

**Greater Glasgow & Clyde NHS Board
NHS Board Meeting**



Date 24 June 2008

Board Paper No 08/26

Report of the Director, Renfrewshire Community Health Partnership

**Developing and Improving Services for Older People in Renfrewshire:
Outcome of Consultation**

Recommendation

The Board is asked to:

- note the outcome of the consultation process and responses received.
- approve the reduction in the number of continuing care beds for Older People in Renfrewshire from 60 to 30, with the re-provision of the 30 beds in modern accommodation using a partnership model, leading to, and subject to the Cabinet Secretary's approval, the closure of Johnstone Hospital.

1. PURPOSE

- 1.1 This paper follows the consultation process regarding Balance of Older People's Care: Johnstone Hospital (copy attached in Appendix 1). The purpose of this paper is to:
- describe the engagement and consultation process that has been undertaken;
 - provide a summary of responses (Appendix 2) received from the public consultation on proposed changes to the NHS continuing care provision for frail older people in Renfrewshire as part of a wider programme of work to shift the balance of care;
 - propose a reduction in the number of continuing care beds for frail older people in Renfrewshire from 60 to 30 and thereby close Johnstone Hospital and re-provide these beds.

2. BACKGROUND

- 2.1 In November 2006, NHS Greater Glasgow and Clyde confirmed that the next step in the ongoing review of the balance of care for older people's services across Renfrewshire would be to review the provision of frail elderly continuing care services located at Johnstone Hospital.

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- 2.2 This review was set in the context of a wider balance of care programme of work being led by the Joint Planning, Performance and Implementation Group for Older People (OPJPPIG) within Renfrewshire. This is a joint group including Renfrewshire Council, clinicians and other staff.
- 2.3 These joint planning arrangements for older peoples services have made substantial progress towards delivering a number of important outcomes including:
 - additional services for patients to improve health and wellbeing;
 - transparency over resources;
 - joint plans, priorities and decision making;
 - strengthening clinical involvement in these arrangements;
 - joint ownership of service pressures and challenges.
- 2.4 A key link with this review is the work programme relating to service provision for older people with mental illness. The proposals for these services are addressed in a separate public consultation: Modernising and Improving Mental Health Services Across Clyde.

3. ENGAGEMENT AND CONSULTATION PROCESS

ENGAGEMENT

- 3.1 In February 2007, an initial engagement event was held with key stakeholders, family members and carers. This event took place at the start of the review process and outlined the review process and likely timescale to participate. Feedback was sought from attendees on their views of the review and the issues that they would want to see included.
- 3.2 A subsequent engagement event was held in May 2007. The focus of this event was to update key stakeholders, family members and carers on:
 - the review process;
 - key issues arising from the review;
 - proposals for change.
- 3.3 The two engagement events were attended by 74 individuals/groups. Written feedback was shared with all attendees and other interested parties. The Scottish Health Council has been an active participant.
- 3.4 The engagement process also included a number of meetings with staff at Johnstone Hospital to ensure that they were fully briefed on:
 - the engagement process;
 - how the review and potential outcomes may affect them.

The Staff Partnership Forum has been actively involved throughout.

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- 3.5 In June 2007, the outcome from the review, including a proposal for change, was reported to the NHS Board.
- 3.6 From September to November 2007, the Independent Scrutiny Panel appointed by the Cabinet Secretary considered this review.
- 3.7 The recommendations of the Independent Scrutiny Panel, as they related to this work, were subsequently considered by the NHS Board in December 2007 and key recommendations were included in the final consultation paper. A key recommendation from the Independent Scrutiny Panel process was that we should ensure that our plans for change were made clear to patients, staff and carers in advance of the commencement of the public consultation. This was addressed through two staff meetings on 29 January and 1 February 2008 and a meeting for relatives and carers of current patients on 31 January 2008.

CONSULTATION

- 3.8 The public consultation was launched on 18 February 2008 and concluded on 5 May 2008.
- 3.9 A public consultation event was held on 13 March 2008 at the Glynhill Hotel, Renfrew. 39 people attended. The purpose of the event was to:
 - Present and discuss the proposed changes to NHS continuing care provision at Johnstone Hospital for frail older people;
 - Outline the context, background and service developments/ improvements for older people in Renfrewshire.
- 3.10 Questions were captured and responses shared with all who attended.
- 3.11 Key issues arising from the question and answer session were;
 - Members of the public want to know what is happening with Johnstone Hospital and if it is to close, want to know when this will be;

Response: it was indicated in the consultation paper that implementation was expected to take place during 2009 but this can only be confirmed once we have NHS Board and Cabinet Secretary approval and once we have initiated work to secure new accommodation.

- There was a concern that the proposal was based on the need to sell the land for profit;

Response: this review and proposal is not motivated by the need to sell land. Rather it is driven by the aim of securing an appropriately sized and modernised service located in improved accommodation.

- If modern accommodation is required, why could it not be built on the Johnstone Hospital site and what would this cost;

Response: using the Johnstone site would see us not address the issues regarding access and the preference for a central location for the re-provided service. We have also responded subsequently to the Scottish Health Council on the cost of upgrading the current Johnstone buildings. Such an approach would similarly not address improved access and would be cost prohibitive in capital and revenue terms.

- There was a concern that the planned reduction in the number of continuing care beds would mean there would be insufficient provision given the increased needs of older people in Renfrewshire and to prevent delayed discharges over 6 weeks;

Response: the bed number now proposed has emerged from a clinically led process. We believe we have robust arrangements in place to sustain our current performance on delayed discharges (current performance is that we have no delayed discharges)

- There was recognition that there has already been significant development of and investment in community services for older people in Renfrewshire; however some members of the audience expressed a view that existing health and social work services are insufficient to meet current need;

Response: the work of our Joint Planning Group continues and we remain determined to provide a full range of services that meets local need. We believe the balance of care and range of services is improving. We are not aware of required need being unmet or not responded to.

- Views were expressed in relation to the proposed partnership model. These included location and the need for effective transport links, choice for future patients, staffing and governance arrangements;

Response: these issues will be addressed within the implementation phase of our work.

- Feedback on the evening indicated that the presentations and discussions had been useful, however, views were expressed that indicated the general public were not aware of the nature, level and access points for the services described and we should consider improving communication in this area.

Response: we will review how communication can be further improved.

4. RESPONSES TO CONSULTATION

- 4.1 A total of 12 responses were received. The sources of the responses are summarised in the table below and a summary of the responses is attached as Appendix 2:

RESPONDENT	NUMBER OF RESPONSES
Members of the public	6
NHS GG&C Area Medical Committee	1
Glasgow Local Medical Committee	1
Renfrewshire Council	1
Dietetic Manager/ Professional Lead Renfrewshire CHP	1
Speech and Language Therapist	1
Staff Side Representative British Dietetic Association	1
TOTAL	12

- 4.2 The key themes arising from the 12 responses are summarised below and have been grouped under three broad theme headings:

MANAGING CHANGE SENSITIVELY AND EFFECTIVELY

- 4.3 There was recognition from several respondents that this proposed change is within the context of a wider programme of work to improve services for older people in Renfrewshire. One response noted the need to more carefully consider the impact of the change in the balance of care on the workload of GP's and also expressed concern that the reduction in bed numbers may adversely impact on the number of delayed discharges, which must be prevented.
- 4.4 The response from one Allied Health Professional (AHP) appreciated the recognition of the high quality of care currently provided at Johnstone Hospital. The 3 AHP respondents all stated the importance of ensuring that the proposed partnership model maintains, if not enhances, the level of AHP service provision for frail older people. One respondent made the point that staff provide quality care rather than buildings. The majority of responses welcomed the fact that the partnership beds would be staffed by NHS nurses and medical staff and the importance of a Consultant led model was reinforced by the medical committee respondents.
- 4.5 The majority of respondents expressed concern regarding the impact of the proposed change on current patients in Johnstone Hospital and on their relatives and carers, stating the need to manage this sensitively and with their involvement throughout.

Response: *This proposal sits within a wider programme of service change and developments for older people within Renfrewshire. Significant amongst these are investment in community based services, many of which are developed and provided jointly with Renfrewshire Council. We will be vigilant about the impact of these and other service changes on all parts of system; that said this specific proposal is predicated on a clinically led assessment of the level of beds we require.*

The service model proposed is for the reprocision of an NHS staffed, frail elderly continuing care service, that will secure continuity of care and ensure continued approaches to providing a high quality, responsive service. This proposed change releases resource (see Section 6) which will allow us to further invest in services which includes ensuring we have appropriate levels of AHP service professionals supporting the needs of older people.

With regard to managing this change, there has been a significant commitment to our work in the engagement and consultation phases with the family and relatives group. This will continue. In moving to the implementation of this change, and where residents are to move, work with family members could include involvement in the assessment process, including the use of independent advocacy support where requested, and input where possible to the design and layout of the new accommodation.

MODERNISING ACCOMMODATION AND SERVICES

- 4.6 Of the 12 respondents only 1 stated that Johnstone Hospital should remain. Respondents were in the main supportive of the move to modern facilities, however several respondents said that a mix of single en-suite rooms and multi occupancy rooms should be provided to offer patient choice. It was also felt important that social activities, therapy services and family meeting rooms should be integral to the proposed model. Several respondents highlighted the need to ensure that suitable green environs were available to patients - similar to those at Johnstone Hospital.

The majority of respondents supported the plan for a central location with good transport links, while in contrast one respondent felt that central does not suit everyone.

Response: *It is recognised that some respondents aspire to see a mix of room types. However, to deliver the Care Commission standards we believe that single room accommodation with appropriate en-suite facilities is the right model to follow and deliver. Any perception of possible isolation this may cause, can, we believe, be effectively countered by ensuring there are appropriate common areas and supporting services.*

It remains that our aim is to see this service re-provided in a central and accessible location, ideally Paisley or Renfrew.

RESOURCES

- 4.7 Several respondents referred to resources, noting that any cost savings should be a product of the change and not a driver for change and that the financial framework should be transparent. It was also felt important that any resource released should be used to further improve services for older people.

Response: *The Joint Planning work for older people services operates within a transparent financial framework. The consultation document attached also describes clearly the resource picture related to this service – it states current services costs, proposed costs and how an element of the savings will be used to contribute to securing financial balance for Clyde health services (see attached section Y).*

It has been clear throughout this process that the principal driver to this review has been the aim of securing an appropriately sized and modernised service located in improved accommodation.

- 4.8 Although this paper is seeking approval for the original proposal, there are a number of points that have emerged during the consultation period which have sharpened our work. These are:
- We now have a clear view of the number of beds we require (30). This is based on a clinically led assessment of need;
 - The importance of ongoing close working with family members and relatives has been reaffirmed and this will continue to be prioritised;
 - The responses received support the move to modernised accommodation. It is also clear we need to aim for a balance of space types within the accommodation – this should include single rooms, en-suite facilities, appropriate common area and ideally green spaces/environs where possible;
 - We will ensure that we closely monitor the balance of care for older people and be vigilant about the impact of this and other changes.

5. FEEDBACK TO RESPONDENTS

- 5.1 Each response was acknowledged by the corporate administration team on receipt.

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- 5.2 The CHP has reviewed each response in detail and where specific questions have been raised, these have been responded to in a letter from the CHP Director.
- 5.3 All responses have been shared with the Older Peoples JPPIG working group members, who will ensure that all points are addressed in the future work plan of the group. Subject to approval of this proposal this group will finalise the service specification for the required model. A process to identify a location and provider for the future service will follow in due course.

6. FINANCE & WORKFORCE

- 6.1 Section 10 of the attached consultation paper sets out the financial picture related to the current service and the proposed model.
- 6.2 As we are now proposing a 30 bedded model, the total cost of the reprovided service is estimated to be £1.37m
- 6.3 In delivering a smaller, focussed NHS frail elderly continuing care service the financial challenge remains as:
 - securing a service in modern accommodation that offers high quality and value for money;
 - releasing resource that contributes to NHS Greater Glasgow and Clyde delivering financial balance across Clyde-based services; and
 - investing resource through joint planning with partners that delivers an improved balance and range of services for older people across Renfrewshire.
- 6.4 With regard to workforce, Section 11 of the attached consultation paper sets out clearly our approach to working through workforce and related staffing issues. As we move into implementation phase, we will develop a clear and detailed plan consistent with the statements made in that section of the paper.

7. IMPROVING THE BALANCE AND RANGE OF SERVICES

- 7.1 The original consultation paper (attached) sets out the range of work ongoing to improve the balance and range of services that are available to respond to the needs of older people in Renfrewshire.

These are directly relevant to this change as it is important to invest in community based services to give confidence to service users that reducing bed numbers is balanced with investment in related services.

- 7.2 Section 3.6 of the attached consultation paper states the range of developments that are now underway or complete, these include:
 - a joint District Nursing and Renfrewshire Social Work Care Management project focused on patients with chronic disease who are at risk of multiple hospital admission. This is aimed at enabling more proactive disease/disability management in partnership with the service user, thereby preventing avoidable hospitalisation;

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- further enhancement of the Community Alarms Service will provide 24-hour support for vulnerable people at risk, of emergency or multiple hospital admissions, through planned and emergency interventions at home and by use of more sophisticated assistive technology;
- introduction of two Gerontology Nurse Specialists providing specialist advice and clinical support to Care Homes and staff is a key function of these roles thereby preventing inappropriate hospital admission from care home settings;
- introduction of Interface Pharmacist Roles to provide specialist pharmaceutical knowledge, advice on clinical interventions and promote medication compliance in elderly patients, ultimately achieving more effective treatment and reduction in adverse drug reactions and reducing emergency and multiple hospital admission;
- introduction of Extra Care Housing facilities:
 - three Extra Care Housing units will be introduced in 2008/2009 in Renfrewshire. These units will provide a 24 hour care and meals service, whilst replicating the advantages of remaining at home, such as having own front door; security of tenure; access to social networks and housing support. This model of accommodation and intensive support is designed as an alternative to care home admission;
 - access to the service is through a comprehensive needs assessment. Eligibility is restricted to people who are primarily elderly and have complex health and social care needs including dementia;
- social work currently provides around 800 day care places a week for frail older people and those with dementia. The service model has remained unchanged for over ten years, although a programme of refurbishment and upgrading of day centres is almost complete. Day care continues to be a popular choice for older people and their carers as a means of maintaining independence and social supports. A strategic review of Social Work day care services is at an early stage and will now be progressed on a joint basis with health. The review is examining current and future needs for both frail and dementia day care and will present proposals on the role and scale of local day care services over the next 5 to 10 years. The timing and scope of this review presents an opportunity to dovetail with the review of NHS continuing care services for older people and, in particular, the review of day hospitals.

- 7.3 It is against this backdrop of improving services and re-balancing of care that this proposal was brought forward for consultation, based upon the comprehensive review undertaken between January and May 2007.
- 7.4 Taking this work and the responses to the consultation into account, this paper therefore seeks approval for the consultation proposal to be approved by the NHS Board, with the frail elderly continuing care bed number for re-provision now confirmed as 30.

8. RECOMMENDATION

The Board is asked to:

- note the outcome of the consultation process and responses received;

- approve the reduction in the number of continuing care beds for Older People in Renfrewshire from 60 to 30, with the re-provision of the 30 beds in modern accommodation using a partnership model, leading to, and subject to the Cabinet Secretary's approval, the closure of Johnstone Hospital.

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Greater Glasgow and Clyde NHS Board

APPENDIX 1

Board Meeting

Tuesday 22nd January 2008

Board Paper No. 2008/04

Director of Corporate Planning and Policy
Director - Renfrewshire CHP

UPDATE ON PROGRESS TO CONSULT ON OLDER PEOPLE'S CARE AT JOHNSTONE HOSPITAL

Recommendation:

The Board:

- note the progress towards formal public consultation on the proposed changes to NHS frail elderly continuing care services in Renfrewshire.

1. PURPOSE

The purpose of this paper is to:

- update on progress made in developing the formal public consultation material regarding changes to the provision of the NHS frail elderly continuing care service in Renfrewshire;
- update on the proposed timetable for consultation.

2. BACKGROUND

At the Board meeting on 18th December 2007 it was agreed that a series of next steps would be taken to enable NHS Greater Glasgow and Clyde to move to formal public consultation on the proposed closure of Johnstone Hospital, and the reprocision of the NHS frail elderly continuing care service.

The steps reflect the agreed objectives of the NHS Board in responding to the Independent Scrutiny Panel Report, as it related to the proposed changes to the balance of older peoples care.

These objectives are that:

- the consultation process must enable participants to express their views on our appraisal of the shortcomings of the status quo;

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- the consultation material will therefore:
 - describe the partnership model;
 - describe the relationship between health and social services for physically frail and mentally frail elderly;
 - ensure the rationale for our preferred option is clear and the issues regarding an RAH new build option are transparent for comment.

In addition, the overall financial framework for older people's services in Renfrewshire will be included within the consultation material.

Work is now in hand to develop the consultation paper. This will be derived from the original NHS Board paper considered at the Board meeting on 26th June 2007 (Paper 2007/26, Annex 4).

This paper and the related processes will address the points outlined above

An additional point from the Board paper of 18th December 2007 is that our plans for change are made clear to patients, staff, relatives and carers in advance of public consultation. A meeting is now planned for relatives and carers in late January and a meeting for staff on 1st February 2008.

Work is also underway, in tandem with the NHS Board Communications Team, to ensure that we have a comprehensive list of consultees who will receive the consultation material. This will include the updated consultation paper and a supporting summary information leaflet targeted at service users and the wider public.

Lastly, we have also identified the dates when consultation will start and conclude (see table below), and a date when a public consultation event will take place. This is scheduled for 13th March 2008 and will provide an opportunity for a range of users, carers and others to meet with service managers and clinicians to discuss the proposals for change. Details of the event will be widely circulated. The need for any further such events will be monitored based on feedback following this event in March.

The key elements therefore of the timetable are as follows:

Late January 2008 (date being confirmed)	:	Meeting for relatives/carers of residents
1 st February 2008	:	Meeting for staff at Johnstone Hospital
4 th February 2008	:	Commence consultation
13 th March 2008	:	Public consultation event - details to be circulated.
28 th April 2008	:	End consultation (12 weeks)

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3. CONCLUSIONS

Formal public consultation will run for a total of 12 weeks and within the associated material will address the issues agreed at December 2007 NHS Board meeting.

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

Author: Catriona Renfrew, Director of Corporate Planning and Policy
David Leese, Director - Renfrewshire CHP

CONSULTATION DOCUMENT

Balance of older people's care: Johnstone Hospital

Consultation on the closure of Johnstone Hospital and
the transfer of its services to more modern accommodation



1. PURPOSE

1.1 This paper is derived from the original NHS Board Paper from 26th June 2007 and its purpose is to:

- set out the proposal to consult on changes to the NHS continuing care provision for frail older people in Renfrewshire, including the closure and transfer of services at Johnstone Hospital;
- outline the background, context and key drivers to this change;
- address issues raised through the Independent Scrutiny Panel process and subsequently endorsed by the NHS Board on 18th December 2007, in NHS Board paper 2007/61.

2. BACKGROUND

2.1 In November 2006, NHS Greater Glasgow and Clyde confirmed that the next step in the ongoing review of the balance of care for older people's services across Renfrewshire would be to review the provision of frail elderly continuing care services located at Johnstone Hospital.

2.2 This review would be set in the context of a wider balance of care programme of work being led by the Joint Planning, Performance and Implementation Group for Older People (OPJPPIG) within Renfrewshire. This is a joint group between Renfrewshire CHP (RCHP), Clyde Acute Services, Mental Health Services, Voluntary sector and Renfrewshire Council and has responsibility for the development of the joint strategy for older peoples services and its implementation. This group sits within a wider arrangement of joint planning of services across Renfrewshire.

2.3 These joint planning arrangements for older people's services have made substantial progress towards delivering a number of important outcomes including:

- additional services for patients to improve health and wellbeing;
- transparency over finances
- joint plans, priorities and decision making;
- strengthening clinical involvement in these arrangements;
- joint ownership, by NHS and Social Work, of service pressures and challenges.

2.4 In February 2007, an engagement event was held with key stakeholders, family members and carers, following which a short life working group was established to take forward the review of frail elderly continuing care bed provision. This short life working group has reported directly to the Joint Planning, Performance and Implementation Group, described in 2.2 above. A subsequent engagement event was held in May 2007.

2.5 The focus of this event was to update key stakeholders, family members and carers on:

- the review process;
- key issues arising from the review;
- proposals for change.

2.6 The two engagement events were attended by 74 individuals / groups. Written feedback was shared with all attendees and other interested parties. The Scottish Health Council have been active participants in the process.

2.7 The engagement process has also included a number of meetings with staff at Johnstone Hospital to ensure that they were fully briefed on:

- the engagement process;
- how the review and potential outcomes may affect them.

- 2.8 Members of the Staff Partnership Forum have been actively involved in the work to date.
- 2.9 A key link with this review is the work programme relating to service provision for older people with mental illness. The proposals for these services are addressed in a separate paper; Clyde Mental Health Strategy: Adult and Older Peoples Mental Health Services for Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire. (See NHS Board paper of 26 June 2007 number 2007/26 Annex 4).
- 2.10 The NHS Board, at its meeting on 18th December 2007, noted the outcome of the Independent Scrutiny Panel process as it related to the proposed service change for Older People's Services. The Board agreed that this consultation paper would:
- enable participants to express their view on our appraisal of the shortcomings of the status quo i.e. no change (see section 8.3);
 - describe fully the partnership model (see section 9);
 - describe the relationship between health and social services for physically frail elderly and mentally frail elderly (see section 5.3);
 - ensure that the rationale for our preferred option is clear and the issues with regard to an RAH new build option are transparent for comment (see section 8.2 and 8.4);
 - ensure that our plans for change are made clear to patients, staff and carers in advance of public consultation commencing (arrangements will be made for meetings to take place before the start of formal public consultation on 18th February 2008).

3. POLICY CONTEXT AND DRIVERS

- 3.1 There are a number of key policy influences that have shaped the ongoing and wider review of the balance of care of older peoples services across Renfrewshire.
- 3.2 These include All Our Futures: Planning for a Scotland with an Ageing Population (Scottish Executive 2007), Better Outcomes for Older People: Framework for Joint Services (Scottish Executive 2005) and Delivering for Health (Scottish Executive 2005).
- 3.3 A key element of NHS guidance on which we have based our proposals relates to the provision of continuing care. This states that:
- 3.4 Continuing care is where the complexity, nature or intensity of the person's health needs (ie, medical, nursing and other clinical needs) or the need for frequent, not easily predictable clinical interventions, requires the regular specialist clinical supervision of a consultant, specialist nurse or other NHS member of the multi-disciplinary team (CEL 2008) 6 the NHS should provide continuing care.
- 3.5 Through these policy documents, there are a number of principles, which have shaped our work. These include:
- providing services as close to peoples homes as possible;
 - supporting more people at home via an improved range of community based services as an alternative to institutional care, where appropriate;
 - ensuring specialist service provisions focused on those with most complex needs;
 - delivering better use of existing older peoples bed capacity;
 - delivering a better network of linked services between Health and Local Authority;
 - reducing inappropriate admissions to hospital where possible and enabling supported

- discharge through step down and effective rehabilitation services;
 - ensuring older people receive an improved quality of care and faster access to a wider range of services;
 - more effectively involving and supporting service users and carers;
 - providing NHS continuing care with ready access to specialist clinical input when required.
- 3.6 A range of new developments are being progressed jointly by RCHP, Acute Services and Renfrewshire Council as part of our joint approach, aimed at developing community based, person centred integrated systems of inter-disciplinary and multi agency care, designed to promote disease management and maximising independence. Through doing so, the aim is to reduce hospital admission and length of stay. Examples of these developments include:
- a joint District Nursing and Social Work Care Management project focused on patients with chronic disease who are at risk of multiple hospital admission. This is aimed at enabling more proactive disease/disability management in partnership with the service user, thereby preventing avoidable hospitalization;
 - further enhancement of the Community Alarms Service will provide 24-hour support for vulnerable people at risk, of emergency or multiple hospital admissions, through planned and emergency interventions at home and by use of more sophisticated assistive technology;
 - introduction of two Gerontology Nurse Specialists providing specialist advice and clinical support to Care Homes and staff is a key function of these roles thereby preventing inappropriate hospital admission from care home settings;
 - introduction of Interface Pharmacist Roles to provide specialist pharmaceutical knowledge, advise and clinical interventions and promote medication compliance in elderly patients, ultimately achieving more effective treatment and reduction in adverse drug reactions and reducing emergency and multiple hospital admission;
 - introduction of Extra Care Housing facilities:
 - three Extra Care Housing units will be introduced in 2008/2009 in Renfrewshire. These units will provide a 24 hour care and meals service, whilst replicating the advantages of remaining at home, such as having own front door; security of tenure; access to social networks and housing support. This model of accommodation and intensive support is designed as an alternative to care home admission;
 - the first unit, of 25 flats, is expected to be available for tenancy in early 2008 with the second development scheduled for the same time;
 - access to the service is through a comprehensive needs assessment. Eligibility is restricted to people who are primarily elderly and have complex health and social care needs including dementia;
 - social work currently provides around 800 day care places a week for frail older people and those with dementia. The service model has remained unchanged for over ten years, although a programme of refurbishment and upgrading of day centres is almost complete. Day care continues to be a popular choice for older people and their carers as a means of maintaining independence and social supports. A strategic review of Social Work day care services is at an early stage and will now be progressed on a joint basis with health. The review is examining current and future needs for both frail and dementia day care and will present proposals on the role and scale of local day care services over the next 5 to 10 years. The timing and scope of this review presents an opportunity to dovetail with the review of NHS continuing care services for older people and, in particular, the review of day hospitals.
- 3.7 All of the above initiatives are inter-related in terms of providing best value and care outcomes.

They are aimed at enabling older people to remain at home for as long as possible and prevent avoidable hospital admission, reduce length of stay and offer a real alternative to care home admission.

3.8 Access to these services is underpinned by comprehensive and shared assessments of:

- patient/client needs;
- other mainstream social care services;
- medical and nursing services provided by local GPs and District Nursing Services.

3.9 **Delayed Discharges**

3.9.1 In recent years delayed discharges have been tackled effectively by partnership working across Renfrewshire and we have recorded significant and sustained reductions. In 2006/07 we met and exceeded Scottish Executive target for patients delayed over six weeks. The target for 2007 was 17.

Table 1 - Summary of Number of Delayed Discharges in Renfrewshire

Year ending March	2001	2002	2003	2004	2005	2006	2007
DD over 6 weeks	181	166	72	46	20	10	11

3.9.2 Our performance in relation to short stay patients, in the same period, was slightly short of the target. While we are confident we can continue to improve performance on delayed discharges, the new target of zero by April 2008 is an extremely challenging one to achieve, particularly in the context of a growing elderly population and higher levels of bed activity and throughput of patients. Further improvements will be achieved by continuing to implement our joint strategy for older people as well as streamline joint operational processes and systems for recording, referral and care planning. This work is underway.

3.9.3 A joint protocol on patient choice has been endorsed by the Council, the CHP and the Acute Division and was launched in May 2007. It is intended that this will be rigorously applied by hospital-based staff working closely with colleagues in Renfrewshire Council and will positively impact on the numbers of people delayed awaiting a care home of their choice in future.

3.9.4 As these improvements continue and are sustained, it is clear that we must review how resources previously tied up by delays in discharge can be redirected.

3.10 **Day Hospital Review**

3.10.1 There are two day hospitals on the RAH site, one for frail elderly and one for older adults with mental illness. Under the auspices of the Older Peoples Joint Planning, Performance and Implementation Group, a review of the frail elderly day hospital commenced in April 2007 with the review of the day hospital for older adults with mental illness due commenced August 2007. These reviews will consider patient pathways, referral patterns, interventions and outcomes, staffing levels and location. In addition, rapid access clinics and integration with Multi-Agency Team for Care at Home (MATCH), Stroke Outreach Team and other aspects of intermediate care will be included.

3.11 **Assessment and Rehabilitation**

3.11.1 In recent months, work has been undertaken to improve the assessment and rehabilitation

pathway for those patients admitted to the RAH. This has seen the average length of stay reduced by 6 days. Due to the reconfiguration of medical beds, it is also anticipated that older people within these wards will commence rehabilitation at an earlier stage with a significant number being discharged directly home or to an alternative setting.

4. CURRENT CONTINUING CARE PROVISION FOR FRAIL OLDER PEOPLE IN THE POPULATION

- 4.1 Historically the number of residential care and inpatient beds for older people in Renfrewshire has been similar to the national averages. However, this has masked a higher than average level of NHS continuing care provision. Currently, we have 60 NHS continuing care beds for frail older people at Johnstone Hospital.
- 4.2 There are 24 care homes for older people in Renfrewshire; 17 of which are privately owned, 3 are owned by the voluntary sector and 4 by the Local Authority. These 24 homes provide a total of 1426 beds of which Renfrewshire Council purchases 1039. The balance of 387 is accounted for by residents placed by other Local Authorities, vacant rooms and double rooms with single occupancy. In addition, the care home beds within Erskine Hospital are viewed as a national resource, but are used significantly by Renfrewshire.
- 4.3 Earlier balance of care studies for older peoples services were updated and approved on a joint basis between NHS Argyll and Clyde and Renfrewshire Council in 2002 and 2004. Since then, NHS continuing care provision in Renfrewshire has reduced. Through the ongoing work of the Older Peoples Joint Planning Performance and Implementation Group, it is accepted by partner organisations represented, that there remains an over provision and dependency on NHS continuing care beds. This view is based on the analysis of current patterns of need and dependency set against how these should be met in the future.

Table 2 - Summary of the beds 2002 - April 2007

Year	Rehabilitation and Assessment Beds RAH Site	Frail Elderly Number of NHS Continuing Care Beds in Renfrewshire
Actual 2002	120	188
Balance of Care Target 2004	90 + 30 Stroke Beds	24
Actual 2007	90 + 30 Stroke Beds	60

- 4.4 The table above shows a move from 188 frail elderly continuing care beds in Renfrewshire in 2002 to the current level of 60. In 2004, NHS Argyll and Clyde set a target to move this level down to 24. Sections 7 and 8 of this paper confirm that this target (24) no longer applies.
- 4.5 We know that from the data available, 60% of the patients identified as requiring continuing care and resident at Johnstone Hospital are categorised as high dependency (against the national average of 53%) and 45% clinically complex (against the national average of 46%). On the basis of the review work completed to date we believe that a higher number (ie, higher than 24) of NHS continuing care beds is required.
- 4.6 Therefore, we have been able to revise the target number of beds based on the changing demographics of our population and the improved application of clinical assessment of continuing care patients.
- 4.7 Section 7 of this paper sets out the revised proposed bed provision and outlines wider service changes that will enable us to now move forward to deliver appropriate and informed change.

5. **RENFREWSHIRE RESIDENT POPULATION AND ACCESS**

5.1 **Resident Population**

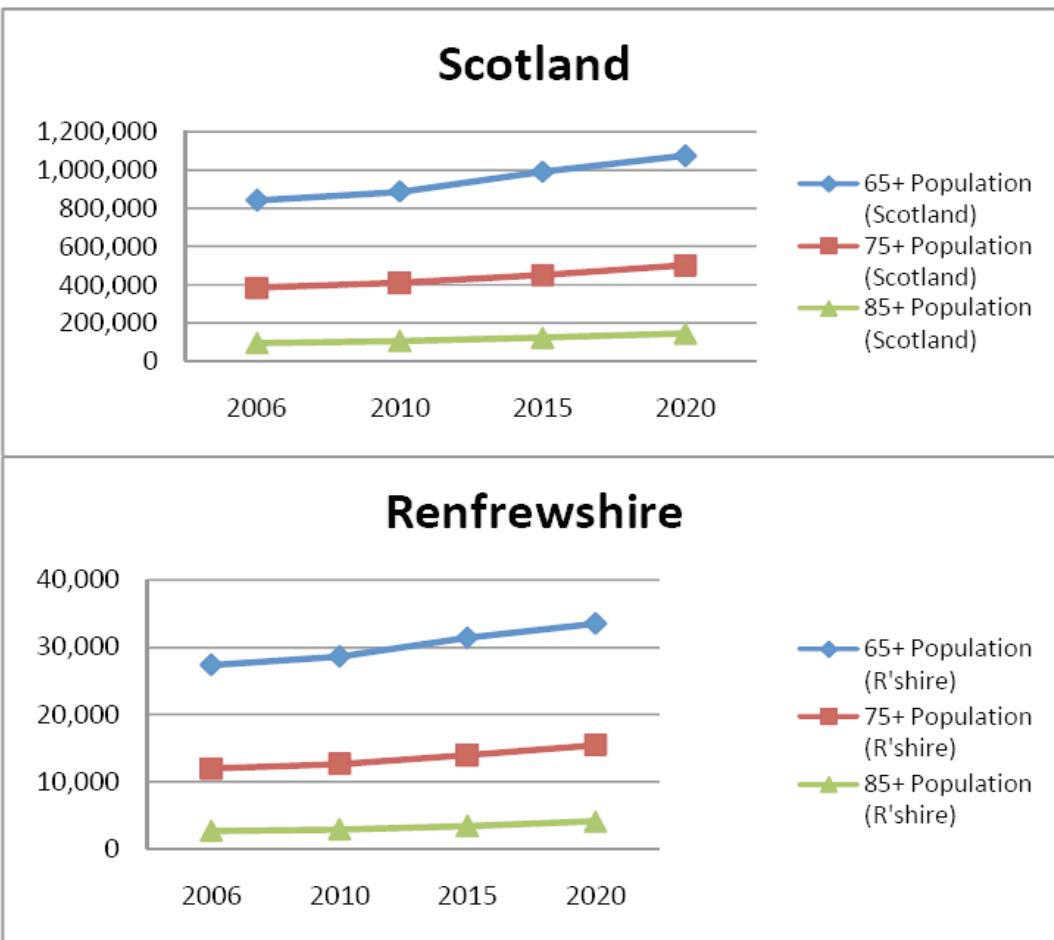
5.1.1 **Demography – National**

Table 3 shows the projected population rise in older people in Scotland and Renfrewshire between 2006 and 2020. The older population in Renfrewshire is set to rise considerably, however not at the same rate as Scotland as a whole.

Table 3

Population	2006	2010	2006-10	2015	2020	2006-20
65+ Population (Scotland)	840,041	884,592	5%	988,350	1,072,787	28%
65+ Population (R'shire)	27,384	28,624	5%	31,403	33,526	22%
75+ Population (Scotland)	382,926	407,566	6%	450,338	499,975	31%
75+ Population (R'shire)	11,973	12,655	6%	13,996	15,483	29%
85+ Population (Scotland)	94,738	106,123	12%	122,299	144,928	53%
85+ Population (R'shire)	2,741	2,974	9%	3,443	4,117	50%

Source - GRO population projection 2004 based



- 5.1.2 These data show an increase in the actual number and proportion of people aged 75 years and over and a marked increase in the over 85 age group. It is clear that the care needs of our older population are set to increase over the next 5 to 10 years.
- 5.1.3 By 2013, it is anticipated that at least 230 additional older people (from 2005 level) will require the level of care that a care home provides. Based on the current profile of the present care home population, it is estimated that around 70% of these people will require support with mental health needs and 30% will have complex physical care needs.
- 5.1.4 It is against this population analysis that the joint planning processes have sought to focus on how we best target resources to enable needs to be met and for specialist services to be targeted at those with the most significant and complex needs.

5.2 Access

- 5.2.1 The Johnstone Hospital site is relatively isolated from the other centres of population of Renfrewshire in the context of long-term care provision. Currently, we have 60 NHS continuing care beds at Johnstone Hospital of which 30 to 35 residents at any one time are categorised as requiring NHS continuing care. The profile of the addresses of origin of the current patients demonstrates that 90% are Renfrewshire based with the majority being from the combined greater Paisley and Renfrew areas.
- 5.2.2 Section 8 of this paper confirms that the proposed reprovision of continuing care beds will locate services within Renfrewshire, ensuring local access for our population.

5.3 Frail Elderly and Mentally Frail Elderly Services

- 5.3.1 Section 3 and 4 of this paper set out the services we provide for the frail elderly population in Renfrewshire. There are a number of older people in our population who live with a mental health condition, such as Dementia. These people are often referred to as elderly mentally ill (EMI).
- 5.3.2 Within Renfrewshire there are a range of services to support older people presenting with a mental health condition. These include a Joint Older Adult Community Mental Health service with Renfrewshire Council. We also provide a range of continuing care services for patients who require inpatient care and have the more complex needs. Although the services for frail elderly and elderly mentally ill are separate, the strategies and service planning for services is undertaken jointly through the Older Peoples Joint Planning, Performance Implementation Group (see section 2.4). This ensures that the balance of care and a joint and co-ordinated approach to service planning and delivery remain paramount. These arrangements are regularly monitored, through a joint meeting of the CHP and Social Work Senior Management Team. This Joint Management Group (JMG) is accountable to the CHP Committee for the effectiveness of the joint planning structure and process that bind the CHP and Local Authority.

6. CURRENT SERVICE CHALLENGES

- 6.1 Analysis undertaken in Renfrewshire since 2001 (using NHS Scotland Information Services Division data) has shown that the dependency levels of care home residents and tenants of sheltered/very sheltered housing are lower than they should be for these types of specialist provision.
- 6.2 Work has now started to ensure that this service provision is better balanced with needs through: improved assessment arrangements; a more effective approach to managing discharge from hospital, and a commitment to improve commissioning arrangements for purchased care. It is evident from this that significant numbers of older people could, with appropriate community based health, social care and voluntary services, live independently in their own homes.
- 6.3 This will be further enabled by the sustained impact of actions being taken between Renfrewshire CHP, Clyde Acute Services, and Renfrewshire Council to reduce the levels of delayed discharges. A key outcome from these actions will be to improve capacity and utilisation of the existing bed provision across older people's services.
- 6.4 Work to address the delays in discharge has been ongoing since 2001 and there is now a target that by March 2008 we will see delivery of zero delayed discharges against the target set by the Scottish Government.
- 6.5 Within Renfrewshire, we know from earlier analysis, now confirmed by this review, that we have significant numbers of delayed discharge patients temporarily residing in NHS continuing care beds at Johnstone. The agreed view (by partner organisations represented within the review process) is that this is a misuse of this specialist service provision. It is also agreed that in delivering and sustaining the delayed discharge target by March 2008, we must now plan for how the current service resource tied up with delayed discharge can be used in future.
- 6.6 A second key factor in providing a balanced and linked network of appropriate services for older people, are the concerns of families, carers and service professionals. Development of older people's services across Renfrewshire to date has used models informed by best practice, improved risk assessment and management and robust evidence. It is important that we continue to prioritise safe and high quality services, informed by best practice, to support people to live in their own homes where possible.
- 6.7 The current accommodation at Johnstone Hospital also presents some challenges. National Care Standards, driven by the principles of dignity, privacy and safety, require that modern care settings include individual rooms with en-suite facilities for residents. At Johnstone there are two 30 bed wards, each of which contains four six bed rooms plus 6 single rooms. In addition to the wards there is a day area, communal living area and recreation hall. Our ability to modernise the accommodation at Johnstone is significantly limited by challenge of decanting residents and the

major cost of upgrading.

7. **WHY CHANGE PROVISION OF CONTINUING CARE SERVICES?**

- 7.1 Table 2 (Section 4) confirms the current level of rehabilitation and assessment beds and NHS continuing care beds within Renfrewshire.
- 7.2 There has been a change in the profile of the continuing care patients; there has been an increase in those who are physically frail with repeated and unpredictable needs requiring intervention at the end stage of their life. We know that from the data available, 60% of the patients identified as requiring continuing care and resident at Johnstone Hospital are categorised as high dependency (against the national average of 53%) and 45% clinically complex (against the national average of 46%).
- 7.3 We also know that there are a number of patients occupying continuing care beds at Johnstone Hospital who were placed there before the appropriate alternatives to continuing care were available. In the year ended, 2006/2007, the maximum length of stay at Johnstone Hospital was almost 9 years; however the lengths of stay are reducing. Over 50% of current patients resident at Johnstone Hospital have been there for less than 12 months.
- 7.4 It is expected that as the criteria for admission to NHS continuing care beds is applied to ensure this provision is used for those with the most appropriate needs, the average length of stay in continuing care beds will decrease.
- 7.5 The review process has therefore covered a range of analyses. These include:
- a review of the criteria for admission to continuing care services with the intention that this be consistently applied and that services are focused on those with the most complex needs;
 - average length of stay of current residents in continuing care beds and how this is expected to change over time;
 - a review of the number of admissions to continuing care beds (and length of stay) of people who are categorised as requiring other provision and are only temporarily resident at Johnstone Hospital;
 - a review of end of life stay in continuing care.
- 7.6 This analysis has involved senior clinicians and service managers from both NHS and Local Authority.
- 7.7 We therefore know that there has been a change since 2004 relating to average length of stay across the 60 continuing care beds. We also know that there has been a continued use of these specialist care beds to temporarily accommodate patients who are categorised as being delayed in their discharge from hospital, often awaiting a move to a care home place.
- 7.8 Table 4 below sets out over the time periods 2005 and 2006, the average length of stay within the continuing care beds at Johnstone and notes the numbers of beds occupied on average during these periods by delayed discharges.

Table 4 - Average Length of Stay in Continuing Care Beds - Johnstone Hospital

Time Period	Discharges	Deaths	Average Length of Stay (days)	Average Length of Stay Prior to Death (days)	Beds Occupied by Delayed Discharges
April - Dec 2005	27	47	222	104	14
April - Dec 2006	53	42	173	51	16

7.9 The average length of stay has reduced significantly within the above time period. Our conclusion from this analysis is that we can expect the average length of stay for new admissions to continuing care to reduce further and with sustained delivery of the delayed discharge target, we will see a reduction in the numbers of patients occupying continuing care beds.

8. PROPOSED CHANGES TO FRAIL ELDERLY CONTINUING CARE

8.1 We remain committed to providing NHS continuing care services within Renfrewshire for local people. We are also committed to ensuring a high quality service that is accessible and focused on those with greatest need. The review has concluded that we need fewer NHS continuing care beds, stronger relationship between the acute assessment and continuing care services and that NHS continuing care must be provided within a modern accommodation setting. It has also concluded that we must invest in further community based service development.

8.2 We are therefore proposing the closure of Johnstone Hospital and to:

- reduce the number of Frail Elderly continuing care beds in Renfrewshire from 60 to a new target in the region of 35. The exact number will be determined through ongoing prospective audit of continuing care patients and by close monitoring of our work to shift the balance of care;
- re-provide these continuing care beds into modern accommodation using a partnership model. This model would be a partnership using accommodation available through the Local Authority (see paragraph 9), independent or voluntary sector. These beds would be located within Renfrewshire and ideally in a central location, such as Paisley or Renfrew, to provide improved access to our population. This service would continue to be NHS Consultant-led and staffed by NHS nurses. While the alternative option of re-provision on the RAH site would meet a number of our criteria, there is no prospect of suitable accommodation in the short to medium term;
- subject to the outcome of the consultation, we will finalise the service specification for the required model. A process to finalise a location and provider for the future service will follow this. This process will be agreed through the OP JPPIG and will specifically involve approaches being made to the Local Authority, Private and Voluntary providers;
- ensure that NHS continuing care within a partnership model is focused on the needs of those people assessed as requiring NHS continuing care services, consistent with the definition set out in 3.4 above.

8.3 It is against this backdrop that we believe the status quo has shortcomings which necessitate this proposed change to service.

These include:

- the critical importance of providing continuing care services in modern accommodation that is fit for purpose and fully reflects the national care standards and the principles of dignity,

- respect and privacy;
- the analysis undertaken clearly points to the need for a reduced continuing care capacity in Renfrewshire. This is supported by senior clinicians and senior managers from the NHS and Local Authority;
 - the existing service sits away from other related services and is less accessible than more central locations;
 - the opportunity and need for change will enable resources to be released to support investment in other community based services for older people. The drivers for this are set out in 3.5. Current service developments are shown in 3.6. By not changing, we will not be able to deliver against these.
- 8.4 We also explored whether it would be possible to transfer services to the Royal Alexandra Hospital site in Paisley. However, after examining this option in more detail, we found there is not space within the site to build the type of new facility required. This hospital site has significant limitations for new build. Additionally, it is estimated that a new facility would cost in excess of £5m to build and consume significant additional revenue costs per year. Upgrading an existing ward would not provide single rooms of the desired standard.
- 8.5 On this basis, we believe that this level of capital is unaffordable and unavailable within the NHS for such a development in the short to medium term. The additional revenue required for such a new facility would divert resources away from services.
- 8.6 It is on this basis that we believe a new build option at the RAH is not deliverable in the short to medium term.
- 8.7 The rationale therefore for our preferred model is shaped by:
- providing NHS staffed continuing care services;
 - the benefits of working in partnership with an established service provider;
 - using the available resource to secure continuing care accommodation and find an appropriate venue.
- 8.8 We would aim to deliver the proposed model during 2009. To deliver this change considerable planning for the implementation phase would be required. This process will be steered by the Older Peoples Joint Planning, Performance and Implementation Group, with input from operational managers and clinicians. This would include close working with patients and their family members and carers. A detailed implementation plan would also address the changes as they impact on workforce, transport and access, communication, linkages between services and finance.
- 8.9 It is recognised that any proposed service change which seeks to balance the interests of current patients with the needs of our wider population of older people will result in concern and anxiety for patients, family members and carers. We will ensure that a sensitive approach is taken with long term continuing care patients and their relatives or carers. Individual meetings, involving clinicians, will be planned with family members or carers. Independent advocacy will be made available if required.

9. **A PARTNERSHIP MODEL**

- 9.1 As indicated above, there are a number of attractions to providing an NHS service within a partnership setting.
- 9.2 In the following we have described the partnership model for NHS continuing care.
- A modern accommodation setting that meets national care standards and enables the principles of dignity, respect and privacy to be actioned. This will be commissioned through a

detailed specification, tender process and subsequently confirmed through a Central Legal Office Agreement between NHS Greater Glasgow and Clyde and the successful provider.

The specification could include:

- facilities management such as catering, domestic/cleaning services, portering and grounds management;
- utilities management, namely gas, electricity and communications;
- in addition policies, procedures and health and safety requirements will be stipulated and monitored.
- A service that is staffed by NHS nurses and clinicians and is NHS consultant led to meet the health needs of our most complex frail older people.
- Potentially sits alongside other related services, such as nursing home care and community based older people's services. Through this ensure greater synergy between linked but separate services.

10. **FINANCE**

- 10.1 NHS Greater Glasgow and Clyde - through Renfrewshire Community Health Partnership and Acute Services and the Mental Health Partnership - has been developing a joint financial framework for Older Peoples Services (which include services for frail older people and for older people with a mental illness, such as Dementia) in partnership with Renfrewshire Council (See attachment 1).
- 10.2 The financial issues related to NHS continuing care services for frail elderly are therefore linked to a wider pool of resources available between health and social care to provide a range of care for older people.
- 10.3 The cost of current NHS continuing care services at Johnstone Hospital is shown below in Table 5.

Table 5 - Cost of Current NHS Continuing Care Services at Johnstone Hospital

Continuing Care Beds	Total Cost £k	Cost/bed £k
60	2,589	43.1

- 10.4 The total cost of re-providing services from the Johnstone Hospital site will be £1.6m. Our proposal is that the balance of the current expenditure will contribute to delivering financial balance across Clyde and to the development of community services.
- 10.5 In delivering smaller, focused NHS continuing care services within Renfrewshire, the financial challenge is threefold:
- to secure a service in modern accommodation that offers high quality and value for money;
 - to release resource that contributes to NHS Greater Glasgow and Clyde delivering financial balance across Clyde-based Services;
 - to invest resource in a joint plan with partners that delivers an improved balance and range of services for older people across Renfrewshire.
- 10.6 The exact and final details of the resource release and the balance of application from this proposed change are still being finalised. However, it is clear from work concluded to-date that we can secure a high quality NHS continuing care service whilst delivering on the two other challenges above.

11. WORKFORCE

- 11.1 Current staffing levels on the Johnstone Hospital Site for continuing care services are 62.24 whole time equivalent staff trained and untrained nursing staff. In addition, other services and staff are located on this site.
- 11.2 Throughout the implementation of the changes proposed, work will continue with staff and their representatives to manage the impact of change if this is confirmed following consultation. This will be done within the context of the national and local organisational change policies, which are based on the principle of 'no detriment'.
- 11.3 Once staff directly affected by the changes proposed are identified, in addition to meetings with the trade unions, one to one meetings/individual redeployment interviews will be held. NHS Greater Glasgow and Clyde has a successful track record in redeploying staff taking into account individual's skills and personal circumstances. Redeployment will be the first consideration with the aim of securing alternative employment for displaced staff as a result of service change. Based on this detailed redeployment principles will be agreed and a process of vacancy management will be put in place to secure alternative employment in alternative departments and locations.
- 11.4 Redeployment may be to a post at a lower grade and in these circumstances protection of earnings will apply. Redeployment will also be supported by a training and development plan, which will include induction and orientation programmes, and retraining/skills updating where necessary.
- 11.5 Regular briefing sessions will be held with staff throughout the period of implementation.

12. PUBLIC CONSULTATION

Public consultation on these proposals was launched on 18th February 2008 and will run until 5th May 2008.

- 12.1 This will build on the programme of engagement events that commenced in February 2007 (detailed in section 2.4 of this paper). It is important to note that throughout this process the Scottish Health Council has provided oversight and advice to ensure that we meet the requirements of national policy with regard to informing and engaging. The Health Council has asked us to ensure that detailed information is available on the planning work underlying these proposals and we will ensure that is the case. We will also ensure that the process outlined in section 8 of this paper achieves full engagement with individual patients and their relatives.
- 12.2 SUMMARY LEAFLET - A leaflet summarising our proposed changes to frail elderly continuing care services will be widely distributed within Renfrewshire via our existing database of contacts, our Public Partnership Forum, GP practices, pharmacies/other primary care providers, community clinics/health centres and through Local Authority facilities. Copies of the leaflet are available on our website (www.nhsggc.org.uk/renfrewshireolderpeople) or by calling 0800 027 7246 during normal office hours.
- 12.3 ALTERNATIVE FORMATS AND LANGUAGES - if you would like copies of this document or the summary leaflet in alternative formats such as large print or audio tape, British Sign or would like translations of the text into languages other than English, please call 0141 201 4461.
- 12.4 PUBLIC EVENT - A public consultation meeting will be held on Thursday 13 March 2008 at the Glynhill Hotel, 169 Paisley Road, Renfrew between 5.30 and 7.30pm. If you would like to attend you must register in advance by calling 0800 027 7246 during normal office hours. If more people wish to attend than the venue can accommodate, a second meeting will be organised. A separate meeting is also being organised specifically for the families and carers of existing patients.
- 12.5 ADVERTS - adverts will be placed in the local papers following the launch the consultation

period to raise awareness of the proposed changes, provide details of the public event and highlight contact points for further information.

12.6 WEBSITE - All materials will be available on the NHS Greater Glasgow and Clyde website, consultation response page will be provided.

12.7 Meetings and Briefings for Individual Stakeholders will be arranged as required.

12.8 **Responding to the Consultation**

Comments on all aspects of the consultation paper are welcome. You can either email your comments to us at:

renfrewshireolderpeople@nhsggc.org.uk

or write to:

John Hamilton
Head of Board Administration
NHS Greater Glasgow and Clyde
Dalian House
350 St Vincent Street
Glasgow
G3 8YZ

The closing date for comments is Monday 5th May 2008

13. **WHAT NEXT - AFTER CONSULTATION**

We will carefully consider all of the feedback received during the public consultation period. This will inform the development of a final set of proposals which will be submitted to the NHS Greater Glasgow and Clyde Board for approval. If approval is given, our proposals will then be submitted to the Cabinet Secretary for Health and Wellbeing for a final decision. If this is granted, we would aim to begin implementation in line with the timescales outlined in this document.

If you would like this document in Braille or audio-tape format, please contact:

If you would like this document in another language, please contact:

Ma tha sibh ag iarraidh an fhiorsrachaidh seo ann an cànan eile, cuiribh fios gu:

如果您需要该信息的其它语言版本，请联系：

اگر اين اطلاعات را به زيانى ديجى مي خواهيد لطفا با اين آدرس تماس بگيريد:

إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا پڑتے ہیں تو برآہ مہربانی رابطہ کریں:

Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:

Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:

0141 201 4461

Appendix 2

OLDER PEOPLES SERVICES IN RENFREWSHIRE JOHNSTONE HOSPITAL	
RESPONSES RECEIVED CONSULTATION: MARCH – MAY 2008	
RESPONDENT	MAIN ISSUES/ QUESTIONS RAISED
1. Peter Linzey Member of the public	<ul style="list-style-type: none"> • Which established Care Home may be potentially used ? • Where will people who cannot remain in their own homes be placed? • Single ensuite rooms may not be first choice for all older people as some older people prefer the company in multiple occupancy rooms • Concern that NHS selling land for private houses to obtain income • Re single rooms and standards of care it is staff who provide care rather than the buildings alone
2. Billy Inglis Member of the public	<ul style="list-style-type: none"> • Johnstone Hospital should have been closed years ago • Experience of a family member being in resident there years ago – concern raised re standards of care
3. Alex Imrie Member of the public	<ul style="list-style-type: none"> • Supportive of move to modern single room ensuite facilities • However concerned re how the moves will impact on current residents as changes in familiar settings can lead to confusion and disorientation for older people and may even shorten lives— personal experience of change with family member • Change would be easier for new patients who have not been in Johnstone Hospital • People with Dementia should be kept separate from frail elderly • There should be a mix of single rooms and multiple occupancy rooms – patients reflect society some people like privacy others prefer company • Facilities should include private areas for families • Staff should include trained nurses and therapy staff • External green environment also important to residents

EMBARGOED UNTIL DATE OF MEETING

4.	Paul Costello Member of the public	<ul style="list-style-type: none"> • Supportive of modernisation of services and the improvements this would bring for patients and staff • Johnstone Hospital not built for continuing care patients , also in noisy location next to main roads and in flight path • These proposed changes are within the context of previous closure programmes Thorn , Bridge of Weir and previous Johnstone Cottage Hospital
5.	George Reid Member of the public	<ul style="list-style-type: none"> • Renfrewshire is more than Paisley and Renfrew when considering future location of services • Central location for services for older people not good for the patients should be more local • Concern re partnerships with private companies • NHS should be manage these services
6.	Lorraine Brown Member of the public	<ul style="list-style-type: none"> • Johnstone Hospital should remain • If it does close money from sale to developer should be reinvested in community projects such as Mental Health • New facilities could be built by the Health Board on Johnstone Hospital site • Is Health Board closing Johnstone to make money to pay for previous NHS A&C debt – this is penalising users of services • If site developed – some of houses should be given to the Council as a good will gesture
7.	W S Marshall Secretary Greater Glasgow and Clyde Area Medical Committee	<ul style="list-style-type: none"> • Recognises that proposed changes are within context of programme to improve services for older people in the community and to prevent avoidable admission and reduce delayed discharge • Agree that fit for purpose facility required and that it should be geographically close to centres of population • Support partnership approach • This group of complex patients require ongoing Consultant supervision and the partnership model should be NHS staffed • Reduction in bed numbers reduces the flexibility of bed use which may impact on acute services – processes to prevent delayed discharge must be in place • Strongly supports use of any resources released to further improve services for older people – this should be a transparent process with auditable trail

EMBARGOED UNTIL DATE OF MEETING

8.	Dr John Ip Glasgow LMC	<ul style="list-style-type: none"> • Support proposal for modern and purpose built facility • Concerns that the numbers proposed show a reduction of 40%- significant drop even taking into account DD • Welcome community developments • Unclear what assessment of impact on GP services has been undertaken – needs to be assessed and local GPs consulted on change • Local GPs feel they are taking on increasingly complex patients with frail older people with physical and mental health needs • Location for partnership beds should be central with good transport links • Any cost savings achieved should be a by product not a driver for change • Future transfer of Johnstone Hospital Residents must be handled sensitively and must be patient focussed and dealt with in a professional manner • Current evidence shows that move from familiar setting for this patient group is often traumatic and can have significant effect on quality of life , morbidity and mortality
9.	John Paterson Head of Community Care Renfrewshire Council	<ul style="list-style-type: none"> • Support the reduction in bed numbers based on reduction in ALOS and development in community services • These proposals have been discussed and agreed with OP JPPIG involving Council Officers • Council supports the aspiration to modernise services and is providing due assistance in NHS GG & C in implementation of these proposals
10.	Michelle Wardrop Dietetic Manager & Professional Lead Renfrewshire CHP	<ul style="list-style-type: none"> • Pleased that current high quality care at Johnstone Hospital is recognised • Supports the need to ensure future accommodation meets required standards • Understands recommendation re partnership model and pleased that NHS staffing will be provided • Important that the dietetic and nutrition needs of frail older people are considered and protected in the move to partnership beds

EMBARGOED UNTIL DATE OF MEETING

11.	Karen Krawczyk Speech and Language Therapist	<ul style="list-style-type: none">• View that specialist services for complex needs may need to be hospital based as difficult to manage in supported community settings• Difficult to see how community alarms service can be used by people with cognitive impairment – will there be additional support for these people ?• Will there be additional support to prevent readmission of older people supported at home – eg expansion of MATCH to include all members of multi disciplinary team ?• Will the role of GP change, will legal duty still stay with them ?• Would be interested in information relating to the end of life stay in continuing care• Will there be transport for elderly visitors in new locations ?• Will partnership model be successful in CHP as opposed to CHCP• Johnstone Hospital location is quiet and good parking – will this be possible in urban areas• Who is involved in OP JPPIG and what is process to determine membership• How will you ensure all relevant stakeholders are consulted ?• In future model will there be opportunity for joint NHS and SW case notes or client held records ?• Vital that social opportunities for patients is maintained in future model such as groups and services currently provided in Johnstone Hospital• Patients should have a choice of single or multiple occupancy rooms• Patients should be able to integrate at meal times to increase oral intake and allow staff to informally observe eating and drinking• Previous reports in Renfrewshire have highlighted lack of AHP resources for older people as an issue – this needs to be taken into account• Role of SLTs in management of dysphagia important - loss or dispersal of specialist trained staff will have an impact• Dysphagia can be as high as 70% in older people – if undiagnosed or untreated can lead to malnutrition , dehydration and aspiration - may lead to hospital admission – risks for this population will change once Johnstone Hospital changed
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EMBARGOED UNTIL DATE OF MEETING

12.	Helen McDonald Staff Side Representative British Dietetic Association	<ul style="list-style-type: none">• Supportive of improved level of community services as an alternative to institutional care where appropriate• Would like reassurance that the impact of changes on dietetics service are fully considered to ensure that the rehabilitation process of patients is appropriate with regard their nutritional requirements• Currently no dedicated dietetic support into OACMHT – this will be needed in future• Would like early involvement in discussions
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