

Greater Glasgow NHS Board

Board Meeting

Tuesday 17 February 2004

Board Paper No. 04/08

Director of Planning & Community Care

**NHS QUALITY IMPROVEMENT SCOTLAND REVIEW OF PHYSICAL
DISABILITY SERVICES IN NHS GREATER GLASGOW**

1 INTRODUCTION

- 1.1 This report details the GGNHS response to the main recommendations of the NHS Quality Improvement Scotland (NHS QIS) Review of Physical Disability Services in NHS Greater Glasgow.

Recommendation:

The NHS Board is asked to note the recommendations made by NHS Quality Improvement Scotland and the action being taken across Greater Glasgow.

2 BACKGROUND

- 2.1 NHS QIS is a statutory body established as a Special Health Board in January 2003 following a merger of 5 organisations: Clinical Standards Board for Scotland, Health Technology Board for Scotland, Scottish Health Advisory Service, Nursing and Midwifery Practice Development Unit and the Clinical Resources and Audit Group. Its role is to focus on improving the quality of patient care and health of patients. It has a particular emphasis on the quality of care and the patient journey for vulnerable groups.
- 2.2 NHS QIS visited health services for children and adults (under 65 years) with physical disabilities in NHS Greater Glasgow in March 2003. This was a follow up to an earlier visit in August 2000 by the Scottish Health Advisory Service (SHAS), now part of NHS QIS.

3 PROCESS

- 3.1 As part of the background information the four trusts and health board were asked to complete a self assessment audit to benchmark against the SHAS Physical Disability Quality Indicators. In addition a user questionnaire developed by NHS QIS was sent to approximately 100 recent users of health services, 37 were returned in time to inform the visit.
- 3.2 The visit took place over 3 days (3-5 March 2003) with a team of 9 reviewers visiting over 30 different service areas involving in excess of 50 separate meetings. A list of services/organisations visited by NHS QIS is attached as Appendix 1.

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- 3.3 Despite the size and complexity of services within NHS Greater Glasgow, NHS QIS allocated the same length of time for the visit to NHS Greater Glasgow as it would to any other NHS area within Scotland but strengthened their team for the visit with an additional reviewer.
- 3.4 The final report was published in June 2003. The 29-page report makes 7 key recommendations. In addition the main body of the report gives more detailed comment on the broad scope of areas covered during the visit. A full copy of the report is published on the NHS QIS website www.nhshealthquality.org
- 3.5 Levels of comment within the report range from broad strategic statement to very specific but isolated examples of an individual's practice or opinion. This perhaps demonstrates the limitations of the process undertaken and length of time allocated to the largest NHS system in Scotland.
- 3.6 The report highlights a number of areas of good practice across all areas of service. Those picked out for specific mention are attached as Appendix 2.
- 3.7 The report makes 7 key recommendations of which 6 are relevant to NHS Greater Glasgow highlighting important issues for improving service provision.

4 PROGRESS

- 4.1 The report acknowledges good progress in implementing recommendations from the August 2000 visit, including:
 - The development of multi-agency strategic plans for children, adults and acquired brain injury
 - Investment in the development of adult community physical disability teams with a subsequent reduction in waiting times for access to treatment
 - Implementation of a Disability Equality Training Programme
 - Progress in addressing the problems of wheelchair provision and repair
 - Improvement in accommodation of the Continuing Care Unit at the Southern General Hospital
 - Investment in community Child Health Services such as the 'Home is where the help is' project

5 KEY RECOMMENDATIONS AND NHS GREATER GLASGOW'S RESPONSE

1. *The NHS Board should ensure that there is a coordinated improvement plan developed to address Disability Discrimination Act 2004 compliance across all NHS services in Greater Glasgow. This should include access to information and support for communication.*

The Disability Discrimination Act places major obligations on GGNHSB principally in respect of employment, transport and access (in terms of use of buildings, information and communication). Current activity in response takes place through planning and implementation groups (physical and learning disabilities), acute services modernisation and the estates services at the Board and four Trusts. A paper proposing a more co-ordinated approach to this activity will be presented shortly to the Corporate Management Team.

2. *The NHS Board in association with the local authorities should put in place the range of independent advocacy services to meet the needs of children and adults with physical disabilities.*

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Both child and adult services within Greater Glasgow have identified areas and levels of need in relation to advocacy. There are some services in place but this is not comprehensive.

In order to provide a comprehensive independent advocacy service for adults with physical disability in conjunction with local authority partners, the NHS Greater Glasgow share of costs are estimated at £50k. An unsuccessful bid was made to the 2003/4 Local Health Plan. Although a further bid will be made to the 2004/5 Local Health Planning process, this exemplifies the wider financial pressures on the Local Health Plan from areas of service and need where there has traditionally been underresourcing and relatively little profile.

- 3. The NHS Board and Trusts, in association with the local authorities, should ensure equity of service provision for children and young people with physical disabilities across Greater Glasgow, including timely access to the range of therapy services, equipment and respite care. The range of services for adolescents and robust protocols to support transitions should be developed.*

Yorkhill NHS Trust has been reviewing therapy services. As a result a successful bid has been made to the Children's Change Fund that will support work with Glasgow City to address these issues.

In addition to the established work on transition points between services, further impetus is being developed through work taken forward by a multi-agency planning group – the Disability sub-group of the Joint Strategy Group for Children's Services Planning. This involves health, education and social work across child and adult services. A report from this group is expected by June 2004. In addition Glasgow City Social Work have established a dedicated post within each area social work area team with responsibility for transition. This individual will work to an agreed City-wide protocol for transition between child and adult services. Transition planning is now shared between the Child Health and Physical Disability Planning and Implementation Groups to ensure a seamless approach.

- 4. The NHS Board with LHCCs and Trusts should ensure adequate attention is paid to promoting health and well-being and health promotion initiatives for people with physical disabilities. The range of general and specialist services should be in place to meet the needs of people with long term chronic disabilities, including 'maintenance' therapies. The needs of younger people living in care homes that provide nursing care should be addressed.*

The review report comments on the organisational arrangement of Health Promotion within Greater Glasgow NHS, inferring this arrangement has a detrimental effect on the physical disability agenda. However this is unsubstantiated within the review process.

The report also demonstrates limited understanding of the partnership approach to health promotion practice and, in general, there is under representation of the current range of health promotion activity. A wide range of the mainstream health promotion activity across Glasgow will also be accessible to people with physical impairment. The current service provision specific to people with physical impairment is limited but includes the GP exercise referral scheme, a range of disease specific classes and developing work with GCC Culture and Leisure services to assist people to adopt a healthy lifestyle.

NHS Greater Glasgow does however recognise the need to build on the outline of actions contained within the consultative Glasgow adult physical disability strategic framework and better coordinate current health promotion activity. A paper is in preparation to develop this agenda further and will outline the need for the implementation of a functional assessment framework to address diversity issues drawing heavily on the experience of the Race Relations process, and also the development of a partnership network for Physical Disabilities, including the resourcing of a development worker within the voluntary sector.

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5. *The NHS Board, in association with the West of Scotland Consortium should ensure that the problems with the provision and repair of wheelchairs for children and adults are addressed without delay and an improvement plan is put in place. There is a need to involve users in this work.*

Over the next 2 years the South Glasgow University Hospitals NHS Trust is undertaking a process of major service redesign within WESTMARC that will address key issues raised in the report including changes to the scope of the services provided, installing a new IT system, restructuring the approved repairer service and changes to staffing levels and skills mix. A paper outlining the implications for planning and service delivery arrangements during the transitional phase of this service redesign is to be presented shortly to the West of Scotland Rehabilitation Consortium.

Importantly the NHSQIS report acknowledged progress since its earlier visit in August 2000 and this has continued over recent months. Specifically in relation to user involvement, WESTMARC have been involved in establishing a national wheelchair user group and initiated a West of Scotland user group around children's services to engage users in this redesign process including agreeing minimum standards of service delivery and design of information provided to users. Further mechanisms for user involvement are under consideration and will link to the discussions currently underway on user involvement within adult Physical Disability services as a whole.

6. *The NHS Board should further develop services for people with acquired brain injury and, with local authorities, address the needs of those in inappropriate placements.*

There are a number of developments in planning for acquired brain injury services:

The Community Treatment Centre for acquired brain injury opened in January 2003 providing a service for people with cognitive, psychological and behavioural impairments. Glasgow City Council have now identified potential funding for a social work post linked to the community treatment centre and hope to confirm this by April 2004.

A comprehensive proposal has been agreed to consolidate the early management of acquired brain injury across Greater Glasgow, however this will require substantial investment. A bid to the 2003/4 Local Health Planning process was unsuccessful. In the interim work is underway with the acute services review team to review referral and care pathways.

An independent sector organisation is currently planning to develop a unit in Greater Glasgow for people with challenging behaviour. Initial plans suggest this new facility will include a step down function to re-integrate people into the community in liaison with local housing providers, and also a unit for people with persisting challenging behaviour who cannot be reintegrated into the community at the end of their treatment period because they remain a risk to themselves or others. As a by-product of this initiative it is intended to discuss the care and support of people with ABI with local authorities via respective planning processes. This work will also include the needs of adults with acquired brain injury or physical impairment in care homes.

Both neuropsychology and neuropsychiatry services will potentially be enhanced by recent and proposed appointments within the University of Glasgow.

7. *The Scottish Executive should develop a national strategy for people with acquired brain injury and other neurological impairments.*

This action is to be welcomed and it is hoped that the work undertaken in Greater Glasgow will represent a positive contribution to the development of a national strategy.

6 CONCLUSIONS

- 6.1 The NHS QIS review process has been a helpful mechanism to highlight good practice and areas for further development. This work sits alongside the development of the draft Glasgow Adult Physical Disability Strategic Framework and actions identified will be built into this process.
- 6.2 Many aspects of the recommendations are process orientated and are currently being addressed through the appropriate planning and operational arenas.
- 6.3 Other recommendations such as advocacy, wheelchair provision and repair, and acquired brain injury developments will require substantial investment. Bids will be made through the 2004/5 Local Health Planning process.

Services visited and people who met with NHS Quality Improvement Scotland:

Greater Glasgow NHS Board
Greater Glasgow North University Hospitals NHS Trust
Greater Glasgow South University Hospitals NHS Trust
Greater Glasgow Primary Care NHS Trust
Greater Glasgow Local Health Council
Yorkhill NHS Trust
Acquired Brain Injury Strategy Group
Achamore Child Development Centre
Advocacy Project
Anniesland, Bearsden and Milngavie LHCC
Ashcraig School
Canniesburn Nursing Home
Child and Family Psychiatry Department
Chronic Disease Programme – Steering Group
Community Hub – Community Treatment Centre for Acquired Brain injury
Community Physical Disability Teams
East Dunbartonshire Local Authority (Education Department, Social Work)
East Renfrewshire Local Authority (Education Department, Social Work)
Glasgow City Local Authority (Education Department, Social Work)
Glasgow Disability Alliance Centre for Disability Living
Glasgow Royal Infirmary - Ward 52, Ward 31
Greater Shawlands LHCC
Health Promotion Department
Hillview Nursing Home
Joint Equipment Store
Kelbourne School
Lomond and Argyll Advocacy Project
North Lanarkshire Local Authority (Education Department, Social Work)
Royal Hospital for Sick Children (RHSC)
 Community Children’s Nursing Service
 Family Information service
 Fraser of Allendar Unit, Ward 7a
 ‘Home is Where the Help is’ Project
 Hospital school
 Rights of the Child Group
 Neonatal Service
Scottish Ambulance Service
Southern General Hospital
 Glenburnhill Unit (ward 53)
 Neurosciences
 Physical Disability Rehabilitation Unit
 Spinal Injuries Unit
 WESTMARC
Southbank Child Development Centre
Stobhill Hospital
 Cardiac Rehabilitation Service
 Pain Management Service
 Pulmonary Rehabilitation Service

Towpath Trust
West Dunbartonshire Local Authority (Education Department, Social Work)
Users and Carers

Appendix 2

Good Practice

There were many examples of good practice observed by NHS QIS during the visit. These include:

Services to children and young people

There are excellent early intervention services such as the neonatal development follow-up programme, Parent Enabler Project with SENSE Scotland, Sure Start and the interagency PRESCAT involving education, health and social work services.

The 'Home is where the help is' Project provides support to children with complex health needs and their families in their own home and within their local community. The competency-based training for carers is an excellent example of good practice, which can inform services for adults and other services elsewhere in Scotland. The 'Out and About' Project with SENSE Scotland enables young people to access mainstream activities.

The NHS Board funding of initiatives such as 'Bobath' and provision of Lycra suits provide an enhanced range of interventions for children with disabilities.

Training opportunities for district nurses within Yorkhill NHS Trust assists with discharge planning and skills development.

There is a developing focus on independent advocacy for children and young people and a number of information initiatives to support children and their families. A GP paediatric information handbook will assist in disseminating information on the range of services available.

Promoting Health and Well Being

A comprehensive 3 year training programme focusing on disability awareness/equality is being undertaken by the Centre for Independent Living in Glasgow on a joint basis with NHS Greater Glasgow and the local authorities.

A pilot project with Culture and Leisure Services in association with health and voluntary organisations aims to support people with physical disabilities to access 'fitness' activities.

The Disability Resource Centres (DRCs) provides a range of information and health promotion initiatives for people with physical disabilities in the community as do the specialist rehabilitation services.

Meeting general health needs

Training for health staff in the use of British Sign Language provides a resource for primary care staff, for example Shawlands LHCC.

The development of a Joint Equipment Store for Glasgow and East Dunbartonshire, and the joint occupational therapy service with East Dunbartonshire, support joint working and ease of access for users and their families.

The voluntary sector developments role such as the 'Towpath Trust' project and other work promote health and well-being and co-ordination of services.

Meeting specialist health needs

For people with an acquired brain injury living in the community the new Community Treatment Centre provides excellent facilities and services along with the continuation of the social work ABI project at the GRI and the West Dunbartonshire service.

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The further development of the community physical disability teams and the services available at the PDRU and Spinal Injuries Unit ensure a wide range of rehabilitation services for people. Funding for psychiatry sessions and the appointment of a specialist nurse for people with Huntington's disease addresses a gap in services to this group.

There is a range of specialist rehabilitation services such as cardiac, pulmonary and the pain service. The appointment of a dedicated clinical psychologist for the wheelchair and prosthetic service enhances the work of the multidisciplinary team.

Ongoing support

There is good joint working across health and social work in line with Joint Future recommendations.

The Chronic Disease Management Project provides a focus on the needs of some people with physical disabilities and improved access to services.

Glenburnhill Unit offers much improved accommodation for people requiring longer-term in-patient care and access to services.

The Palliative Care Information Network is aiming to ensure a focus on non-cancer related conditions.

Planning services

The publication of a consultation draft joint physical disability strategy and acquired brain injury strategy' along with the work on children affected by disability and the rights of the child group provide a robust framework for the further development of services to children and adults with physical disabilities in Greater Glasgow.