EMBARGOED UNTIL MEETING

NHS Greater Glasgow

# Greater Glasgow NHS Board

## Board Meeting

**Tuesday 20th July 2004** **Board Paper No. 2004/38**

**Director of Planning and Community Care**

## NHS Argyll & Clyde: Clinical Strategy Consultation

**Recommendation:**

- **The Board note the consultation on the Clinical Strategy for NHS Argyll & Clyde and agree to consider the formal Greater Glasgow NHS response at its September meeting.**

### A. Background and Purpose

1.1 Argyll & Clyde NHS Board, responsible for the health care of 418,000 people, published their Clinical Strategy for consultation in mid June. The purpose of this paper is to briefly set out the key points from the Strategy and highlight the important issues from a Greater Glasgow perspective.

### B. Proposed Clinical Strategy

2.1 The Strategy is the product of an extensive process of engagement with patients, community interests and clinical staff. The need for change, unsurprisingly, reflects the UK-wide issues of clinical practice changes, including specialisation, training and working hours, population changes and financial challenge. We have been involved in the development of the Strategy through four routes;

- membership of NHS Argyll & Clyde's Modernisation Board which has steered the development of the Strategy;
- regular liaison meetings between the two NHS Board and Divisional teams;
- involvement in individual service reviews;
- a regular liaison meeting with West Dunbartonshire Council and NHS Argyll & Clyde, focusing on the Vale of Leven area.

The core of the Strategy's conclusions are similar to the outcome of our own Acute Services Review. NHS Argyll & Clyde's Clinical Strategy is, however, not just about acute services but about the whole shape of clinical services because of their interdependencies and the development of primary care to fit new patterns and models of provision.

The focus is on providing services that are safe, sustainable and affordable, but also accessible. This has generated three key propositions of particular relevance to Greater Glasgow:

- the Royal Alexandra Hospital in Paisley as the major acute hospital for the NHS Board area, centralising Accident and Emergency and specialist acute care;
- the need to develop regional networks for a number of services, for example, chemotherapy;
- options of either an ambulatory care and diagnostic centre linked to acute services in Glasgow hospitals, or an intermediate hospital linked to the RAH, at the Vale of Leven or appropriate alternative local site. The choices about the linkages for these services to Glasgow or the RAH is discussed in more detail in the next section.

2.2 Alongside these propositions, the Strategy recognises the imperatives of developing:

- relationships with patients as partners;
- improving access to care;
- developing clear pathways for key diseases and patient groups;
- improving acute care;
- maximising local services.

## C. A Greater Glasgow Perspective

3.1 From our perspective there are a number of key points in relation to the Strategy:

- it is critical for our own service planning and delivery that NHS Argyll & Clyde has stable and sustainable services where changes to patient flows are predicted and planned for. At a number of points in recent years that has not been the case and we should welcome the significant effort in developing the Strategy to ensure a clear and sustainable service structure for Argyll and Clyde residents is put in place and that difficult decisions are made;
- we need to continue to work with NHS Argyll & Clyde to link their future plans for more specialist services to our own detailed planning of our new inpatient acute facilities. We have already agreed a networked approach for vascular services, and taking the medium to long-term timeline, it is likely there will be a number of other specialist services and subspecialties where relationships between Glasgow hospitals and the RAH may be critical to sustainability. Any related changes to patient flows will need to be reflected in our definitive capacity planning;
- a key and controversial issue is the provision of inpatient services to the population North of the Clyde, presently served by the Vale of Leven Hospital. The Clinical Strategy makes an appraisal, which would reflect our own strategic approach, that specialist acute inpatient services are not sustainable on the Vale site. The Strategy proposes, therefore, either an ambulatory and diagnostic centre or an intermediate hospital (incorporating ambulatory care) for that site.

3.2 A key debate, already being rehearsed in the consultation process, is whether the local preference is that the ambulatory care service at the Vale should be linked to Glasgow hospitals rather than the RAH. A number of points will need to be considered in formulating our response to this issue, during the consultation period:

- we do not believe it would be possible for NHS Greater Glasgow to provide specialist acute inpatient services on the Vale of Leven site;
- if there were a linkage to Glasgow, it is our view that it would need to be comprehensive, to ensure that coherent and coordinated clinical care is provided, ie, Glasgow clinicians would need to deliver the local ambulatory care services;
- given the workload presently undertaken at the Vale of Leven it would appear that a flow into Glasgow would influence the capacity of our new developments but not the planned shape of services;
- no single Glasgow site could provide a comprehensive link to the Vale of Leven population; for example, Accident and Emergency and orthopaedic services are not planned for the Gartnavel General site, although emergency medical and surgical access for GP referred cases only (not self referrals) on that site has always been a part of our overall Acute Services Strategy within the timing constraints in paragraph 3.3 below;
- if the RAH becomes the networked hospital to ambulatory and intermediate care services at the Vale of Leven, local residents will continue to be able to exercise the choice, presently available to them, to be referred into Glasgow hospitals. It would be important that we work with NHS Argyll & Clyde to assess the scale of such a potential flow;
- it will also be interesting to see what views emerge during consultation in terms of alternative local sites - the catchment population of an ambulatory care centre might be substantially increased in a different location which may influence the range of services which can be provided;
- in terms of intermediate care, clearly this is a concept currently under development by NHS Argyll & Clyde. In our own strategy we do not propose inpatient services on hospitals without onsite specialist cover and have used the term intermediate care in focusing on early discharge. We will need to work with NHS Argyll & Clyde as they develop the concept of intermediate acute medical and surgical care with a lead role for local clinicians. At headline level, the challenge being expressed by local interests around the Vale that intermediate care could also be delivered on a Glasgow linked model, is one to which we can legitimately be expected to respond as the concept becomes clearer.

3.3 A final critical point relates to timing and capacity. Gartnavel General Hospital is not currently an emergency receiving site, and emergency cases are routed through the Western Infirmary. We are undertaking detailed work to consider how our Acute Services Review implementation can be brought forward using existing capacity in advance of the planned major new capital developments, in sequence, of the Southern General, Glasgow Royal Infirmary and Gartnavel General. There is no possibility of substantially bringing forward these capital investments in a way which would see the Gartnavel site redevelopment concluded much in advance of 2012. In the light of this we have advised NHS Argyll & Clyde that, although we could accommodate flows from the Vale of Leven in our final hospital developments, the transfer of emergency workload before 2012 could not be accommodated in Greater Glasgow.

3.4 As highlighted earlier in this section we do not believe we could support specialist inpatient services at the Vale of Leven, in the final disposition of services. The same applies in the short to medium term - we are immediately struggling to cover our present sites and there is no possibility we could cover an additional site.

## D. Conclusion

4.1 This paper has highlighted the important issues we will need to work through with NHS Argyll & Clyde during the consultation period, continuing our partnership approach to planning services.