecessor's arguments against closure no longer apply.⁵ She challenged the Health Board to convince her that its plans to reorganise health services in North East Glasgow would "effectively address the concerns that have

¹ NHS Greater Glasgow and Clyde Health Board Meeting 16 August 2016 Paper 16/45, Attachment 2

² Consultation document 08/02/17

³ The proposals are set against two major policy statements: the Scottish Government's "2020 Vision", published in 2011, stating: "our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting", and the more detailed National Clinical Strategy, which followed in 2016, see Annex A.

⁴ In 2010, the Health Board issued proposals to close Lightburn Hospital. These were deemed to be a Major Service Change and therefore required Ministerial approval. In December 2011, Nicola Sturgeon, the then Cabinet Secretary for Health, Wellbeing and Cities Strategy, clearly and unequivocally overturned the Health Board's decision and Lightburn stayed open, see Annex A.

⁵ Cabinet Secretary for Health and Sport Statement in Chamber 30/11/16 and letter to Ivan McKee 09/12/16
Maintaining Community Health Services in the East End of Glasgow Ivan McKee MSP Submission May 2017

been raised by Ivan McKee and others, that they would be fully consistent with national policy and, importantly, that they would improve the patient experience”.⁶ Considered together, these statements provide clear and robust criteria which the Health Board’s proposals need to meet. They are collected at Annex A.

4. In the light of all of this, the Health Board’s latest consultation document is disappointing and unconvincing. It sets out proposals which have apparently “been developed and refined during the engagement process to reflect the issues raised by the patients, carers and local interests who responded to the engagement”.⁷ However, the proposals are substantially unchanged. Rather than challenging, informing and altering its own thinking, the Board appears to have considered the findings from the engagement process to have identified ignorance and misunderstanding on the part of the external participants that requires redressing and further explanation and justification. The consultation document may reflect the engagement process but it does not address the very real concerns raised during that process. The changes proposed are significant and material and yet the arguments for change remain insubstantial and proposals for their implementation are lacking important detail (to name but three - the information regarding costs is negligible, the changing role of the proposed Community Health Hub is glossed over and the future provision of the Parkinson’s Service is unclear, each of these is considered below).

5. In summary, the Health Board’s proposals aim to “see a redesign of the rehabilitation pathway across the North East sector” of Glasgow “supporting earlier discharge from acute care and a more community based approach to rehabilitation”.⁸

6. The Health Board does not see a role for Lightburn Hospital in the proposed new pathway and I take issue with this. The consultation document reveals that the Health Board considers that the current function of Lightburn has been the subject of “misunderstandings” by many respondents to the engagement exercise “including that the hospital provides care for patients discharged from acute services and that it is a local hospital”.⁹ I strongly refute the Board’s interpretation. Lightburn Hospital has served for many years as an essential part of the rehabilitation for older adults – that is a fact. Rehabilitation occurs following an acute episode and would be the pathway to, and consistent with, community living via a step down facility, such as Lightburn.

7. Lightburn offers a range of services including, in the Board’s own words: “Two 28 bedded inpatient wards providing rehabilitation for older people predominantly transferred from the GRI”.¹⁰ It therefore does currently serve as a rehabilitation unit, providing step-down accommodation in 56 beds, for older people thus enabling patients who have been discharged from large, acute general hospitals (normally the GRI), to recuperate. It is also important to acknowledge that, in some cases, Lightburn provides a setting in which some patients can be supported through their inevitable deterioration at end of life. Indeed, the support that Lightburn offers to dying individuals and their families is one of the most highly valued aspects of Lightburn to the community it serves. A relative told me: “My late partner spent the last couple of months of his life there and passed away in Lightburn in Sept 2014. The staff there were very kind and supportive, both to him and to me. I can't praise them highly enough.”¹¹

⁶ Cabinet Secretary for Health and Sport Statement in Chamber 30/11/16

⁷ Consultation document 08/02/17 page 1, paragraph 1.1

⁸ Consultation document 08/02/17 page 7, paragraph 5.1

⁹ NHS Greater Glasgow and Clyde Health Board Meeting 20 December 2016 Paper 16/74 Page 3, paragraph 4.9

¹⁰ NHS Greater Glasgow and Clyde Health Board Meeting 16 August 2016 Paper 16/45, Attachment 2, paragraph 1.1

¹¹ Paul Kavanagh, partner of Lightburn patient

8. In addition, the website Patient Opinion also contains some moving testimonials:

“Our beloved father passed away in ward 2 of Lightburn Hospital on 24th January. He had been in the hospital for 4 weeks. The care he received was exceptional. The main reason for this message is to highlight the incredible support and kindness we were given from EVERY member of the staff at EVERY level. Without exception we were treated with respect and dignity which in the latter stages of Dad's life became genuine care and friendship. Words alone cannot express how we feel as a family. Although we lost our loved one, we have feelings of great warmth when thinking of his passing. This is the way it should be for everyone but we had a very different experience when our Mum passed in the Glasgow Royal Infirmary. The staff at Lightburn demonstrate how it can be done and are a true centre of excellence in the care they provide. We will never forget them. Please do not close this wonderful hospital. The community needs it”.¹²

“Our mum was resident in Lightburn Hospital for a few weeks before passing away in the early hours at the end of September 2016. The care she received at Lightburn was just wonderful. Caring, considerate, professional, keeping us informed at all times. Staff Nurses Louise, Jackie, Eleanor and Claire in particular were marvellous, provided great care and help and support to my sister and me at a tough time. Their professionalism and approach deserves the highest praise and our appreciation of their caring and genuine support is heartfelt”.¹³

9. In relation to the Health Board’s second assertion, concerning the local nature of the facility, maps and data provided by the Health Board show the home localities for Lightburn patients. While patients from a wide area across the city and beyond make use of Lightburn, two-thirds¹⁴ of inpatients are from the East End of Glasgow. The current site of Lightburn Hospital is centrally located within the area it serves and is well connected to it by public transport. It is better situated than Stobhill Hospital – the Board’s proposed alternative for many of these services - in this regard. Crucially, Lightburn is clearly considered by people of the East End of Glasgow to be a local resource, as has been evidenced by local people’s attendance at public meetings regarding the closure.

10. In addition, the consultation document states that the new 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”.¹⁵ It is clear from the way that subsequent text is cast that the Health Board is intent on making a distinction between “community” and “hospital”, whereas it is clear that no such distinction exists in the minds of the people Lightburn serves. They believe that as an accessible, local hospital based in their community, Lightburn encapsulates the best of both. Indeed, the concept of a community based facility, with hospital facilities, is exactly what is required to fulfil the Health Board’s pathway from acute care to community based rehabilitation, and Lightburn currently fulfils that need very adequately.

¹² <https://www.patientopinion.org.uk/opinions/344815>

¹³ <https://www.patientopinion.org.uk/opinions/318091>

¹⁴ NHSGGC 11/01/17 Response to Freedom of Information request from Ivan McKee MSP (made 08/12/16) paragraph 2

¹⁵ Consultation document 08/02/17 page 7, paragraph 5.2

Reviewing the proposals in the consultation document

11. Lightburn Hospital provides three main services to the local community: inpatient, day hospital and outpatient services. People with Parkinson's, and those with other complex conditions, including dementia, are heavy users of these latter services. The Health Board intends to close the hospital and disperse these services amongst other facilities in the city. I consider these in turn below. Since the Health Board has not significantly revised its earlier proposals in the light of the representations it has received during the engagement process, nor provided much in the way of more explanatory detail, I have found it necessary to reiterate and amplify the main points I made in my earlier submission. The detail of my original submission is at Annex B and cross-referenced as appropriate below.

Inpatient services

12. Lightburn Hospital enables patients to recuperate (or die) in a homely setting within their own community and close to local family and friends and as such, complies fully with the four principles I have highlighted from the Scottish Government's National Clinical Strategy. Under the Health Board's proposals, three options would be open to patients that would otherwise be in Lightburn, acute hospital, care in a community rehabilitation facility and care at home.

13. The role of **acute hospitals** in the provision of healthcare in North East Glasgow should be relatively clear and undisputed. If patients are known to be in need of services that cannot be provided by a hospital such as Lightburn, then they should not be in Lightburn in the first place and should remain in their acute hospital setting. Of course, deterioration in a Lightburn patient's condition could lead to services unexpectedly being required, and this might be especially so for elderly patients with more than one health condition. In December 2016, I initiated a Freedom of Information request, seeking details of how often, if at all, other external specialist medical services are accessed by patients in Lightburn, which would allow an analysis of the significance of the perceived lack of these specialist services in Lightburn. However, the only data the Health Board could provide was to report access to diagnostic imaging services – amounting to a total of just two patients per week.¹⁶

14. The pathway for patients requiring “post acute intermediate rehabilitation” appears less clear cut. The Board calculates that an estimated 150 frail, older patients from the East End would no longer receive their care in their local community at Lightburn, instead receiving this in a non- local setting at Stobhill.¹⁷ It is not clear how the Board would intend to meet the increased pressure on Stobhill's inpatient facilities and it is likely that some patients requiring hospital care would be forced to remain in large acute hospitals such as the GRI rather than rehabilitation beds. It is also likely that some people from the East End would be treated in facilities much further away, such as Garnavel or the QEUH. This would be completely inconsistent with the four principles. The Health Board acknowledges that those in need of inpatient rehabilitation, but not acute services, should be transferred to a “modern local community rehabilitation facility”¹⁸ by which it means **local care homes**. Although at least located in the community, local people have considerable concerns about the appropriateness of care homes for this kind of rehabilitation, expressing strong preferences for care in a hospital setting, and these should not be dismissed lightly. I detailed my concerns about this in my previous submission, (Annex B, page 4) not least the implications regarding means testing and costs to patients and I am disappointed to note that these have not been considered, never mind addressed, in the consultation document, despite being raised in paper 16/74, considered by the Board in December 2016 which, tellingly, noted that “the HSCP is able to and does currently

¹⁶ NHSGGC 11/01/17 Response to Freedom of Information request from Ivan McKee MSP (made 08/12/16) paragraph 3

¹⁷ NHSGGC 11/01/17 Response to Freedom of Information request from Ivan McKee MSP (made 08/12/16) paragraph 2

¹⁸ Consultation document 08/02/17 page 7, paragraph 5.1

provide services which are NHS funded and not charged, but we need to be clear about the boundaries of this. The National policy changes to continuing NHS care have generated a shift to charged services".¹⁹ This is a hugely significant point – the permutations of which the consultation document should have considered in detail. Neither does the consultation document address the danger of perverse incentives and the procedures that would be in place to ensure that patients in a private, for profit, care home would be assessed and moved on at the appropriate time.

15. **Care at home** will always be most appropriate for certain patients, but under the proposals would clearly form an important and enhanced strand of the options open to patients in North East Glasgow. Yet the consultation document devotes half a page, dominated by a simplistic and uninformative diagram, to this and I repeat the request from my earlier submission that much more detail of how this would be co-ordinated in practice, is needed. (Annex B, pages 4 and 5).

16. Finally, regarding the dispersal of inpatient services, I repeat that it must also be acknowledged that some hospital admissions are entirely appropriate. People who are currently using Lightburn are assessed as having a degree of medical need, or they would already have been discharged. The Clinical Strategy itself acknowledges that inpatient beds for older people will continue to be needed. Indeed, demographic pressures mean that the demand for appropriate hospital admission might be expected to increase. In the latter two of these options - care homes and care at home - the medical services listed by the Board as apparently lacking in Lightburn, would not be available.

Outpatient services and day hospital

17. Currently, Lightburn Hospital is providing a range of regular outpatient clinics whilst the day hospital at Lightburn currently provides multi-disciplinary assessment and rehabilitation for older people. All of these services are proximate, appropriate to, valued and, crucially, **used** by the local community and are, therefore, compliant with the four principles.

18. The consultation document proposes that outpatient services, now, as well as the day hospital are located at Stobhill Hospital. I welcome the Health Board's tacit acknowledgement that it was illogical to propose (in the engagement phase document) to site outpatient services at the, as yet non-existent, community health hub at Parkhead. I also contend that these services must continue to be available in the East End.

19. However, whilst I freely acknowledge that Stobhill has modern, well equipped facilities, the proposal that Lightburn should close and outpatient and day hospital services should be sited at Stobhill, would be wholly detrimental and, furthermore, completely disregards the analysis of the former Cabinet Secretary - who well understood the needs of the local community and who observed that the "journey to Stobhill in particular [is] most challenging". In 2011, the Cabinet Secretary was clear that moving facilities to Stobhill could "potentially act as a disincentive to some local people with health concerns and poor health outlooks accessing necessary care and treatment".²⁰

20. I fully agree that the people of the East End of Glasgow need and deserve access to modern day hospital facilities and I acknowledge that Stobhill clearly has better facilities than are currently available at Lightburn. I contend again, that, if, as the Board claims, "Lightburn Hospital has a very limited range of clinical support services and cannot deliver this modern, medicalised model of day hospital care"²¹ then that is a consequence of the Board's failure to follow the Cabinet Secretary's

¹⁹ NHS Greater Glasgow and Clyde Health Board Meeting 20 December 2016 Paper 16/74 Page 3, paragraph 4.12

²⁰ Cabinet Secretary for Health, Wellbeing and Cities Strategy 19 December 2011 Letter to Chief Executive of NHSGGC Health Board – (decision to reject closure of Lightburn Hospital)

²¹ Consultation document 08/02/17 page 12, paragraph 10.2

clear direction that it work “to maintain and improve the quality of the service delivered from the hospital, in the best interests of local people”.²² I repeat that the arguments clearly point to retaining provision at Lightburn and to invest in Lightburn as a modern, fit for purpose, day hospital facility.

Provision of Parkinson’s Services

21. The Lightburn site also hosts a multidisciplinary Parkinson’s service, which provides onsite, same-day access to a wide range of services and health professionals that are needed to support the 300-350 local people with Parkinson’s. The Parkinson’s Support Group also meets at Lightburn. The original proposal was vague regarding future proposed locations of Parkinson’s services, referencing the proposed community hub as an eventual location but, until then, mentioning both the GRI (which is, by the Board’s own admission, “congested”) and Stobhill, neither of which were or are acceptable to people with Parkinson’s. This, the Board tacitly acknowledges in the consultation document without offering any resolution other than that “we will engage further” with the Group on the matter and a “number of local locations have been scoped for the venue for Parkinson’s Support Group meetings”.²³ However, this issue is about the provision of health services, not meeting space. Parkinson’s UK in Scotland carried out an exercise with over 30 of its members which reinforced the point that neither the GRI nor Stobhill Hospital are suitable replacements for services currently offered at Lightburn.²⁴ As before, Lightburn is already providing services that are compliant with the four principles. Moving this highly valued and used local service further away, is not.

3. What has changed since 2011?

22. As well as considering the specific service changes against the principles of the National Clinical Strategy, in my original submission I considered what had changed – in the engagement document - since the Board put forward similar proposals in 2011, and the eight “tests” outlined. Now I have compared the proposals outlined in the consultation document against the test, and found them wanting.

1. The existence of Lightburn is consistent with policy of keeping services as local as possible

The proposals remove a coherent local facility and disperse its functions among others – many significantly further away. There is an ambulance depot and a doctor’s surgery next door and a pharmacy across the road. The Lightburn site is a potential community health hub for the East End.

2. Lightburn is regarded as a valuable local facility by the local community

In an area of high multiple deprivation and few community amenities compared to other areas, Lightburn Hospital is a known and valued landmark. Its closure would remove a significant piece of infrastructure from an already deprived community.

3. Lightburn fulfils a particular need, generated by the socio-economic profile of the area, for health care services to be available locally

The Cabinet Secretary had a deep and empathetic understanding of the community which Lightburn Hospital serves. Three of the four highest areas of multiple deprivation in the whole of Scotland, are adjacent to Lightburn Hospital. It is used extensively by elderly people, disabled people and chronically sick people with low car ownership. The poor public transport links from the area to the other proposed replacement facilities would limit patient attendance and geographical access for visitors and family.

²² Cabinet Secretary for Health, Wellbeing and Cities Strategy 19 December 2011 Letter to Chief Executive of NHSGGC Health Board – (decision to reject closure of Lightburn Hospital)

²³ Consultation document 08/02/17 page 12, paragraphs 11.3 and 11.4

²⁴ Parkinson’s UK in Scotland February 2017 Private report Note of a facilitated discussion with Lightburn Glasgow East Parkinson’s UK Support Group about the Parkinson’s Service

4. Lightburn removes barriers and disincentives which patients would encounter if required to attend a large acute hospital some distance away. It optimises access to health care in a deprived community

The proposals from the Health Board not only fail to address this key issue, but would exacerbate it.

5. Local services such as those at Lightburn, provide the most effective rehabilitation

For patients, a rehabilitation hospital provides a relaxed environment, reassurance, quiet, rest, food, companionship, ongoing medical support and connection to their community, family and friends. The proposals do not acknowledge this. The proposal to use hospitals in other parts of Glasgow for acute occurrences is to some extent understandable, but they are not local and this has a proven effect on rehabilitation rates. There would be a gap in the provision of the appropriate level of hospital-based provision if Lightburn shut. Although returning patients to their own homes to be rehabilitated is an ultimate form of “local” service, and to be welcomed, the lack of a clear plan to support patients and families is unconvincing. Similarly, the proposal to use local care homes lacks a clear plan.

6. Facilities such as Lightburn prevent inappropriate admissions to acute hospitals

As described above, if Lightburn were to shut, there would be a gap in appropriate level provision. Arguably, this could mean that “to be on the safe side” more patients than necessary will be shuttled out of the local area to acute hospitals.

7. The benefits to patients, of the closure of Lightburn, are neither clear nor compelling

The benefits of the proposals to patients remain neither clear nor compelling. The current Cabinet Secretary for Health and Sport exhorted the Board to convince her that, if enacted, the proposals would improve the patient experience.²⁵ The facilities at Stobhill may be better than those currently available at Lightburn, but this is of little use if a significant proportion of potential patients, will not access them.

8. The Board should “now work to maintain and improve the quality of the service delivered from the hospital in the best interests of local people”

There is clear and conclusive evidence that the Board did not invest in Lightburn as directed by the Cabinet Secretary in 2011. The consultation process that formed part of the 2010 exercise stated that refurbishment of the four Lightburn wards would cost £1.3 million per ward – £5.2 million.²⁶ Only a fraction of this amount has been spent. In July 2013, just 18 months after the decision, local service users prepared a status report on Lightburn and considered any improvements to be a “touch up job” at most and expressed fears that “the closure of Lightburn was being carried out by the back door”.²⁷ Asked in October 2016, through a Freedom of Information request, to provide the costs of refurbishment that have taken place at Lightburn Hospital since January 2012, the Health Board has provided a figure of £200,000 for two ward refurbishments.²⁸ If the case against Lightburn is based on its relatively poor “unmodern” facilities – this is because the Health Board did not invest. The Board is failing in its duty of care to the population of the East End of Glasgow. It has a case to answer.

23. In conclusion, therefore, the Health Board’s current proposals still satisfy **none** of the conditions set by the Cabinet Secretary in 2011.

²⁵ Cabinet Secretary for Health and Sport Statement in Chamber 30/11/16

²⁶ NHS Greater Glasgow and Clyde Health Board undated c.August 2010 Changes to inpatient rehabilitation services in East Glasgow and the possible closure of Lightburn Hospital site Full consultation document page 10, paragraph 7.2

²⁷ East Glasgow Parkinson’s UK Support Group July 2013 Status Report on Lightburn Hospital

²⁸ NHSGGC November 2016 Response to Freedom of Information request from a constituent (made October 2016)

4. Conclusions

24. The consultation document is very disappointing. Lacking in insight, empathy, coherence, crucial detail and imagination, it simply serves up the main proposals outlined in the original engagement document in a different way. It has done nothing to improve the standing of the Board with the local community, where levels of trust are already low. It remains my view that the case to keep community hospital-based health care service provision in the East End of Glasgow is proven beyond contention. The case remains almost identical to that articulated by the Cabinet Secretary in 2011. Indeed, it is strengthened by the subsequent publication of the National Clinical Strategy because it is consistent with, and supportive, of the principles and much of the detail laid out therein. The East End of Glasgow, an area of multiple deprivation, needs a community hospital facility, offering a coherent collection of high quality services to the people it serves. This is entirely consistent with the aims of offering people-centred, integrated local care, at the right level, and with tackling health inequalities.

25. The Board's arguments and justification fail to satisfy the eight conditions laid out by the Cabinet Secretary in 2011. Nor do they align with the principles of the National Clinical Strategy. It is clear that the course of action proposed by the Health Board is not in the best interests of the patients of the East End of Glasgow.

26. It is time to commit to provide the well-funded, high quality, holistic and medicalised facility at the heart of a community that has significant health inequalities, that the Cabinet Secretary envisaged in 2011.

The further documents submitted by Mr McKee are at:



IMcKeeAnnexes.doc

x

Cass Macgregor, on behalf Of Glasgow Green Party

Please find below the response which I am submitting on behalf of the Glasgow Green Party to the consultation on changes to rehabilitation services in north east Glasgow.

The consultation document suggests that there were approximately 450 admissions to the Lightburn hospital in the year 2015/16, 300 of which came from the east end of Glasgow. NHSGGC plans for 150 of these to attend for a shorter 'more focused' stay at Stobhill and suggests that the other half will be transferred home with a community care package or to intermediate care. From reading the documents available and attending the consultation day on 29th march, I feel it is important to highlight some issues with this that I would like to see addressed.

The population is projected to rise and the demographic is expected to change, with an increasing elderly population with more complex medical and rehabilitation needs expected. The assumption in the document is that there will be a reduction in the number of patients accessing acute services, while this is laudable and in fitting with models to reduce the length of hospital stay and associated risks with time in hospital, much has already been done to improve this. I am concerned this assumption may well be unrealistic and that there are no plans to increase acute bed capacity elsewhere to meet demand. It was reported at the consultation event that currently not all of the 56 beds are in use, but that on average 38/40 beds are. Healing, recovery and rehabilitation will always take some time and there will simply always be a need for acute, inpatient care.

I was also concerned to learn that the plan is for all Physiotherapy and Occupational Therapy staff to move to acute care. If half of the east end patients currently requiring an inpatient stay at the Lightburn will move to intermediate/ home care then this will place an increased burden on the health and social care partnerships which provide input into people's homes and the intermediate care beds. I would question whether this group of elderly patients will receive the same level of rehabilitation.

Within the different rehabilitation options mentioned in the document, there is little mention of an identified rehabilitation need as a consideration when referring elderly patients into different levels of care. When an elderly person has a fracture, major surgery or a stroke they will need specific rehabilitation input to optimise their recovery. This requires multidisciplinary input and to be applied to activities of daily living. 7.2 on p10 of the consultation document, for example, does not include an identified rehabilitation as a consideration. Planning for services should consider this level of need within the 'elderly' category.

While the paper states that modern acute clinical care should have access to the range of facilities available on acute sites, the identified population for admission to the Lightburn is those who need more input to their care by the health service for rehabilitation needs and require to stay in hospital for this. Care must be taken to differentiate between current Scottish Government preference to centralise care in acute hospitals being the guiding preference, and the results of evidence based healthcare.

We welcome the proposal for a 'hub' of outpatient services at Parkhead. This is an excellent model and way of working which means having access to different health and social care services all under one roof. It is important to emphasise that this is different to inpatient care and not a substitute for inpatient beds at the Lightburn.

In summary, Glasgow Green Party would currently not support plans to close the Lightburn hospital due to the concerns and the need to plan for future health and social care services.

Gerry Mccann , Chairman, Save Lightburn Campaign

Save Lightburn Campaign Response to NHS Greater Glasgow and Clyde Consultation Exercise on Plans to Close Lightburn Hospital

We are disappointed that the Board is continuing to pursue the closure of Lightburn, although we are not surprised, given that Board officials had already made clear that the Board believed that the hospital was “past its time” during the engagement process last year.

We note that there is a lot of additional paperwork on the website, but do not believe that the consultation documents address the concerns raised by the community during the engagement process.

Here are the points we want to raise about the consultation:

Who uses the service at Lightburn?

Throughout this exercise, the Board has tried to claim that the Lightburn is not an East End facility, but serves a wider area including East Dunbartonshire in the North East Region. It may be the case that people using the service come from across the north of Glasgow, but it is also clear from the Board’s own figures that the overwhelming majority of people using the services at Lightburn are drawn from the East End with far fewer coming from other areas

For example, inpatient figures quoted in the consultation document show that 453 inpatients came from the North East locality – the vast majority of them from the East End, as opposed to 231 from all other areas, including some from outside NHS GGC.

The statistics for outpatients are even more marked, with 3,650 attendances at the day hospital from those in the North East locality and attendance numbers for those outside the North East locality numbering a mere 71 over the year. Again, the attendance from the North East is dominated by East End areas.

It is therefore absurd to contend that the hospital at Lightburn is not a local facility, as the Board does in the consultation paper. This fiction carries over into the Transport and Options Appraisal Exercise, which both presume that equal numbers of people are affected across the North East, North West and East Dunbartonshire. Both of these would have been very differently weighted if they reflected the impact on the local community.

Transport

This is the single most important issue for patients from the East End, and we do not believe that the Board has adequately reflected the problems of transport to Stobhill.

The Board's transport analysis shows that a far higher proportion of people who use outpatient services at Lightburn travel by bus than those using facilities at Stobhill – 14% of at Lightburn compared with 2% of Stobhill service users. (We were also somewhat surprised that the survey showed that no Lightburn day hospital users were recorded as using public transport, given the high percentage of outpatients using this method. It would have been helpful to know how many people responded to the surveys and when they were conducted.)

Even using the Board's own data, over 38% Stobhill day hospital patients currently arrive by car, compared with 22% of those attending at Lightburn. It is clear that fewer Lightburn service users have access to their own transport, so the bus issue is disproportionately important for those accessing currently accessing services at Lightburn. This reflects the East End's low levels of car ownership.

It would be expected that these people would continue to be reliant on public transport to access appointments at Stobhill. Indeed, given the additional costs associated with longer taxi journeys from the Lightburn area, it would be expected that some of the 7% of service users who currently access the service by taxi and 4% who say that they walk, would shift onto public transport instead. This makes the bus issue even more pressing.

Looking at the travel time estimates, as in 2010, and again in the engagement exercise, we do not believe that a Google search the real experience of people needing to use buses to access the hospital from parts of the East End. From some parts of Baillieston, it is a two hour journey to reach Stobhill.

There is no mention of the fact that most of the buses that go to Stobhill do not enter the hospital site. This will leave frail people with a 20 minute uphill walk to reach the hospital building for their appointments, and could be a major barrier to people accessing the appointments they need.

Issues with the Options Appraisal Exercise

It is difficult to have faith in a process that was so heavily dominated by NHS GGC managers and staff – who outnumbered the public partners by 8 to 5.

We believe that the way that the questions were weighted undermines the impartiality of the exercise. The existing service provision at sites accounted for 60% of the score, and the quality of facilities accounted for 20%. As we have previously noted, people in the East End have long believed that the Board has been “running down” Lightburn, and has failed to make the investment that it was asked to make by the then Cabinet Secretary for Health in 2011. In this context, Lightburn was always going to fare poorly, as a result of NHS Board decisions. (We also note that the consultation proposals around modern facilities at other sites is very familiar to the arguments that the Board put forward in 2010, which were rejected by the then Cabinet Secretary.)

Access issues only accounted for 10% of the score, despite the fact that it is a major area of concern. There seemed to be some duplication in terms of quantifying “access” and “quality of facilities” which may have inflated score for Stobhill site. As

noted above, the options appraisal does not reflect the fact that the overwhelming majority of people affected by this change are from the East End.

Plans to reduce return appointments

We are extremely concerned about the proposal in the consultation to reduce return appointments as part of the strategy of moving services to Stobhill. This demonstrates that the community was right to fear that this move will reduce access to healthcare for people from the East End - an area with a very poor health record. People in the East End should not receive less medical attention as a result of the Board's plans.

Notes on the Parkinson's service

We are very concerned to see that the consultation paper minimises the role of the Parkinson's service, suggesting that the Specialist Nurse sees 144 patients per year in clinic. But there are 300- 350 people with Parkinson's using the service, and people from the Parkinson's Support Group tell us that they see the Parkinson's nurse at least once every 6 months, with further appointments with the consultant.

The Parkinson's nurse also has a much wider role including as a care coordinator and point of contact for people with Parkinson's and their families. She also conducts home visits and phone contacts.

The Parkinson's Support Group also held a focus group in February. More than 30 people affected by Parkinson's took part. They were clear that neither the Royal nor Stobhill was a suitable replacement for Lightburn. Of the two sites, the majority felt that the Royal would be more suitable than Stobhill because of the travel issues.

Developing the site at Lightburn

The Save Lightburn Campaign believes that the Board and HSCP should consider investing in developing the Lightburn site in place of Parkhead, and retaining the services at Lightburn.

We reproduce our comments from the engagement exercise below, as we don't feel that these have been addressed in the consultation exercise.

Impact of the proposed closure of Lightburn on the East End community

We would emphasise that Lightburn Hospital is highly valued in the community. Public meetings organised by the Save Lightburn Campaign and local MSP Ivan McKee in February and November 2016 were each attended by over 60 people from the community with major concerns about the impact of these plans for the East End. There has also been significant media interest in the future of the hospital.

As NHS Greater Glasgow and Clyde knows, the East End community has one of the worst health and social deprivation records in the country. People are more likely to have health issues or disabilities in the East End than in neighbouring areas. It is surely unhelpful to move even more healthcare facilities out of the area.

Given that many people in the East End are dependent on public transport, proposals to provide hospital beds and outpatient clinics at Stobhill would cause great difficulties and distress for both the patients and their families. Elderly visitors would be unable to travel to Stobhill for visiting; as a result rehabilitation of the patient would be severely affected. Local rehabilitation healthcare facilities are important in ensuring a more effective recovery.

For people residing in the East End travel to Stobhill would result in lengthy multiple journeys by public transport. In some cases a 2 hour journey each way from parts of Baillieston, with others facing a 7 minute walk after they get off the bus, including a steep hill. This is impossible for many elderly or disabled people.

While some patients might end up being accommodated in the Glasgow Royal Infirmary, this is a large, busy hospital. It does not provide the personal, friendly care that people value at Lightburn.

This proposal will mean losing 56 hospital beds, with no plans to replace them. We are concerned that this sudden reduction in capacity could mean that if GRI Or Stobhill are full, patients needing a hospital bed could end up being forced to go to the other side of the city, such as Gartnavel or the new Queen Elizabeth University Hospital. These facilities are very difficult to access by public transport from the East End for families to visit.

NHS Greater Glasgow and Clyde says that some of the Lightburn beds will be replaced with beds in care homes. Patients that need a hospital bed should not be put in a care home as they will not receive the care that they need there. They certainly will not receive the same level of support that they would get in Lightburn. This will be a lower quality of service.

People in the East End see care homes as somewhere you go to die, not to recover, and there is very little faith that frail elderly people will get the healthcare they need to get home there.

Impact on the Parkinson's clinic

People feel strongly that patients' needs have not been taken into consideration and that the proposals would make it impossible to provide the same level of care and accessibility as is currently received from the Multidisciplinary Team at the Parkinson's Clinic at Lightburn. The care is led by Dr Burns and Jacqui Kerr, but the regular input and support of their colleagues at Lightburn is also needed to manage Parkinson's.

All the staff in the hospital treat patients and families as whole people, not as numbers or a set of symptoms. People are concerned that the Multidisciplinary Team would be broken up if the hospital closed and the service moved, which would have a detrimental effect on quality of life for 300 – 350 patients who currently attend the clinic.

Patients with Parkinson's and families can currently get input from a range of health professionals on the day they attend clinic, which means that any issues are addressed quickly, and the team work together to give patients and their families the support they need when they need it. This is essential for people with Parkinson's and families who face a condition that changes often and affects people in many different ways.

Lightburn is much easier to get to from most of the East End for clinics than either Stobhill or the Royal Infirmary using public transport. It is much easier to park at Lightburn than at either site, and as people with Parkinson's struggle with mobility it is a short walk to the clinic and the other facilities. Lightburn is next to the Scottish Ambulance Service depot, which suggests that patient transport ought to be easier to organise for those that need it.

Health Board Decisions

People in the East End are very disappointed to be revisiting this issue a mere five years after Nicola Sturgeon halted the closure and instructed the Board to invest in services at Lightburn. People in the community do not think that there have been any changes to the factors that caused her to make her decision in 2011. Lightburn remains a valuable resource, providing high quality local care. The East End remains an area with high levels of socioeconomic deprivation and poor health. Lightburn remains accessible and central, and the alternative sites do not. The Scottish Government remains committed to providing care close to people's homes.

But local people are concerned about the Board's actions over the last five years. Information received by the Save Lightburn Campaign under Freedom of Information showed that the Board has spent just £200,000 in refurbishing the hospital since 2011. When making their case for closure in 2010, the Board had stated that the cost of refurbishment would be £5.5million.

People in the East End have seen services decommissioned at Lightburn, and even parts of the hospital boarded up and left to look like Lightburn has already closed.

It is difficult not to be cynical about the Board's intentions, especially when the Board was unable to provide any minutes or papers to support the claims made in Board papers issued in August 2016 that "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." Indeed, the Board's statement in response to media coverage referred only to meetings that had taken place after the Engagement process had begun in September 2016.

Similarly, the attempt to define the Lightburn proposal as a minor service change in order to prevent it being considered by the Cabinet Secretary, despite the fact that the closure was defined as a Major Service Change in 2011 contributes to mistrust from the local community.

Proposed Changes to Rehabilitation Service in North East Glasgow Consultation Response from Parkinson's UK in Scotland

People with Parkinson's and their unpaid carers who use the service at Lightburn Hospital continue to have significant concerns about the Board's proposals, and their implications for the services they receive. Parkinson's UK in Scotland has a role in making sure that these concerns are heard and addressed.

Parkinson's UK in Scotland hosted a discussion with over 30 people affected by the proposals in February. A record of the discussion is attached.

This discussion made clear that:

- **neither** Glasgow Royal Infirmary (GRI) **nor** Stobhill Hospital was a suitable replacement for the current Parkinson's service provided at Lightburn
- the current service was very highly valued by all. Important features of the service as currently provided were the staff (in particular the Parkinson's nurse and consultant), continuity of care and relationships, the access to multi-disciplinary support on a single site, the accessibility of the site by public transport, good parking for those using cars, the friendly, person-centred approach of all the staff working in the building, the small size of the site and the fact it is all on one level
- people had very significant concerns that the highly valued Parkinson's service that they received would be at high risk if it was moved to either GRI or Stobhill
- people see considerable difficulty in accessing services at Stobhill for those without access to a car and identify this as a major problem with this site. This was the main reason why GRI was preferred by most participants if Lightburn closed.

The discussion was restricted to the outpatient Parkinson's service, but people with Parkinson's remain concerned about the wider impact of the proposed loss of inpatient services at Lightburn Hospital, reflecting their position as members of a community and the fact that people with more advanced Parkinson's are at high risk of hospital admission.

Parkinson's UK in Scotland previously submitted comments to the Board's engagement exercise. We attach these.

The consultation process

Parkinson's UK in Scotland has identified some concerns about the consultation exercise.

For example, the Board's options appraisal exercise shows that the "local facility" scored low marks compared with Stobhill and GRI.

We have serious concerns about the fact that the Parkinson's service was one of the areas rated in this exercise, but that nobody affected by Parkinson's took part. Similarly, people who use other parts of the service appear not to have been engaged in this exercise.

The Board Consultation Paper actually supports the argument that most people using the services at Lightburn are local to the East End. The statistics provided for inpatient stays and outpatient / day hospital services at Lightburn suggest that a majority of people using inpatient services, and that a very significant majority of those using outpatient and day hospital services are from East End postcode areas. For example, figures from the movement disorder service show that a single person attended from East Dunbartonshire, 6 from the North West Locality and 521 from the North East – with the biggest numbers of these based in areas defined as the East End.

Yet despite this, both the options appraisal and the travel analysis suggest that people are equally likely to access Lightburn from the three areas (North East, North West and East Dunbartonshire). It is clear that the majority of people affected by the proposal to close Lightburn live in the East End, yet this is not reflected in these documents.

We are also concerned that the Board's travel analysis does not appear to reflect people's real life experiences. Critically these do not refer to the fact that most buses do not stop in the hospital, and require a long walk up a steep hill to access the site.

The Board consultation also appears to minimise the support provided by the Parkinson's service. It suggests that the Parkinson's nurse sees 144 patients per year in clinic. But with 300 – 350 people with Parkinson's in the service, this appears to be a significant underestimate. People tell us that they see the nurse at least every six months, and the consultant at similar intervals, and that the Parkinson's nurse also coordinates care, provides vital phone support and valuable home visits if people are not well enough to attend the hospital need to be seen.

About Parkinson's

About 11,000 people in Scotland have Parkinson's, and around 2,200 of them live in NHS Greater Glasgow and Clyde. About one in ten of these people are classified by ISD as at high risk of hospital admission in the next year.¹

Parkinson's is a progressive, fluctuating neurological disorder, which affects all aspects of daily living including talking, walking, swallowing and writing. People with Parkinson's often find it hard to move freely. Their muscles can become stiff and sometimes they freeze suddenly when moving. There are also other issues such as tiredness, pain, depression, dementia, compulsive behaviours and continence problems which can have a huge impact on peoples' day-to-day lives. The severity of symptoms can fluctuate, both from day to day and with rapid changes in functionality during the course of the day.

About Parkinson's UK

For more information, please contact our Parliamentary and Campaigns Officer, Tanith Muller, email: tmuller@parkinsons.org.uk, telephone 0344 225 3726.

We're the Parkinson's charity that drives better care, treatments and quality of life. Together we can bring forward the day when no one fears Parkinson's. Find out more about us at parkinsons.org.uk

¹ ISD SPARRA figures predicting a greater than 50% risk of hospital admission in the next year. ISD (2011) SPARRA database: Number of patients in Scotland at risk of emergency admission / readmission, in the period 1st July 2011 - 30th June 2012, by risk probability group, and those with an admission history of Parkinson's Disease. Unpublished data. Reference: /conf/sparralive/Ad Hoc/Parkinsons UK

SCOTTISH HEALTH COUNCIL: REPORT ON CONSULTATION

Attached to this report as Attachment 3.

PUBLIC HEALTH REPORT

UNDERSTANDING THE IMPACT OF PROPOSED CHANGES TO REHABILITATION SERVICES IN NORTH EAST GLASGOW ON HEALTH INEQUALITIES IN THE AREA

SYNOPSIS

1. NHS Greater Glasgow and Clyde (NHSGGC) is consulting on proposals which are designed to improve the way rehabilitation services are provided for people in North East Glasgow. As part of the consultation, the Director of Public Health has been asked to assess the impact of the proposed changes, in particular the potential closure of Lightburn Hospital, on health inequalities in the area (1). This paper sets out the main findings of this assessment and provides conclusions and recommendations. It is offered as a resource to those participating in the current public consultation.

PURPOSE AND SCOPE

2. The potential impact of the proposed changes on patients and their families has been explored in the existing Equality and Diversity Impact Assessment (EQIA). The scope of this paper will focus on wider determinants of health including employment, the local economy, the wellbeing of the local community and potential uses of the Lightburn site. This scope is in line with that set out by the Director of Public Health in February 2017. (2)
3. In order to explore these issues it is critical to agree a definition of the local community. There were different views about the local community for the Hospital we defined the local community as the three postcode sectors immediately adjacent to Lightburn Hospital (G32 0, G32 6 and G33 3). This area is shown as Figure A in the appendix.

IMPACT ON EMPLOYMENT IN THE AREA

4. The Lightburn site directly employs 109 staff who are based at this site (90.57 whole time equivalents). 85% of these staff are female, and 63% are within bands 2-4 of the NHS Agenda for Change (AfC) job banding framework. The average age of staff was 49.7 years. A quarter of all staff live within the Lightburn locality (as defined by the three postcode areas). A further quarter live within the wider East end of Glasgow. Over half of the staff live in areas which are assessed to be amongst the most deprived 20% of areas within Scotland. The majority of staff are within the nursing and midwifery job family, with a significant number within support services. The largest group of staff at Lightburn are between 45 and 54 years of age. Within the 28 staff resident within the Lightburn area, a high proportion (71%, or 20 staff) are within band 2 (entry level) roles. This compares with 55% of all workers based at Lightburn overall who are within band 2 (see Table E). The data for the Lightburn –based staff can be found in the Appendix as Tables B, C, D and E. (3)
5. The local population within North East Glasgow has an employment rate of 53.4%, representing 72,837 individuals (4). North East residents were more likely than the Glasgow City average, to have negative perceptions of the levels of unemployment in their area. (5)
6. NHSGGC has a clear policy and procedure to support staff whose employment is affected by organisational change. (6) Options include: redeployment; retraining; and voluntary severance. Every effort is made to ensure the continued employment of individuals so that

their skills are retained by the NHS. The measures involved include payment for excess travel expenses which are incurred as a result of a change in employment location. Therefore, the closure of the Lightburn site should not result in the loss of jobs for current staff.

7. Nevertheless, the majority of jobs at the Lightburn site are entry level posts (AfC band 2) and this is particularly marked for staff who are resident within the Lightburn area. Whilst there will be future band 2 posts on other sites which would be open to local residents, and other local job opportunities, future applicants for band 2 posts from the Lightburn area would incur additional transport costs in comparison with those posts currently based at Lightburn. The loss of the site may therefore act as a barrier to future entry posts into the NHS for local people.
8. A review of procurement has not identified any specific contracts within the Lightburn area which would be affected by the closure of the site. All of the contracts held supply the wider NHS system and not solely the Lightburn site. Within the scale and scope of this assessment it has not been possible to assess the impact of the closure of the site on other local business, including passing trade for local shops serving staff and visitors. Despite a lack of direct evidence in this area, it seems likely that there will be a negative impact associated with this change.

LOCAL OWNERSHIP, IDENTITY AND WELLBEING PRIORITIES

9. There is very limited literature on the extent to which communities identify and have a sense of ownership of local healthcare institutions. In the US context there is evidence that low levels of social capital within more disadvantaged communities can reduce their influence on hospital closures. The authors recommend the importance of specific efforts to engage disadvantaged communities with decision-makers. (7)
10. Despite this fact, historical review of recent healthcare changes across the UK and within NHSGGC suggests that sections of local communities have a strong sense of ownership in local services and engage actively with service reorganisation, often regarding them as disinvestments in communities rather than opportunities to improve quality and efficiency. It is very clear from a preliminary review of the initial responses to the Lightburn proposals, that individuals and organisations value highly the services at Lightburn.
11. The most recent health and wellbeing survey for North East Glasgow showed that more than three quarters of residents felt a sense of belonging in their local area. This was slightly lower than the board-wide figure (78% versus 81%). However, a larger proportion of the North East population felt that they were a valued member of their local community in comparison with the Glasgow City level (68% versus 63%). Those in the Glasgow North East locality were also more likely to agree that local people can influence local decisions (68% NE sector, 63% Glasgow City). (5)
12. Specific community issues related to wellbeing within the North East locality included a negative perception of the amount of drug activity (55% NE Sector; 44% Glasgow City; 41% NHSGGC), levels of unemployment (50% NE Sector; 40% Glasgow City; 36% NHSGGC), levels of alcohol consumption (47% NE Sector; 39% Glasgow City; 36% NHSGGC), and the lack of opportunities for safe places for play (31% NE Sector; 23% Glasgow City; 20% NHSGGC) and walking (24% NE Sector; 15% Glasgow City; 12% NHSGGC). (5)
13. In keeping with the theme of a lack of safe and thriving places for activity to take place, some of the initial responses to the proposals at Lightburn by patients have focussed on the belief that changes to services may increase social isolation.

CONCLUSIONS

14. The overall impact of the potential closure of the Lightburn site on local employment levels is considered minimal. The NHSGGC redeployment policy will address barriers affecting the existing staff group.
15. The potential closure of the Lightburn site may have an impact on future entry-level NHS recruitment from the Lightburn locality as a result of increased transport costs for posts moved to other sites.
16. The potential closure of the Lightburn site may have an impact on some local shops which currently service staff and visitors.
17. The local community has concerns about the determinants of health in their community, but feel engaged with the community.
18. The North East Glasgow community has identified substance misuse, alcohol, high levels of unemployment, and lack of opportunities for safe play and safe recreation as priorities for action to improve wellbeing.

RECOMMENDATIONS

19. It is recommended that NHSGGC should engage proactively with staff groups affected by the proposed changes at Lightburn to reassure staff and explain the protections available in the existing policy.
20. If the Lightburn site were to close, additional transport costs may act as a barrier to future entry-level recruitment of staff resident within the Lightburn area. NHSGGC should explore strategies which might offset transport costs for this specific group.
21. In the event of a potential closure of the Lightburn site, NHSGGC should work closely with our planning partners to identify alternative uses for the site which would improve community assets and act to reduce health inequalities in the area. In particular, regeneration and use of the site which promotes employment, and creates opportunities for safe play and recreation within green spaces is advised.
22. NHSGGC should work closely with planning partners to ensure that future health and social care facilities in North East Glasgow are accessible to the population of the Lightburn area and that they create employment opportunities for the local population.
23. More must be accomplished by community safety partners to address substance and alcohol misuse in local areas and address perceptions of community safety.
24. NHSGGC should work with our planning partners to promote economic development and support for local shops which might be adversely affected by the potential closure of the Lightburn site.

Dr Beatrix von Wissman
Specialty Trainee in Public Health

Dr John O'Dowd
Consultant in Public Health Medicine

4 May 2017

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APPENDIX

Figure A: Location of Lightburn hospital and outline (black line) of the three surrounding postcode sectors defining the local community for the purpose of this assessment

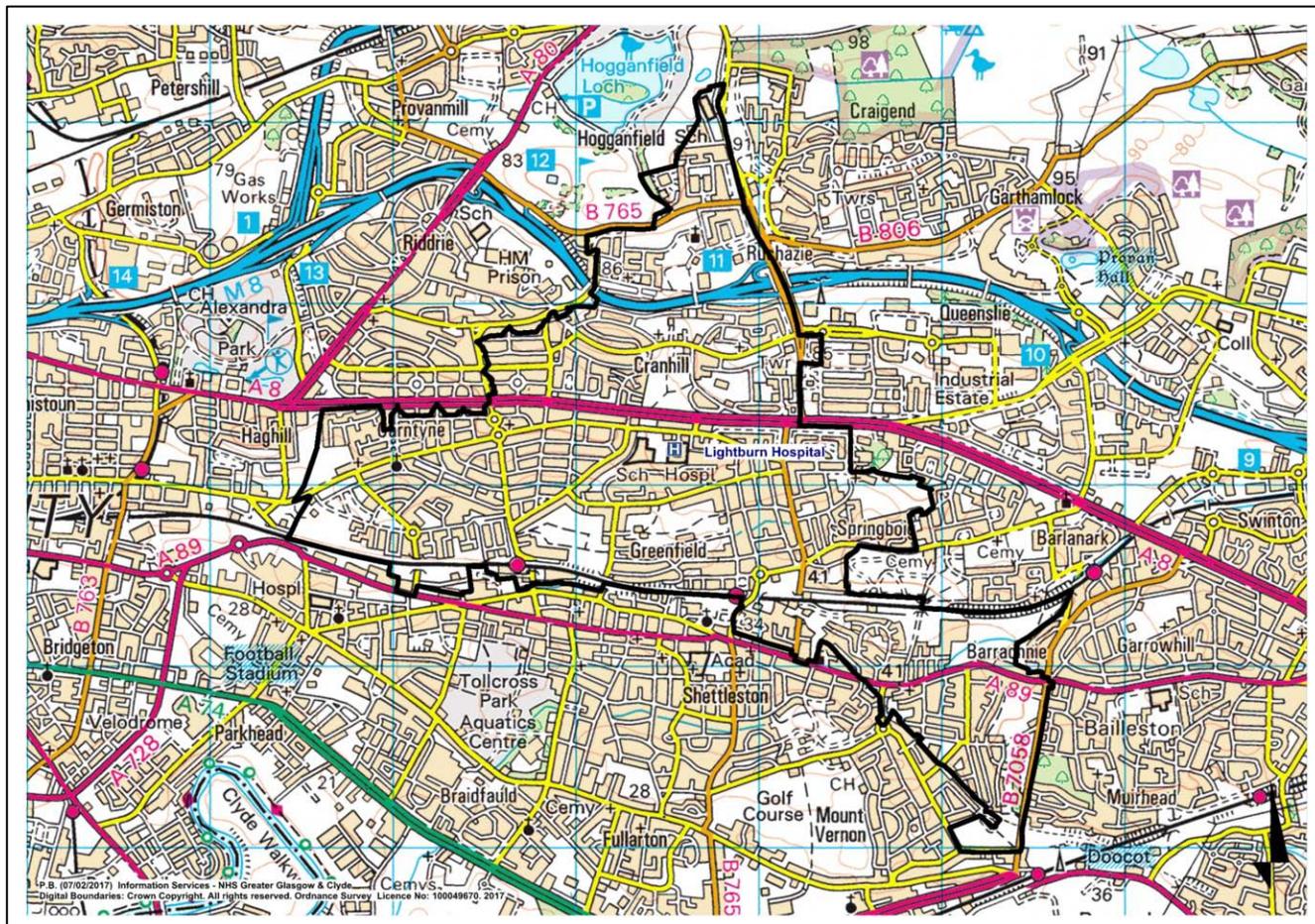


Table B: Number of staff and whole time equivalent (WTE) by job family.

Note – job families have been merged in line with NHS Scotland information policy in order to prevent inadvertent disclosure of small numbers and the identification of individuals.

Job Family	WTE	Number of staff
Administrative Services	5.40	7
Nursing and Midwifery & Allied Health Professionals	69.73	79
Support Services	15.44	23
Total	90.57	109

Table C: Number of staff by Agenda for Change (AfC) band

AfC Band	Number of staff	Proportion
2	60	55%
3&4	9	8%
5	27	25%
6	5	5%
7&8A	8	7%
Total	109	100%

Table D: Number of staff by SIMD2016 quintile of area of residence

SIMD 2016 quintile	Number of staff	Proportion
1 (most deprived)	56	51%
2	20	18%
3	9	8%
4	15	14%
5 (least deprived)	7	6%
not allocated*	2	
total	109	100%

* Postcodes for 2 staff members could not be allocated to SIMD quintile, postcode not recognised.

Table E: Numbers of staff in band 2 versus other bands, by area of residence

Residence	Band 2	Bands 3-8A	Total
Lightburn	20	8	28
East End	13	14	27
Other	27	27	54
Total	60	49	109

Major Service Change

A report on NHS Greater Glasgow and Clyde's consultation on proposals for Rehabilitation Services for Older People in North East Glasgow

June 2017

***EMBARGOED UNTIL 10AM ON
THURSDAY 15 JUNE***

Acknowledgements

The Scottish Health Council would like to thank members of the public, patients, local communities and groups for taking the time to provide us with their feedback and views on the engagement and consultation process.

We would also like to thank NHS Greater Glasgow and Clyde for the assistance they provided to us in reviewing the involvement process.

We are committed to equality and strive to comply with the Equality Act 2010. If you would like to see this report in another language or format, please contact our Equality and Diversity Advisor on 0141 225 6871.

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Published June 2017

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Embargoed

Who we are

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each NHS Board area) and a national office in Glasgow. The Scottish Health Council, which is part of Healthcare Improvement Scotland, is a key partner in the delivery of Our Voice¹, to support those people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to continuously improve and transform services.

When NHS Boards are considering changes to services they are required to involve people in that process. The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'², outlines the process NHS Boards should follow to involve people in decisions about local services.

The Scottish Health Council works with NHS Boards and communities across Scotland, to improve public involvement in service change. When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reports on whether the process has been in line with the guidance. For those changes that are not deemed to be 'major' the Scottish Health Council provides advice to support the NHS Board in developing consistent, proportionate and robust engagement in line with guidance.

¹ <https://www.ourvoice.scot/our-voice>

² 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

1. Executive Summary

In August 2016, NHS Greater Glasgow and Clyde outlined plans to engage with the public on proposed changes to Rehabilitation Services for Older People in North East Glasgow. If approved, the proposals would result in the closure of Lightburn Hospital. Public engagement was undertaken from September 2016 to December 2016 and public consultation took place from 8th February 2017 to 8th May 2017.

This proposal follows a previous consultation carried out by NHS Greater Glasgow and Clyde in 2010 to move inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital and the subsequent closure of Lightburn Hospital. The proposal, at that time, was not approved by the Cabinet Secretary for Health and Wellbeing.

In recent years there has been a move to providing more care in the community, supported through the integration of health and social care services. This creates a complex picture for the public with many change proposals now including an element of joint accountability between NHS Boards and Integration Authorities.

This report sets out the Scottish Health Council's assessment of the engagement and consultation process against Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.³

Based on the evidence outlined in this report, the Scottish Health Council confirms that the process undertaken by NHS Greater Glasgow and Clyde **has met** the national guidance outlined by the Scottish Government.

Through our quality assurance we have found that while some people do not support the proposal, they have acknowledged NHS Greater Glasgow and Clyde's efforts to explain the proposed model of care and respond to questions.

This process has been led by NHS Greater Glasgow and Clyde. However, it is clear from the questions some people raised that a level of concern remains around the future sustainability of the proposed model. The response to these queries will need input from Health and Social Care Partnerships should the proposals be approved.

The main concerns raised by people related to:

- challenges in public transport and access
- sufficient service capacity to meet people's needs
- potential adverse impact on quality and continuity of care, especially for people with Parkinson's Disease, and
- financial matters, with some comments describing proposed changes as "cost-cutting".

We recognise NHS Greater Glasgow and Clyde has developed its proposals and approach during engagement and consultation. Examples include the following.

- Prior to and during engagement the public focus was on perceived cuts to local services. The NHS Board has aimed to address some of the concerns raised during engagement, which has allowed the consultation to explore further the proposed service and patient pathways.

³ Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

- The proposals continued to evolve following the initial proposal presented in the local delivery plan in June 2016. Examples of this are the proposal to provide rehabilitation inpatient beds at Stobhill Hospital rather than Gartnavel General Hospital and for the Movement Disorder Clinic being provided at an acute hospital site rather than a local facility in East Glasgow (Stobhill Hospital scored highest in the option appraisal).
- Experiences from earlier engagement e.g. venues, format of public events and information was taken into account to inform the planning for consultation. Participants also recognised this.

Some stakeholders, including East Glasgow Parkinson's Support Group, are opposed to the proposals and elements of the process, and this was raised in discussion with the Scottish Health Council. NHS Greater Glasgow and Clyde informed the Scottish Health Council that it offered to meet the group to discuss the proposed changes but that the group declined to meet the NHS Board team. The group submitted a formal response to the consultation which highlighted transport and a reduction in access to healthcare as their primary concerns. They also noted that if a decision is taken to close Lightburn Hospital then they would consider Glasgow Royal Infirmary to be more accessible than Stobhill Hospital.

Some locally elected representatives, including the Member of the Scottish Parliament for Provan, have also encouraged people to participate in the engagement and consultation and have campaigned against the proposal to close Lightburn Hospital.

We have made recommendations to respond to points raised during the consultation and to inform decision-making, communication of any decision and next steps. We also identify areas of good practice and learning points from this engagement and consultation.

2. Quality assurance: what we look for

Scottish Government guidance, *Informing, Engaging and Consulting People in Developing Health and Community Care Services*⁴, outlines the process NHS Boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services. The main steps in the guidance we check against are:

<p>Planning</p> 	<p>To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of, and partnership working with, stakeholders and other agencies.</p> <p>As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan which details how the engagement process will be carried out.</p>
<p>Informing</p> 	<p>The people and communities who may be affected by a proposed service development or change should be given information about the:</p> <ul style="list-style-type: none"> • clinical, financial and other reasons why change is needed • benefits that are expected to flow from the proposed change, and • processes, which will be put in place to assess the impact of the proposal.
<p>Engaging</p> 	<p>NHS Boards should develop options through a process that is open, transparent and accessible, delivered within available resources, and in which potentially affected people and communities are proactively engaged.</p>
<p>Consulting</p> 	<p>When an NHS Board consults on a major service change, it should:</p> <ul style="list-style-type: none"> • produce a balanced and accessible consultation document that enables people to come to an informed view • explore innovative and creative methodologies and approaches to ensure the process is inclusive • ensure the consultation lasts for a minimum of three months, and • where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward.
<p>Feedback and decision making</p> 	<p>The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process and Boards should provide feedback to the stakeholders who took part in a consultation to:</p> <ul style="list-style-type: none"> • inform them of the outcome of the consultation process and the final agreed development or change • provide a full and open explanation of how views were taken into account in arriving at the final decision, and • provide reasons for not accepting any widely expressed views, and • outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.

⁴ Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

3. Introduction

This report relates to NHS Greater Glasgow and Clyde's process for engaging with and consulting people on its proposal to change Rehabilitation Services for Older People in North East Glasgow/Lightburn Hospital. It sets out the Scottish Health Council's assessment of that process against Scottish Government guidance. Public engagement was undertaken from September 2016 to December 2016 and public consultation took place from 8th February 2017 to 8th May 2017.

Current service

When an older person requires acute hospital admission in North East Glasgow, they are currently admitted to Glasgow Royal Infirmary where they will be assessed and treated. Most people are then discharged home after a period of acute care. Patients mainly come from across the North East Glasgow locality and East Dunbartonshire. Some patients may need a period of rehabilitation before they can return home or into the community.

Inpatient rehabilitation care for older people in North East Glasgow is given at Lightburn in East Glasgow and Stobhill Hospital in North Glasgow.

Older people who need orthopaedic rehabilitation go to Gartnavel General and those recovering from stroke go to Stobhill Hospital.

The day hospital and outpatient clinics at Lightburn are for patients from East Glasgow.⁵

Services provided at Lightburn hospital (figures in brackets refer to activity in 2015/16)⁶:

- 56 inpatient beds (714 admissions)
- Day hospital (436 new patients/3787 attendances)
- 3 consultant led clinics and one nurse led clinic each week and one fortnightly clinic (417 new patients/1084 attendances)
- Monthly Parkinson's support group meeting

Proposed change

- All acute inpatient rehabilitation beds for older people in North East Glasgow would be provided from the current bed complement at Stobhill Hospital (there would be no increase in the number of beds at Stobhill Hospital).
- Community rehabilitation would be provided in intermediate care beds in the community and in people's own homes.
- The day hospital service and outpatient clinics (including the multi-disciplinary Movement Disorder Clinic) would move to Stobhill Hospital.
- A local meeting space would be arranged for the Parkinson's support group.
- New health and care pathways at home or in a homely setting would be developed.

Lightburn Hospital would close if proposals were approved but no timescales have been stated.

⁵ <http://www.nhs.gov.uk/media/240941/ne-rehabilitation-consultation-document-feb-2017.pdf>

⁶ NHS Greater Glasgow and Clyde, August 2016 Board paper, 'Proposed Approach to Engagement on Service Changes', http://www.nhs.gov.uk/media/238754/nhs.gov.uk_board_paper_16-45.pdf

4. Background

In autumn 2010 NHS Greater Glasgow and Clyde consulted on proposals to move inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital, and the subsequent closure of Lightburn Hospital. The Cabinet Secretary for Health and Wellbeing, at that time, did not approve the NHS Board's proposal, stating "It is my view that local people's interests are best served by maintaining Lightburn Hospital and its healthcare services."⁷

In recent years there has been a move to providing more care in the community, supported through the integration of health and social care services. This is articulated in 'A National Clinical Strategy for Scotland', which outlines a need to "shift the balance of care from acute hospital services to comprehensive and responsive primary, community and social care services".⁸

With the drive to provide more community-based care, many change proposals in Scotland will include an element of re-provision of NHS resources or hospital-based services and span NHS and Integration Authority governance structures.

The emerging landscape can provide a complex picture for the public with many change proposals now including an element of joint accountability between NHS Boards and Integration Authorities. One of the key elements for the community in this proposal is the need for clarity on the re-provision of care within the community, a responsibility that will be the Integration Authorities rather than NHS Greater Glasgow and Clyde.

In early 2016 it was widely reported that NHS Greater Glasgow and Clyde was considering significant changes to services. These were reported in the media through "a leaked paper outlining £60m of possible cuts"⁹ and included proposed changes to rehabilitation services for older people in North East Glasgow as one of the services identified. In response to this the Chair of NHS Greater Glasgow and Clyde stated that "none of the contents [of the paper] have been approved by the Board or referred to the Scottish Government for consideration".¹⁰

"Hospital closure and job cuts planned as health board battles to save £60million"
Evening Times, 14 January 2016

In June 2016, NHS Greater Glasgow and Clyde considered a draft Local Delivery Plan¹¹ at its Board meeting. This included an initial proposal to transfer inpatient rehabilitation services for older people from Lightburn Hospital to Gartnavel General Hospital, with outpatient services being delivered in East Glasgow. It was agreed that plans for patient and public engagement would be submitted to the August 2016 Board meeting.

⁷ BBC, Minister saves closure-threatened Lightburn Hospital, 19 December 2011, <http://www.bbc.co.uk/news/mobile/uk-scotland-glasgow-west-16244811>

⁸ A National Clinical Strategy for Scotland, Scottish Government, February 2016, <http://www.gov.scot/Resource/0049/00494144.pdf>

⁹ <http://www.bbc.co.uk/news/uk-scotland-glasgow-west-35325639>

¹⁰ <http://www.nhsggc.org.uk/about-us/media-centre/news/2016/001/chairmans-statement/>

¹¹ http://www.nhsggc.org.uk/media/238233/nhsggc_board_paper_16-34.pdf

The August Board¹² paper, which outlined an engagement approach, states proposals for rehabilitation services for older people in North East Glasgow were “developed with the multi-disciplinary teams of consultants, nurses and allied health professionals delivering the current services” to improve clinical care for patients. However, the focus in most media articles in 2016 refers to perceived cuts and the loss of local health services.

“Campaigners fears over Lightburn hospital closure ‘loophole’”
Evening Times, 19 August 2016

The guidance on service change, and in particular the criteria for major service change, was also subject to scrutiny by Scottish Parliament. On 26th September 2016 a debate¹³ was held in the Scottish Parliament to discuss a number of local NHS services, including the proposals for Lightburn Hospital.

¹² http://www.nhsggc.org.uk/media/238754/nhsggc_board_paper_16-45.pdf

¹³ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10545&mode=pdf>

5. Our findings

This section outlines what NHS Greater Glasgow and Clyde did to meet the guidance. This was assessed through various methods including evidence we have gathered, what we have heard and seen, and what people have told us.

Planning, Informing and Engaging

NHS Greater Glasgow and Clyde met on a regular basis with the Scottish Health Council since July 2016 to discuss its informing and engaging activities. We have provided advice and feedback. This has included:

- giving our view on the impact of change in our letter of 8th December 2016, together with recommendations, and
- a feedback report on engagement dated 21st February 2017. This summarised the main points raised from September to December 2016.

Our recommendation to NHS Greater Glasgow and Clyde in December 2016	What NHS Greater Glasgow and Clyde has done:
Ensure that any negative outcomes of the Equalities Impact Assessment are addressed and mitigated.	The equality impact assessment indicated that some people would have an additional distance to travel to access services. A review of transport was undertaken with journey times from each major postcode in the North East and North West and East Dunbartonshire catchment area. NHS Greater Glasgow and Clyde aims to mitigate the additional travel time for some patients in the way they deliver the proposed service model. This includes doing more during appointments to reduce the need for multiple visits. Additional requirements were also identified to adequately support people from the following protected characteristic/equalities groups: transgender, sexual orientation, faith and belief, as well as for people whose first language is not English. An action plan for these requirements, which include staff training and translating information, should be developed if this proposal is approved.
Review the feedback it has received through its engagement activity and ensures that this informs the development of its consultation materials and approach.	Feedback from the engagement activity indicated that some people were unclear on the models of care and pathway proposed. This has been addressed using a range of approaches, including short films and illustrative diagrams. People also wanted more information on transport and means testing and the NHS Board has taken steps to address these points.
Demonstrate joint working with the health and social care partnerships to provide assurance around quality of care and sustainability of proposed new	Joint working has been demonstrated in having health and social care staff on the stakeholder reference group and responding to queries around the proposed models of care. Information

models of care.	provided on NHS Greater Glasgow and Clyde's website.
Provide further clarity and opportunities for local rehabilitation services on the Parkhead hub as this information becomes available.	NHS Greater Glasgow and Clyde's website has provided updated information on the Parkhead hub. Included is a leaflet that highlights the services that are likely to be delivered – this includes rehabilitation and enablement services. There was an information station for the Parkhead hub at the public consultation event.
If this service change proposal is deemed to be major, guidance requires that the development and appraisal of options is 'consistent with the fundamental approach outlined in HM Treasury guidance – The Green Book'.	<p>The Scottish Government confirmed that this proposal was a major service change in December 2016.</p> <p>The development of a long list of options and criteria to test these against were discussed at two public engagement events in November 2016.</p> <p>At the December Stakeholder Reference Group, members considered the long list of options and the benefits criteria, which included non-financial benefits criteria.</p> <p>An option appraisal, which considered each option against benefits criteria, was undertaken in January 2017.</p>

Engagement – Option appraisal

NHS Greater Glasgow and Clyde carried out option development and appraisal over two stages.

At the public engagement events on 2nd November 2016, NHS Greater Glasgow and Clyde presented a list of possible options for inpatient rehabilitation, outpatient clinics and the day hospital. They also suggested elements of the service they felt were most important to test the options against. They asked people to let them know if there were any other options that they hadn't thought about or anything else about the service people felt was important. The presentation used by NHS Greater Glasgow and Clyde is available on its website.¹⁴

Approximately 30 patient and public representatives took part in these sessions and we sought their feedback. We received 8 completed responses and this is summarised in the table below.

¹⁴ <http://www.nhsggc.org.uk/media/239768/ne-rehab-public-event-proposal-and-options-presentation-final-02-nov-2016.pdf>

Of the 8 responses we received:

- 6 people felt they had a strong or some influence over agreeing the most important criteria for the service
- 7 people felt they had a strong or some influence in suggesting alternative options that may be considered
- 5 felt they had been given opportunity to explore the options against the criteria, and
- 3 people felt they had some influence over the proposals.

The stakeholder reference group considered the outcome of the event at its meeting on 17th November and agreed the options to be taken forward for appraisal and scoring.

The stakeholder reference group met on 26th January and agreed the shortlist of options. Fourteen people participated in this session, including five patient and public representatives. The shortlist included a new option for inpatient intermediate rehabilitation that had been suggested during public engagement i.e. rehabilitation beds at Lightburn Hospital. Options were examined against the agreed criteria and participants reached a consensus score on the options that were then presented for consultation.

The Scottish Health Council was in attendance at the option appraisal and noted that public representatives were actively encouraged to ask questions and contribute to the discussion. We noted that financial considerations and risk were not applied to the options. NHS officers advised this was because the proposal is being driven by clinical considerations and it is anticipated the new model of care will release funds.

Proposed rehabilitation pathways will be partly funded through the Health and Social Care Partnership's recurring budget (for this report this refers to Glasgow City and East Dunbartonshire Health and Social Care Partnerships).

The report of the option appraisal session was agreed by the stakeholder reference group and published on NHS Greater Glasgow and Clyde's website¹⁵ prior to the launch of consultation.

Consultation

As part of our quality assurance we checked if NHS Greater Glasgow and Clyde was giving people enough information, in plain language, about the proposed changes. We also wanted to know if people who were interested in the proposals had the chance to discuss it and provide their views and comments.

What we did

- Reviewed NHS Greater Glasgow and Clyde's consultation plan
- Reviewed the consultation material to see if it met guidance requirements and made suggestions based on good practice
- Attended the three stakeholder reference group meetings during the consultation stage, to observe how patients and public representatives were informing the process, and how these points were taken on board by NHS Greater Glasgow and Clyde

¹⁵ <http://www.nhsggc.org.uk/media/240923/ne-rehab-and-lightburn-options-appraisal-report-final-06-feb-2017.pdf>

- Attended the public consultation event on 29th March (six one hour sessions, supported by information ‘stations’ with NHS and Health and Social Care Partnership staff available to discuss specific areas of the proposal)
- Checked for consultation materials, for example posters and leaflets in a sample of local health and public library settings
- Reviewed social media and local press coverage for discussions, articles or issues raised
- Distributed our questionnaire to:
 - 38 participants at the public engagement events on 29th March 2017 and 17 attendees at the Baillieston Community Council meeting on 19th April 2017
 - 38 community councils
 - 66 elected representatives
 - 120 local community groups, housing associations, faith communities and lunch clubs
 - East Dunbartonshire Seniors Forum (following NHS Greater Glasgow and Clyde’s presentation).
- Met with the East Glasgow Parkinson’s Support Group.

Our survey questionnaire was also promoted on Twitter. Questionnaires could be completed online, emailed, sent to a Freepost address or handed to us at meetings.

What we found

- Generally we found NHS Greater Glasgow and Clyde’s consultation plan included a range of methods for effectively engaging with patients, carers and the public on the proposed changes.
- NHS Greater Glasgow and Clyde used some of the feedback it received from the stakeholder reference group and its engagement to help identify points that could be further developed during consultation, for example means-testing and explaining the different pathways of care. To support openness and transparency, NHS Greater Glasgow and Clyde regularly published information on its webpage throughout the process.
- NHS Greater Glasgow and Clyde’s travel analysis shows that the majority of those accessing services came either by car or ambulance/patient transport. The analysis also highlighted that for those relying on public transport from the North East catchment areas would have an increased public transport time from 33 minutes to 62 minutes if requiring to access Stobhill as opposed to Lightburn. It highlights a slight decrease in public transport travel time from 33 minutes to 31 minutes if requiring access to Glasgow Royal Infirmary. NHS Greater Glasgow and Clyde used internet-based mapping software to calculate road travel times and the Strathclyde Partnership for Transport travel planner for public transport travel times.
- The summary statements for public transport and car travel times do not appear to take into account the number of people who may be impacted from each of the Health and Social Care Partnership areas. NHS Greater Glasgow and Clyde published its travel analysis on its website and there was a dedicated information station at the public consultation events where people could review the data. Through our quality assurance, patient and public representatives have identified further areas to be considered as part of the travel analysis.
- NHS Greater Glasgow and Clyde informed us that all health facilities and public libraries in the catchment area were sent posters but not all were displayed. We checked a

sample of ten health facilities and seven public libraries in the catchment area to see if the consultation posters or leaflets were displayed or if there was information on the solus screens. We found that more than half of these facilities (seven health facilities and five libraries) had information publicly available.

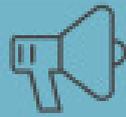
- The local press, for example Glasgow Evening Times and The Herald, covered the consultation launch, public events and how people could give their views. Themes reported on were the challenging financial context, poor public transport links and queries on sustaining and improving level of care for older people and sufficient inpatient capacity. The Member of the Scottish Parliament for Provan’s response to the consultation was also featured in the Glasgow Evening Times under the headline “Health Board have failed all necessary tests to shut Lightburn Hospital says city MSP.”¹⁶ Two adverts detailing the public consultation and events were placed in the Glasgow Evening Times.
- We are aware of a small number of individuals and local voluntary and community groups using social media to share information on the proposed changes, for example Carers Link and community councils for Calton, Cranhill and Dennistoun.
- We observed 52 people in attendance at the public consultation event on 29th March. The feedback on NHS Greater Glasgow and Clyde’s ‘graffiti wall’ and comments made after the sessions, suggested that most people were generally satisfied with the opportunity to discuss the proposal and ask questions.

A summary of the points we noted during and following the discussions at the public consultation events were:

Process	Some people observed that the consultation event compared favourably in format and approach to the engagement events held in November 2016.
Transport	<p>People highlighted that public transport from East Glasgow to Stobhill is difficult, time consuming and costly.</p> <p>There were queries around whether there would be any impact on the service provided by the Scottish Ambulance Service if rehabilitation services and clinics moved to Stobhill (the Scottish Ambulance Service has a station adjacent to the Lightburn site).</p>
Clarity on the types of care	People asked for more information to enable them to understand the different types of care, for example acute, intermediate, rehabilitation in peoples’ homes.
Services for people with Parkinson’s Disease	<p>There was concern that changes may impact on quality and continuity of care.</p> <p>People also asked for clarity on where the outpatient clinics will be provided under this proposal.</p>
Capacity and bed	It was noted there are no plans to provide additional rehabilitation beds

¹⁶ Glasgow Evening Times, 10 May 2017, [http://www.eveningtimes.co.uk/news/15274977.Health Board have failed all necessary tests to shut Lightburn hospital says city MSP/?ref=rss](http://www.eveningtimes.co.uk/news/15274977.Health_Board_have_failed_all_necessary_tests_to_shut_Lightburn_hospital_says_city_MSP/?ref=rss)

modelling	at Stobhill Hospital if Lightburn Hospital closes. There was some concern there may not be sufficient beds to meet patients' needs in the future.
Staffing	Some people queried who would be responsible for providing patients' personal care in the intermediate care setting, i.e. NHS or care staff. People referred to challenges in recruiting sufficient staff to provide rehabilitation care in the community.
Financial implications	At most sessions, people asked for clarity on the mechanism for charging for intermediate rehabilitation care if provided in a care home and some asked about other potential implications e.g. tenancy arrangements (what happens to their own home during this time). There was query on whether the new model was financially sustainable.
Location and perception of care homes	People asked for an assurance that care homes will be local and asked if these had been identified yet.
Public perception of care homes	People acknowledged the need to change the public perception of care homes, which some may view as synonymous to a permanent loss of independence and functionality.



What people told us...

35

Responses to our survey questionnaire

90%

of respondents were patient and public representatives

3

top ways people participated in the consultation

1. Attended a consultation event
2. Read the consultation leaflet
3. Read newspaper articles



90%

said the information was easy to understand



100%

of the people felt their views were listened to



81%

felt the reasons for change were clear



95%

of people felt they had the opportunity to ask questions



100%

felt they had the opportunity to give their views



93%

felt their questions were answered



80%

understand how a decision will be taken

*see Appendix three for collated responses

'I had access to all the officials, they were there in force and were helpful'

'Helpful to have 'stations' and experts to chat to'

'There is no confidence these are proposed changes- it is viewed as a decision made and this is a technicality of an exercise'

'Clear presentation, slides, handout. Raised questions'

'Would have been helpful to spend more time covering the drivers for change- presentation was mostly what is happening'



Discussion Groups and Feedback

We had structured discussions with seven people who had been actively engaged in the process, either individually or through the stakeholder reference group.

Most people felt the consultation information was clear and easy to understand. They commented that the right NHS and partner agency staff were present at the public consultation event to provide any clarity needed on the different aspects of the proposal. All spoke positively of the format for these events and felt staff were approachable.

"Felt there was no hidden agenda. It was very open and very transparent."

Member of the public

"Information was delivered in a more approachable and conducive manner. Didn't change my mind but more questions were attempted to be answered."

Community Council member

We asked participants if they could identify areas for improvement in the process. They suggested the following points.

- There was a lack of clarity around some aspects of intermediate care and what would happen if the model doesn't work.
- Further engagement will be needed to reassure people that the aim of intermediate care is to get you back home quicker.
- NHS Greater Glasgow and Clyde referenced pilots the proposed model is based on. Information and the outcomes from these pilots should be shared with members of the public to inform discussions.
- Consider the specific transport and travel needs of people with Parkinson's disease and reduced mobility and suggest possible solutions.
- More publicity on the proposal, for example in supermarkets, pensioners' clubs, lunch clubs.

East Glasgow Parkinson's Support Group/Save Lightburn Campaign Group

We met with members of the East Glasgow Parkinson's Support Group on 17 May 2017 to hear their views on NHS Greater Glasgow and Clyde's engagement and consultation.

Members of the group also form the 'Save Lightburn Campaign' group.

Members expressed the view that the engagement and consultation had lacked transparency and impartiality at the outset referring to the media reporting of financial savings in January 2016. This had led to members losing trust in NHS Greater Glasgow and Clyde's process and a feeling of not being listened to. On this basis, they took the decision as a group, not to attend the public consultation events or drop-in sessions.

"Feel the Board has made up its mind"

Member of East Glasgow Parkinson's Support Group

6. Conclusions and recommendations

Based on the evidence outlined in this report, the Scottish Health Council confirms that the process undertaken by NHS Greater Glasgow and Clyde **has met** the national guidance outlined by the Scottish Government.

This process has been led by NHS Greater Glasgow and Clyde. However, it is clear from the questions some people raised that a level of concern remains around the future sustainability of the proposed model. The response to these queries will need input from Health and Social Care Partnerships should the proposals be approved.

The main concerns raised by people related to:

- challenges in public transport and access
- sufficient service capacity to meet people’s needs
- potential adverse impact on quality and continuity of care, especially for people with Parkinson’s Disease and,
- financial matters with some comments describing proposed changes as “cost-cutting”.

“Information on Costing of the proposals would have been helpful”.
Member of the public

“Very helpful. I didn’t quite understand the way that people would be treated. This made sense!”
Member of the public (in reference to proposed model of care)

“Still unclear around intermediate care aspects of the proposal and the consequences if this doesn’t work.”
Member of the stakeholder reference group

Through our quality assurance we have found that while some people do not support the proposal, they have acknowledged NHS Greater Glasgow and Clyde’s efforts to explain the proposed model of care and respond to questions.

We recognise NHS Greater Glasgow and Clyde has developed its proposals and approach during engagement and consultation. Examples include the following.

- Prior to and during engagement the public focus was on perceived cuts to local services. The NHS Board has aimed to address some of the concerns raised during engagement, which has allowed the consultation to explore further the proposed service and patient pathways.
- The proposals continued to evolve following the initial proposal presented in the local delivery plan in June 2016. Examples of this are the proposal to provide rehabilitation inpatient beds at Stobhill Hospital rather than Gartnavel General Hospital and for the Movement Disorder Clinic being provided at an acute hospital site rather than a local facility in East Glasgow (Stobhill Hospital scored highest in the option appraisal).

- NHS Greater Glasgow and Clyde reviewed and revised its methods of engagement taking into account experiences from earlier engagement e.g. venues, format of public events and information. This was acknowledged positively by most participants.

Some stakeholders, including East Glasgow Parkinson's Support Group, are opposed to the proposals and elements of the process, and this was raised in discussion with the Scottish Health Council. NHS Greater Glasgow and Clyde informed the Scottish Health Council that it offered to meet the group to discuss the proposed changes but that the group declined to meet the NHS Board team. The group submitted a formal response to the consultation which highlighted transport and a reduction in access to healthcare as their primary concerns. They also noted that if a decision is taken to close Lightburn Hospital then they would consider Glasgow Royal Infirmary to be more accessible than Stobhill Hospital.

Some locally elected representatives, including the Member of the Scottish Parliament for Provan, have also encouraged people to participate in the consultation and have campaigned against the proposal to close Lightburn Hospital.

Recommendations

We have made the following recommendations to respond to points raised during the consultation and to inform decision-making, communication of any decision and next steps.

- Public transport across NHS Greater Glasgow and Clyde area can be challenging particularly for some localities. As the NHS Board seeks to transform its acute services, it should consider ways in which this challenge can be addressed to support patients and visitors access to services.
- Feedback highlighted that the transport analysis could take additional aspects into account. Further analysis should recognise challenges for people with mobility issues and reflect the catchment area for outpatient services currently provided at Lightburn.
- The outcome of the Public Health Review should be taken into account in the decision-making process.
- Further engagement and promotion is needed to respond to current perceptions around care homes and provide assurance that these are being used to support people in returning to their own homes and communities.
- During the consultation, NHS staff referenced pilots that the current model of care is based on. NHS Greater Glasgow and Clyde should provide evidence on the outcomes and learning of these pilots to provide assurance on the proposed model.
- NHS Greater Glasgow and Clyde should ensure that it addresses points raised and feedback received in submissions to the consultation and where applicable to the individuals providing feedback.

If NHS Greater Glasgow and Clyde approves these proposals we have outlined, in section 8 Next Steps, issues that emerged during the consultation that should be addressed by NHS Greater Glasgow and Clyde and Health and Social Care Partnerships.

7. Areas of good practice and learning points

We identified the following areas of good practice and learning points from this engagement and consultation.

Areas of good practice identified by the Scottish Health Council

- NHS Greater Glasgow and Clyde responded to the feedback it received from its engagement to inform its approach and some of the information it provided during consultation. This was positively acknowledged by participants.
- Three short films and an illustrative diagram were developed with members of the stakeholder reference group to explain more fully the proposed model of rehabilitation. This was promoted through social media and used at the public consultation events.
- During engagement, concerns were raised that the closure of Lightburn Hospital may have a negative impact on an area of deprivation. A review has been commissioned by the Public Health Directorate to assess the impact of change and in particular the closure of Lightburn Hospital on health inequalities in the local area. The scope of the assessment will focus on future employment opportunities in the area and the local economy with wider determinants of health and wellbeing also taken into account.
- People evaluated the public consultation events positively and valued the attendance and contribution of NHS Greater Glasgow and Clyde, the Health and Social Care Partnership and Scottish Ambulance Service staff.
- There were examples of where NHS Greater Glasgow and Clyde progressed learning points from previous consultation activities – these included identifying a neutral chair for the public consultation events and the Scottish Ambulance Service's attendance at the meetings to discuss patient transport.

Learning points identified by the Scottish Health Council for future processes

The learning points to emerge from this process should be taken into account by NHS Greater Glasgow and Clyde for future change proposals. These include the following:

- Consideration should be given on how NHS Greater Glasgow and Clyde can develop further its relationship and dialogue with local communities to discuss health and care matters.
- NHS Greater Glasgow and Clyde noted that the model of care for older people's rehabilitation services was developed by multi-disciplinary teams of consultants, nurses and allied health professionals. Guidance considers that the voice of patients, carers and the public is heard from the outset to inform service review.
- When a new model of care is being proposed based on a 'pilot' the NHS Board should be prepared to describe the outcomes and any learning points. This enables people to come to a more informed view on proposed change.
- Some people said they hadn't received responses to specific issues raised in their submissions to the engagement process. The NHS Board should ensure that it responds to points made within submissions and where this is not possible then an explanation should be given on why this is the case.

8. Next steps

This report has been shared with NHS Greater Glasgow and Clyde and is due to be considered at its Board meeting on 15 June 2017. The Board will take into account what people have said during the consultation. It is important that the Board can evidence how this process, and the views of local communities, have informed any decision or next steps.

If the Board agrees to proceed with its proposal, it should submit a copy of this report with its proposal to the Scottish Government. Proposals that meet the threshold for major service change need to be approved by the Cabinet Secretary for Health and Wellbeing before they can proceed to implementation.

Issues that emerged and should be addressed by NHS Greater Glasgow and Clyde and Health and Social Care Partnerships if the proposals are approved are:

- We are aware implementation of key aspects of this proposal will become the responsibility of the Health and Social Care Partnerships if they move forward. Some people have queried the sustainability of the proposed model of care. It will be important to identify which organisations are responsible for providing the assurances sought by the public during this process.
- People acknowledged the excellent care and support provided by the Parkinson's service at Lightburn Hospital. We recommend that East Glasgow Parkinson's Support Group, patients of the service and their carers are actively involved in developing plans and the implementation of this proposal should it be approved.
- If proposals move forward, a significant focus will be on the services commissioned from the private and third sector. As this will become the responsibility of the Health and Social Care Partnerships, they should consider how these arrangements can ensure transparency for the public and identify where there are opportunities for engagement with people who may be affected by decisions.
- Proposals for outpatients aim to mitigate negative impact of any longer travel times by providing more services in one visit, thus reducing the need for multiple visits. NHS Greater Glasgow and Clyde should ensure monitoring and evaluation with patients and their carers is embedded as the approach evolves.
- The additional activities identified through the equality impact assessment, for example staff training, should be progressed by an identified lead within clear timescales as appropriate.

After a decision has been taken

It will be important for NHS Greater Glasgow and Clyde to publically communicate and feedback to those involved any decisions or next steps. Along with the Health and Social Care Partnerships it should also outline opportunities for further involvement.

As NHS Greater Glasgow and Clyde moves to the next stage in the process, it should consider the feedback it has received in terms of improvements in its engagement and consultation. This should also be shared with the Health and Social Care Partnerships to support consistency, and to address the relevant areas highlighted.

In line with guidance, NHS Greater Glasgow and Clyde should evaluate its informing, engaging and consulting activities and consider the impact they had on the service change and lessons learned to inform future involvement work.

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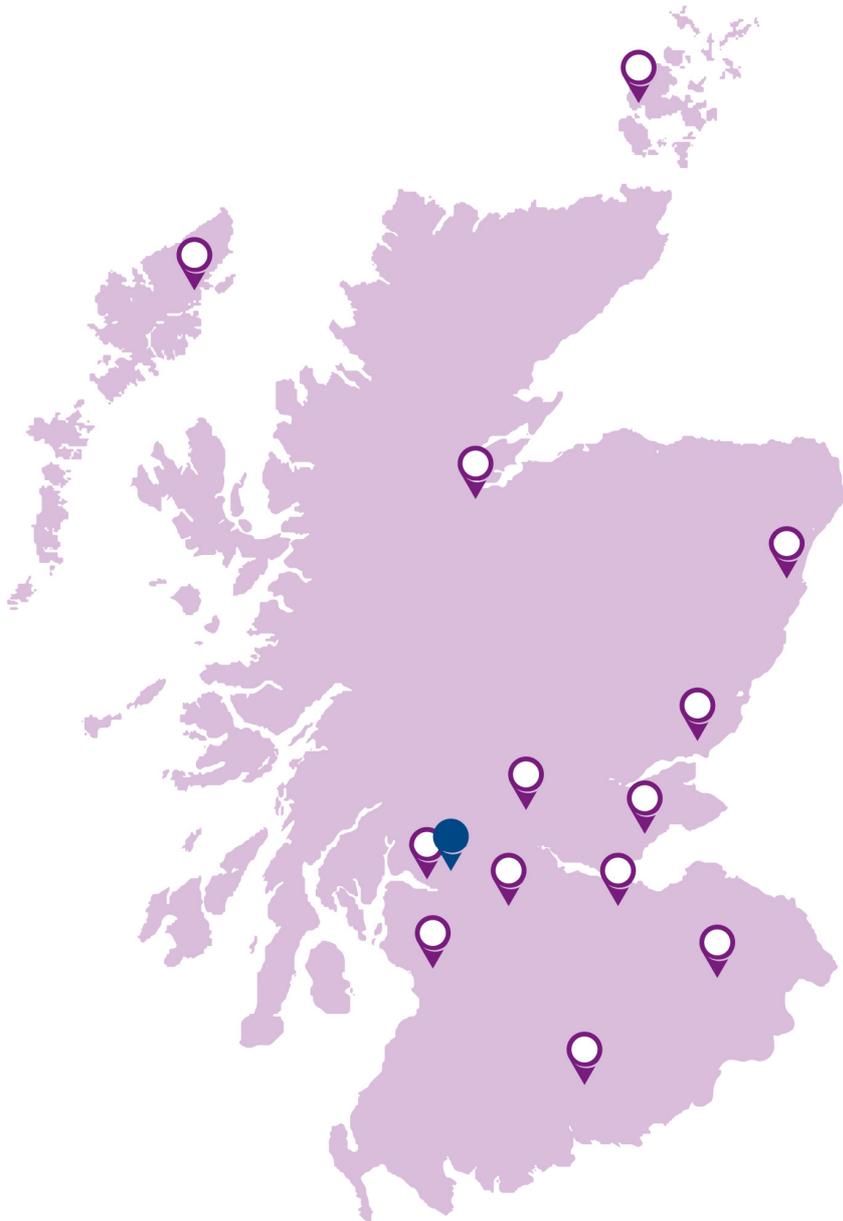
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