NHS
Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 24 June 2008 **Board Paper No. 08/27**

Director of Rehabilitation and Assessment
Acute Services Division

CHANGES TO INPATIENT DISABILITY SERVICES IN CLYDE: OUTCOME OF CONSULTATION

Recommendation:

The Board is asked to:

- **note the process and outcome of public consultation on changes to inpatient disability services in Clyde**
- **approve the transfer of rehabilitation and continuing care beds to the Southern General Hospital and, subject to the Cabinet Secretary's approval, the closure of Merchiston Hospital**

1. BACKGROUND

1.1 At the NHS Greater Glasgow and Clyde (NHSGG&C) Board meeting on 22 January 2008 the Board noted proposed changes to the inpatient disability service in Clyde and approved a public consultation on the future service location. (Appendix 1)

1.2 This work had originally commenced in August 2004 as part of former NHS Argyll and Clyde's wider work on the reprovisioning of all services on the Merchiston Hospital site. However prior to conclusions being reached for physical disability services, NHS Argyll and Clyde Health Board was dissolved with the Clyde element joining Greater Glasgow under new NHSGG&C arrangements. In recognition of these new single board-wide arrangements the Rehabilitation and Assessment Directorate took the opportunity to consider issues for all areas of the Board's specialist adult physical disability inpatient services.

2. CONTEXT

2.1 The specialist adult physical disability inpatient service is a small service made up of three distinct areas:

- **Inpatient Specialist Physical Disability Assessment and Rehabilitation** – multi disciplinary assessment and rehabilitation led by a Consultant in Rehabilitation Medicine

- **NHS Continuing Care** – for a small group of individuals with complex and rapidly changing needs there is a requirement for NHS continuing care. As NHS continuing care is a high cost and specialist resource which relies on inpatient admission, it is critical it is only used for those patients whose needs cannot be met elsewhere

- **NHS Respite** – respite provision, where available, is normally provided within the community through Local Authority Social Care Services. However a small number of individuals with complex and rapidly changing needs are supported within the community through an arrangement of shared care that provides for regular planned short term admissions to NHS Continuing Care

Current Beds

Location	No of beds	Type of beds	Average admissions per yr (2004-2007)
Physical Disability Rehabilitation Unit (PDRU), Southern General Hospital	26	Assessment and Rehabilitation	140
Larkfield Unit PDRU, Inverclyde Royal Hospital	8	Assessment and Rehabilitation	65
Islay Cottage, Merchiston Hospital	16	5 - Assessment and Rehabilitation 11 - NHS Continuing Care	31
Ward 53, Southern General Hospital	24	18 - NHS Continuing Care 6 - Respite	55 (mainly for respite)

Specialist inpatient services form one element of the whole system response for adults with moderate or severe physical impairment. Other elements are provided in the community by NHS, Local Authority and Voluntary Sector services. These can include district nursing, home care, personal assistance, community rehabilitation, day services, respite care and care home provision.

2.2 The review of specialist inpatient physical disability rehabilitation services built on earlier work led by the former NHSA&C, and included a detailed analysis of the use of current inpatient services combined with consultation involving key stakeholders in health, social care and the voluntary sector, and service users and carers.

2.3 In November 2007 an independent advocacy service was commissioned to support patients and relatives from Islay Cottage.

2.4 **Drivers for Change:**

The review highlighted a number of key issues to be considered:

- Steady population levels

- Slight rises in admission rates for rehabilitation and assessment
- Decreasing admissions to NHS continuing care and NHS respite
- A need to improve consistency in admission processes
- A need to avoid delays in discharge through better coordinated discharge planning between health and social work services
- Islay Cottage having mixed provision of rehabilitation/assessment beds within the same ward area as NHS continuing care – a model that is not replicated elsewhere as this is not generally accepted as good practice
- Difficulties of working on an isolated site
- Single handed consultant working in the Clyde area

2.5 **Key Principles:**

The proposals developed for consultation were shaped by a number of key principles drawn from recent national policy context and shaped further by feedback from all the local stakeholder engagement events held from November 2006 to December 2007:

- **Providing services as close to home as possible** – developing the network of support people require in the community, and avoiding admission to hospital wherever possible
- **Supporting people at home via improved community based services –** improving access to multi disciplinary rehabilitation in the community
- **Strong joint working between health, social care and the voluntary sector –** ensuring support is well coordinated for people both in hospital and at home
- **Delivering appropriate use of a valuable specialist inpatient resource –** focusing the specialist inpatient service on differing needs to facilitate improved quality of care
- **Supporting discharge from hospital through improved discharge planning -** well planned discharge at the earliest opportunity to maintain an individual's independence and connection to their own community
- **Ensuring specialist services are focused on those with most complex needs** – establishing clear and consistent pathways into and through services with common admission and referral criteria across service

2.6 **Consultation Proposals:**

The proposals for consultation outlined the future bed model with an overall reduction in the number of beds and future provision of inpatient services over two sites. Islay Cottage at Merchiston Hospital would close and an additional 6 beds would be opened at the Southern General Hospital - 4 assessment/rehabilitation beds at

Physical Disability Rehabilitation Unite (PDRU), and 2 NHS Continuing Care beds at Ward 53. In addition a rebalancing of beds for NHS Continuing Care and respite would further enhance NHS Continuing Care capacity. There would be no change proposed for the Larkfield Unit at Inverclyde Royal Hospital.

Location	**No.of beds**	**Type of beds**
Physical Disability Rehabilitation Unit (PDRU), Southern General Hospital	30	Assessment and Rehabilitation
Larkfield Unit PDRU, Inverclyde Royal Hospital	8	Assessment and Rehabilitation
Ward 53, Southern General Hospital	26	23 – NHS Continuing Care 3 – Respite

In line with this shift towards a more community based model of care, proposals included investment in the community physical disability rehabilitation service to bring workforce levels in the Clyde area to similar levels seen in Greater Glasgow, and an element of resource transfer to Local Authorities in the Clyde area for investment in physical disability services to be agreed through local joint planning processes.

3 PUBLIC CONSULTATION – THE PROCESS

3.1 Following approval from the Board, preparations were made for formal public consultation building on the pre-engagement consultation undertaken as part of the service review.

3.2 Discussion with the Scottish Health Council (SHC) was followed up with written correspondence outlining the pre-engagement consultation processes that informed the development of proposals for formal public consultation, and an outline of the engagement planned in the weeks ahead.

3.3 Consultation material included both a summary and full consultation document. This material was designed in a format that ensures clarity and accessibility and was tested with a service user forum prior to finalising and printing. Both documents carried references in other languages and in large print to the availability of translated, Braille and audio disc format materials.

3.4 Consultation material was widely distributed across NHSGG&C via the existing database of contacts, Public Partnership Forums, community clinics/health centres and through Local Authority facilities. Particular emphasis was placed on targeting organisations and individuals with an interest in physical disability. All those who attended the stakeholder events and who responded to the preconsultation were also sent a copy . All material was made available on the NHSGG&C website, and an independent organisation was commissioned to respond to telephone line enquiries requesting copies of consultation material and/or attendance at a public meeting.

3.5 During the consultation the telephone enquiry line received 9 requests for written consultation documentation.

3.6 Given this is a relatively small specialist service, a targeted approach was taken to the public meetings, using venues that service users would be familiar with, and involving organisations already supporting this client group.

3.7 Following discussion with the advocacy project and colleagues from Local Authorities, Community Health Partnerships (CHPs) and the voluntary sector, five meetings with the public were planned. The SHC were invited to attend all five meetings.

3.8 Meetings were held as follows:

- 12 March 2008 an evening meeting was held with patients and relatives from Islay Cottage, organised by the Advocacy Project. This meeting followed up an earlier meeting at Islay Cottage carried out as part of the pre-engagement consultation. Consultation material was made available at the meeting and relatives were sent the full consultation document following the meeting. 10 people attended the meeting. The SHC did not attend this meeting.

  The Advocacy Project hosted a further meeting with patients and relatives from Islay Cottage in April at which it was requested that representatives from NHSGG&C did not attend. 4 people attended this meeting. Relatives declined the offer of a further meeting with representatives of the Board .

- 15 March 2008 meeting held at Paisley Disability Resource Centre (DRC) organised with staff from the DRC in conjunction with Quarriers (the main voluntary organisation in the area supporting people with brain injury). Consultation material was provided in advance of the meeting and assistance with transport offered. 20 people attended the meeting. The SHC did not attend this meeting.

- 16 April 2008 evening presentation at Inverclyde Hospital Forum, a liaison meeting involving community representatives and hospital management. 8 people attended the meeting. The SHC attended this meeting.

- 29 April 2008 lunchtime meeting held at Revive MS Therapy Centre, Glasgow, organised with Revive (a voluntary organisation supporting people with Multiple Sclerosis). Consultation material was provided in advance of the meeting and assistance with transport offered. 11 people attended the meeting. The SHC attended this meeting.

- 1 May 2008 meeting held at Inverclyde Community Care Forum, Greenock organised by Inverclyde Community Care Forum. Consultation material was provided in advance of the meeting. 10 people attended the meeting. The SHC attended the meeting.

3.9 The meetings were attended by a total of 49 members of the public, one patient of Islay Cottage and 9 relatives of patients in Islay Cottage. There had been two requests via the telephone line for attendance at a public meeting. One individual was a member of the Renfrewshire Physical Disability Planning Group and received a presentation via this group but was also invited to attend the meeting at Paisley DRC if required. The second individual was invited to their local meeting at the Paisley DRC but did not attend and did not make contact to seek alternative arrangements.

3.10 In addition a number of CHPs discussed the consultation within their Public Partnership Forums.

3.11 Alongside the public consultation there have been a number of open meetings with staff. These meetings have provided staff with information about the proposed service changes and given opportunity to raise questions with service managers. Staff have also been invited to participate in 1:1 meetings to discuss their individual circumstances. The Organisational Change Policy has guided the process and the overarching principle in managing change will be security of employment for existing staff. There are sufficient vacancies within the physical disability service to allow all staff to transfer to either the Southern General, Inverclyde Royal or the community service.

4 FORMAL PUBLIC CONSULTATION – THE RESPONSES

4.1 The 12 week period of formal public consultation closed on 5 May 2008.

4.2 There were a total of 11 written responses, one telephone conversation, and five reports from meetings with the public. People who attended the meetings clearly saw this as their opportunity to respond to the consultation. Following each meeting a report was produced highlighting the issues raised. This report was made available to all who attended the meeting

4.3 Of the 11 written and one telephone responses, four were from members of the public, one was from the Advocacy Project on behalf of the Merchiston patients and relatives who attended meetings, one was from the Glasgow Local Medical Committee, one was from NHSGG&C staff, one was from East Renfrewshire CHCP, three were from Local Authorities, and one was from the Primary Care and Community Service Users Group.

A summary of written responses is attached at appendix 2

4.4 Whilst there has been no formal response from the Consultants in Rehabilitation Medicine, there have been a series of meetings throughout the consultation to discuss their views and address the issues raised.

5 ISSUES RAISED IN THE CONSULTATION

5.1 Patients, relatives and staff from Islay Cottage were all opposed to the transfer of services off the Merchiston site and stated their preference to retain the status quo. If change was required they stated a preference for the existing service to transfer to another Renfrewshire site.

There was widespread recognition of the high quality of care provided by the staff at Merchiston and concern that skills should not be lost in any change process.

A number of people praised the environment at Islay Cottage stating it did not feel like a typical hospital site, and this was seen to have a positive impact for people

5.2 A number of respondents supported a reduction in overall bed numbers and the separation of assessment/rehabilitation and NHS continuing care

5.3 However other respondents raised concern about the difficulty in predicting levels of need within this specialist service, and in identifying and responding to unmet need. A flexible approach to the use of beds was suggested in order that the service can make a timely response to people's individual needs

5.4 Overall there was general support for the proposals, and in particular support for the shift towards community based care and avoidance of admission to hospital. Where admission was necessary there was general recognition of the need for the remaining specialist service to be delivered on fewer sites.

In moving towards a model of fewer inpatient sites, respondents were concerned that the transfer of any patients was handled sensitively and carefully to ensure the impact on their ongoing care was minimised and that people's individual needs were fully addressed

5.5 There were a number of issues raised in relation to access to services:

- Merchiston Hospital has also provided a base for the outpatient rehabilitation service for adults with physical impairment, and with the proposed closure of Merchiston there was concern that a local outpatient resource would be lost from the Renfrewshire area and that people would need to travel to the Southern General Hospital for outpatient rehabilitation

- There was a mixed response regarding the impact of the proposed closure of Islay Cottage on people's ability to access alternative inpatient facilities on the Southern General Hospital site. For some people the transport links to the Southern General Hospital, and car parking whilst at the hospital, were thought to be more of a challenge than accessing Islay Cottage, whilst for others there was a recognition that each site was accessible and for some people the Southern General Hospital may be more accessible.

5.6 The allocation of financial resource was raised in all responses from Local Authority partners. The proposed investment in community services was welcomed but all requested a greater level of resource transfer for their Local Authority area

5.7 There were a number of issues raised in relation to the service model and support more generally within the community:

- The physical disability rehabilitation Allied Health Professional team in Clyde currently provides therapy across inpatient, community and outpatient settings, however under these new proposals the team would be refocused to provide discrete community and inpatient elements of service. Staff from the Clyde area were not supportive of this aspect of redesign

- Many respondents highlighted the need for continued improvements in joint working between NHS and social care services. Of particular note was the need for better coordination of support within the community and for improvements in

jointly planning for discharge from hospital. In addition the need to ensure robust joint strategic planning arrangements was recognised and encouraged

- A number of members of the public raised concern that community services were already managing high levels of need and that more resource was required to fully support people's needs in the community

- The lack of appropriate housing was highlighted by a number of people as having a significant impact on people's independence in the community and in managing timely discharge from hospital

- The value of community based respite services was also recognised in many of the public meetings but concern raised about limited availability

6 OUR RESPONSE TO CONSULTATION COMMENTS

6.1 Our response to the comments arising from consultation have been themed into three areas – accurate assessment of needs; local access to services; resource availability:

- **Accurate assessment of needs:**
  In order to ensure the proposed bed model was as robust as possible there has been a further detailed review of all data with particular emphasis on an analysis of individual admissions to services in the Clyde area. This review has confirmed the bed model and following a number of discussions with the Consultants in Rehabilitation Medicine we have now reached agreement on the proposed bed numbers. In order to ensure our planning assumptions have been accurate there has been agreement to carry out a review after one full year of operation under the new model and to address any issues arising

- **Local access to services:**
  Our initial proposals had been informed by a postcode analysis of people admitted to Islay Cottage between April 2005 and December 2007. This showed a mixed pattern of admission from both Renfrewshire and Inverclyde areas. Of those people admitted from the Renfrewshire area some people lived closer to the Southern General Hospital, however for the 13 people a year who on average lived further away there was an average of 5 miles further to travel to the Southern General Hospital than to Merchiston Hospital. There is a direct bus links from Paisley to the Southern General and the need to improve public transport routes between Renfrewshire and the Southern General Hospital has been recognised more widely by the CHP and there are currently a range of initiatives being progressed across NHSGG&C to improve transport links during the day and through the evening.

  Of particular concern had been the access to outpatient and therapy services previously provided at Merchiston. In recognition of the need to retain a local outpatient service, accommodation has been secured at the Royal Alexandra Hospital, Paisley, to provide local access to outpatient and therapy services.

Staff in the Clyde area raised concern regarding separating therapy services across inpatient and community settings. The redesign into discrete inpatient and community teams recognizes the need to improve local access in Renfrewshire and to develop more robust working arrangements with other key local community health and social care services. The importance of coordinated working between hospital and community services will continue to be recognised particularly around supporting discharge and staff will be involved throughout the redesign to ensure current good working practice is retained

- **Resource availability:**
  We have acknowledged the responses from all Local Authority partners raising the level of resource transfer, and there is ongoing joint work with Local Authorities and CH(C)Ps regarding the use of existing and transferred resource. The Rehabilitation and Assessment Directorate is committed to working with all Local Authority joint planning partnerships to develop and improve the whole system response for people with a physical impairment

7 CONCLUSIONS

7.1 Having considered responses to formal consultation it is proposed that the NHS Board seek Cabinet Secretary approval for a reduction in inpatient beds for physical disability in NHS GG & C from 74 to 64 through the closure of Islay Cottage, Merchiston Hospital and the provision of additional beds at the Southern General Hospital and a reinvestment of resource released into community services for people with a physical impairment jointly planned through Local Authority planning partnerships

8 RECOMMENDATION

That the Board:

- note the process and outcome of public consultation on changes to inpatient disability services in Clyde;
- approve the transfer of rehabilitation and continuing care beds to the Southern General Hospital and, subject to the Cabinet Secretary's approval, the closure of Merchiston Hospital.

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