APPENDIX 2

NHS GREATER GLASGOW AND CLYDE

Summary Of Written Responses Received To The Consultation Document : "Changes to Inpatient Disability Services in Clyde"

Professional and Advisory Committees

- Dr J Ip, Clyde Secretary, Glasgow Local Medical Committee

NHS Organisations (CHPs, GPs and Other Groups)

- Ms J Murray, Director, East Renfrewshire CHCP

NHS Staff

- Ms F Byng, Occupational Therapist, Clyde Physical Disability Rehabilitation Service

Local Authorities and Community Councils

- Ms B Billings, Head of Community Care and Strategic Services, Inverclyde Council
- Mr W W Clark, Executive Director of Social Work and Health, West Dunbartonshire Council
- Mr J Paterson, Head of Community Care, Renfrewshire Council

MSPs/MPs

General Public

- Mr A Imrie
- Mr R A Ross
- Dr J Womersley

Other Organisations

- Mr G McGuire, Operations Manager, The Advocacy Project
- Mr E Scott, Secretary, Primary Care and Community Services Users Group

PROFESSIONAL AND ADVISORY COMMITTEES

Dr J Ip, Clyde Secretary, Glasgow Local Medical Committee

- Points out that the title page refers only to patients living in Renfrewshire and Inverclyde but the document makes several references to patients from West Dunbartonshire.

- Notes the closure of Merchiston affects only a small number of patients but since there is familiarity with the current site for those requiring frequent inpatient stays transfer to either the Southern General Hospital or Inverclyde Royal Hospital must be done with sensitivity to the needs of these patients.

- States that transport links to the Southern General Hospital are better than those to Merchiston.

- Notes that paragraph 5.1.3 suggests falling numbers for respite care as the snapshot from 2004 and 2007 but points out that this may be true in raw figures terms but as these are very small numbers and unlikely to be statistically significant they are very likely to be significantly influenced by the needs of even one or two new patients moving into the area or suffering significant injury or illness. In view of this, suggests that more detailed modelling work needs to be done to provide an accurate forecast of future need.

- Suggests that the proposed reduction in respite beds from 35 down to 26 is a significant reduction of over 25% and therefore consideration should be made for allowing some flexibility in bed usage.

- Points out that the unmet need argument as detailed in paragraph 5.1.7 is not evidenced or referenced to any research.

- Suggests that the importance of retaining the skills of current high quality staff is paramount throughout this period of change as per the comments of patients and their families at paragraph 6.5.5.

NHS ORGANISATIONS (CHPs, GPs AND OTHER GROUPS)

Ms J Murray, Director, East Renfrewshire CHCP

- Agrees that there has been and should continue to be a reduction in the length of stay for assessment/rehabilitation and in the use of NHS continuing care for adults with complex physical disability.

- Recognises the need to separate NHS continuing care from assessment and rehabilitation patients.

- Agrees with the proposal to resite assessment and continuing care provision for East Renfrewshire residents on the Southern General Hospital site.

- Does not envisage any significant problems around the evening visiting arrangements of relatives and friends.

- Agrees with the proposal to ensure an equitable resource for community physical disability services across Greater Glasgow and Clyde but expects that East Renfrewshire will be treated in a similar manner to West Dunbartonshire and desires that its residents can access a single service provided as locally as possible.

- Concerned that the financial allocation to Local Authorities has been modelled on recent bed usage which is not in line with previous arrangements and agreements, all of which had used population size as the basis of resource redistribution.

- Believes this penalises areas that have made efforts to maintain people with complex needs in the community and is not in line with current NHS Greater Glasgow and Clyde wide decisions about resource allocation.

NHS STAFF

Ms F Byng, Occupational Therapist, Clyde Physical Disability Rehabilitation Service

- Whilst recognising the need for service redesign, believes that any changes should continue to support a client/patient centred service and that that service be as localised/accessible as possible to as many people as possible within the Clyde area. Further believes that the Clyde Physical Disability Rehabilitation Service be allowed to continue to offer a seamless service, provided by one Clyde based team, across inpatient, outpatient and community settings.

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

Ms B Billings, Head of Community Care and Strategic Services, Inverclyde Council

- Assumes that the continuing care beds in Ward 53, Southern General Hospital, referred to in page 9 of the document represents “slow stream rehabilitation” beds.

- Further assumes that a number of patients who have previously used the Larkfield Unit come from the Renfrewshire area and that within the new proposals are likely to make the choice of the Southern General Hospital.

- Based on these assumptions, states that there is the opportunity to use the Larkfield Unit more flexibly which would include providing slow stream rehabilitation locally. This would provide opportunities for greater integration of services including the Physical Disability Rehabilitation Services and their well established links to the Inverclyde Community Rehabilitation Team and the Joint Store, thus providing an opportunity for a continuum of care to be locally based.

- Notes that AHP staff will no longer cross between hospital and community. This is regarded as a backward step and would suggest the above proposal, which is centred on a continuum of care, facilitates a smooth transition over the care pathway between hospital and home. This would

enable the continuing development of relationships, knowledge and joint working practices between hospital and the community facilitating quicker and more effective discharges.

- Seeks clarity regarding the future of the Physical Disability Rehabilitation Service within Inverclyde and looks to this being an issue that the Council and the Board could usefully progress together.

- Welcomes the acknowledgement that over recent years beds have closed, budgets removed and no additional funding has been given to Local Authorities. Since 2006, a further 13 beds have been removed including respite facilities in Inverclyde from the system and it seems that this has not been included in the Local Authority allocations detailed on page 10, section 8.7 of the document.

Mr W W Clark, Executive Director of Social Work and Health, West Dunbartonshire Council

- Refers to previous response of 3 December 2007 and re-iterates the need for robust joint planning and keen to see more detail to the financial framework underpinning the various proposals.

- Notes that the new proposals to free up resources to be re-invested in a number of suggested ways and re-iterates the need for joint planning to support the emerging community provision, with specific references to the Rehabilitation and Assessment Directorate Community Physical Disability Team and the emerging Community Health Partnership rehabilitation service.

- Welcomes the opportunity to work closely with partners from the Board and the Community Health Partnership to develop services that best meet the needs of physically disabled people living in West Dunbartonshire.

Mr J Paterson, Head of Community Care, Renfrewshire Council

- Accepts the rationale of having specialist services located in a small number of dedicated units and notes that access to facilities at the Southern General Hospital would apply to small numbers of individuals (estimated at some 15 people each year from Renfrewshire).
- Notes that resources released from the closure of Islay Cottage will be re-invested into enhanced inpatient facilities as well as enhancing community based health services. Further notes that an element of £50,000 will contribute towards the Clyde Recovery Plan and that £441,000 will be available to Local Authorities of which Renfrewshire will receive £238,140 for use in developing community based social care services for people with physical disability.

- Stresses that discussions will continue between the Council and health colleagues in relation to the pattern and balance of future health and social care services and the appropriate use of the above transfer of resources.

MSPs/MPs

GENERAL PUBLIC

Mr A Imrie

- Praises the excellent services currently existing at Merchiston Hospital and believes that the Islay Cottage should not close.
- Concerned about the adverse affects that moving these patients could bring.
- Concerned about transport where relatives may have to depend on poor public bus and train links.
- Suggests an out of hours transport service be provided for evening visits.
- Suggests that if these patients do have to be moved then it should be to the nearby Johnstone Hospital.

Mr R A Ross

- Believes that the proposal for centralisation of respite care is short-sighted, ultimately inefficient and has little regard for patient quality of life.
- Notes that patients generally are able to recover or adapt in an environment that is more peaceful and relaxed.
- Notes that all patient groups benefit from a relationship with staff that has some consistency.
- Notes that for most patients their current environment helps them to integrate with the community.
- Notes that for staff, the current environment is more pleasant and accessible compared to that proposed.
- Notes that much of the care required, may not be able to be met by existing care in the community services but such care is still required and should be community based, for example, local respite.
- Notes that assessment might benefit from a central location however rehabilitation would be better carried out in the community with less of the disruption of a busy general hospital.
- Notes that building “half-way houses” for the mentally impaired appears to be quite difficult to integrate into an existing community. Here we have an opportunity to surround such a place with a new community, perhaps developers could provide a new Islay Cottage as part of any development.
- Asks why not offer hotel type facilities for short-term, up to a week, respite care for a fee?
- Notes that this is generally lacking throughout the country as being of 55 years of age he was too young for residential care homes in the area and too old for others. A hospital setting would not have been appropriate for his respite.

- Notes that inconsistent admission/discharge arrangements can be addressed by introducing appropriate procedures.

- Concludes that his experience at Merchiston over the past ten years has led him to believe that an excellent community resource will be lost by the proposed arrangements.

Dr J Womersley

- States that it would be of great benefit to young physically disabled patients/residents if the proposed changes could be used as an opportunity to provide a coherent service across the PDRU, Ward 53 (continuing hospital care) and young physically disabled adults in care homes.

- Points out that an important element of this would be for the three Rehabilitation Consultants to take additional responsibility for YPD people who are resident in care homes and also for Allied Health Professionals in the community (particularly those in the Community Physical Disability Team) to provide services for YPD people resident in care homes on the same basis as those living in their own homes.

OTHER ORGANISATIONS

Mr G McGuire, Operations Manager, The Advocacy Project

- Provides a detailed resume of a series of meetings between patients and relatives from Merchiston Hospital and senior officers of the Board (facilitated by The Advocacy Project) regarding aspects of the proposed changes.

- Disappointed with the consultation process suggesting that it only highlights the positive aspects from an NHS viewpoint and fails to reflect both the negative aspects the closure would have and the views of patients and relatives.

- Emphasises that Islay Cottage is a well run service and its closure would be a big loss.

- Emphasises that any move might be detrimental to some patients, in particular continuing care patients.

- Disagreed with the proposal that the separation of assessment/rehabilitation beds from NHS Continuing Care beds was required and expressed a preference that patients share the same ward area.

- Concerned about the difficulties some relatives of NHS Continuing Care patients would have travelling to the Southern General Hospital.

- Suggested that the Royal Alexandra Hospital might be another option though support for this option was not universal.

- Questioned where the resources freed up by the proposed closure would be spent.

Mr E Scott, Secretary, Primary Care and Community Services Users Group

- Accepts the closure of Islay Cottage because of its isolation and the need to capitalise on the nursing and medical skills to cover a wider area.

- Concerned over the shift to community based care in the sense that although this seems most desirable it would all depend on more funding. He suggests there might also be a problem especially if there was an increase in the physically disabled with the accompanying possible over-stretching of inpatient services.

- Concerned over continuing care, with the projection that a small number of people will continue to move slowly through rehabilitation towards placements in the community. Recognising that this can take one to two years to achieve, and is only an estimate, if achieved it will depend more and more on improved working between hospital and Local Authority Social Work Departments.

- Points out it is not all that easy for lay people to fully understand or access the problems of inpatient disability.

For any enquiries regarding this summary Appendix or to view the full responses please contact William Marshall, Secretariat officer, on 0141 201 4449