

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 22nd January 2008

Board Paper No. 2008/06

Director of Corporate Planning and Policy

VALE OF LEVEN HOSPITAL: CHANGES TO UNSCHEDULED CARE

Recommendation:

The Board:

- **reconsider its decision not to publicly consult on the transfer of the unscheduled medical care service from the Vale of Leven;**
- **subject to agreeing the above, to discuss how the initial findings on community engagement could inform a consultation process**

1. BACKGROUND

The Board meeting of 19th December 2007 considered the outcome of independent scrutiny in relation to unscheduled medical care at the Vale of Leven. The Board noted the Independent Scrutiny Panel's clinical conclusions supported the proposal to transfer the unscheduled medical care service from the Vale of Leven to the Royal Alexandra Hospital. Those conclusions with regard to the clinical issues:

- confirmed our conclusions about anaesthetic sustainability are substantiated by the Panel's external expert advice;
- supported our decision not to proceed with the full implementation of the integrated care model in the light of clinical concern expressed and lack of confidence in the model in a substantial part of medical opinion;
- stated that the weight of UK medical opinion is that unscheduled medical admissions should not be maintained on a stand alone basis without other acute services including ITU;
- stated that the overwhelming majority of clinical opinion is that unscheduled medical admissions should not be dealt with where there is no immediately available anaesthetic cover and, in most instances, no ready access to acute surgery;
- confirmed the soundness in principle of our proposal to relocate the Vale unscheduled medical admission service;
- confirmed that the present Vale service, separated from the full range of acute services, including ITU, is significantly less than ideal.

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The Board further noted that the panel's recommendations on options for consultation did not sit comfortably with those clinical conclusions, which, in effect left only one sustainable option, the transfer of the service.

The Board therefore concluded that on the basis of safety and clinical governance, plans should be developed, as soon as possible, to transfer unscheduled medical admission services in a planned and managed way from the Vale of Leven Hospital to the Royal Alexandra Hospital with a process of community engagement rather than formal public consultation.

The Board recognised the continuing issues for the local community and agreed to review at its January meeting proposals for a detailed programme of local community engagement to explain why these changes were necessary. Local staff would be fully involved in the development of the planning and community engagement process. Section 2 of this paper outlines the approach we would have proposed.

Since the Board meeting, the Board's Chair and Chief Executive have had a number of face to face and written exchanges with the Scottish Government about these points, with which Board members have been kept up to date.

The Cabinet Secretary has asked us to re-engage with the ISP to discuss our understanding of their clinical conclusions and how these relate to their recommendations for consultation. Our objective is to secure that meeting and draw these exchanges to a positive conclusion, with the minimum possible delay, given the real issues about the present service arrangements.

The Cabinet Secretary has also instructed the Board that there must be formal public consultation and the recommendation of this paper therefore asks the Board to reconsider its previous decision that public consultation is not viable where there is only one possible option and in the light of concerns about the current service. This means that rather than a process of community engagement during which the plan to transfer the service is implemented, we would accept that, after formal consultation, ministerial approval is required before such a transfer can take place.

Pending this Board meeting, we have not actioned the two steps which would be required to begin to implement the Board's decision. These are issuing three months notice to staff and confirming to the Scottish Ambulance Service commitment to procure the additional staff, vehicles and equipment to give effect to the Board's decision to transfer the service.

2. PUBLIC INFORMATION AND COMMUNITY ENGAGEMENT PROPOSALS

Prior to the instruction on consultation we had begun to develop detailed proposals for engagement with the communities affected by changes to unscheduled medical care, including putting in place arrangements are to communicate the basis of the Board's conclusions and the outcome of the Independent Scrutiny process. This section describes what our approach would have been. The construct of this section reflects the assumption that this would be the next stage of public process rather than the proposal now before the Board, to proceed with formal public consultation.

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It is proposed that West Dunbartonshire CHP, as before, continues to take the lead in further developing the community engagement and public information activities supported appropriately by others.

The CHP will take the initiative to facilitate the sessions set out below; co-ordinate, with support, the various public information strategies set out and continue to use the local partnership forum and other networks as conduits for the dissemination of information.

The previous arrangements for community engagement in the various elements of the Clyde service strategies, while being confirmed by the Scottish Health Council as being broadly satisfactory, have not resulted in widespread understanding, or acceptance of the issues that are driving the need for change. A key purpose of independent scrutiny was to strengthen public confidence in the decision-making process and it is important that the ISP clinical conclusions are seen to be a core part of our public information strategy material.

It is now proposed that the community engagement be stratified and focused into three streams.

Firstly, to engage directly with key individuals who have been at the forefront of the campaigns that are not in support of the Board's proposals for emergency medical admissions. This would include:

- key Representatives of West Dunbartonshire and Argyll and Bute Councils;
- local constituency and list MSPs;
- United Campaign Group;
- Hospitalwatch;
- local GPs.

The purposes of this engagement would be as follows:

- to set out face to face the Board's detailed positions on the key points;
- to attempt to answer any detailed questions that are not covered in those points;
- to identify if there are any areas of common ground that would be worth further exploration.

In this first phase the groups should be kept as small as possible with perhaps no more than five or six people from the various groups attending and being seen by no more than two NHS Board officials in each meeting. Keeping the sessions to small numbers would ensure that all matters can be properly set out and recorded.

It will be essential that the Board officers attending are able to answer and respond - within reason - to any questions or issues raised during the sessions and consideration needs to be given as to the range of individual officers who are best placed to do so. This consideration needs to include the role of senior clinicians in these sessions particularly to cover the patent safety issues.

Secondly it is proposed that a variety of groups be targeted with specific information sets.

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These groups would include:

- all NHS staff and contractors - in both acute and community settings - so as to ensure the actual factual position is known and widely understood across the NHS community who engage with patients and their families on a daily basis. It also needs include the non clinical groupings of staff who may perceive their continued employment as under threat;
- local voluntary sector/ community groups as identified through the CHP Public Partnership Forum and the Community Planning Structures.

Thirdly it is proposed to embark on a significant public information campaign which would include:

- the potential for mass mailing direct to local households;
- information letters to previous patients who had been seen in the emergency admission ward over the past 12 months;
- staffed information displays in the major NHS settings of Alexandria and Dumbarton Health Centres and the Vale of Leven Hospital. Discussions will also be required with NHS Highland to facilitate similar access in Helensburgh and the Lochside NHS premises.

It is suggested that for the key general public information campaigns 3 key messages be concentrated on as follows:

- patient safety;
- transport/access issues;
- future role for the Vale.

In terms of these three areas we already have significant evidence and information on patient safety which needs to be marshalled and presented for public consumption in the various arenas outlined above.

However more still needs to be done to enable us to set out the detail on various elements of the other two issues.

More work needs to be done quickly on how we propose to put in place transport arrangements - not just for patients - but for relatives who need to be able to visit the RAH. It is proposed that the type of community transport arrangements that have put in place in other parts of the Board area could be extended to cover the Vale's catchment area and estimated costs need to be identified and considered in the context of the existing supported public transport arrangements that are already in place.

We also need to set out the detailed actual position on the number of 'blue light' transfers that have actually been taking place per annum since the A and E service was removed from then Vale in 2004.

We also need to set out the detailed arrangements that the Ambulance service have in place at times of traffic congestion/severe weather.

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In terms of the future role of the Vale of Leven Hospital we need through this next phase of engagement and information dissemination to clearly set out:

- what services are certain to be provided on a long term basis;
- what services may be subject to further review and the potential for change;
- what new services might be delivered from the Hospital that are not currently delivered there.

This information needs to be taken together with the other developments that have been planned for the Vale site, i.e. a new primary health and care centre to replace the existing Alexandria Medical centre, a proposed new Care home and a new sheltered housing development and presented as a long term sustainable set of inter-related services which will meet the needs of the local population for the years ahead.

Lastly we need to reconsider and refocus our engagement with the local, regional and national newspapers.

As was set out above we have not been so far able to get our messages across particularly in the local print media. The Director of Communications is, in tandem with these proposals, preparing a media strategy to support these initiatives.

Communications staff, in conjunction with appropriate others, are now in the process of preparing the following:

- a draft public information leaflet that sets out our key messages detailed above;
- a revised version of above targeted for NHS staff and contractors;
- public information display proofs;
- a standard presentation and briefing pack that could be used when speaking to local groups;

Publication: The content of this Paper may be published following the meeting

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