EMBARGOED UNTIL DATE OF MEETING

NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS Board — Appendix 1

Board Meeting

Tuesday 22nd January 2008 — **Board Paper No. 08/05**

Director of Corporate Planning and Policy
Director of Rehabilitation and Assessment

CHANGES TO CLYDE INPATIENT DISABILITY SERVICES

Recommendation:

The Board is asked to:

- **note the proposed changes to specialist physical disability inpatient services and move to formal public consultation on the future service location**

1. BACKGROUND

In August 2004 the former NHS Argyll and Clyde began work to review the adult inpatient physical disability rehabilitation service across Argyll and Clyde. This was part of wider work on the reprovisioning of all services on the Merchiston Hospital site. However, prior to conclusions being reached for physical disability rehabilitation services, the NHS Argyll and Clyde Health Board was dissolved with the Clyde element joining Greater Glasgow under new NHS Greater Glasgow and Clyde (NHSGGC) arrangements.

In recognition of these new single Board-wide arrangements the Rehabilitation and Assessment Directorate has taken the opportunity to consider issues for all areas of the Board's specialist adult physical disability inpatient services. This process has involved engagement with staff, users and carers, health and social care colleagues and voluntary organisations.

2. POPULATION AND POLICY CONTEXT

It is estimated approximately one in eight of the total adult population of NHSGGC has a physical impairment. This equates to approximately 100,000 people, of which approximately 65% will have a moderate or severe physical impairment. It is this group of people with moderate or severe physical impairment that specialist physical disability rehabilitation services are aimed at.

People will be admitted to hospital with a wide range of neurological conditions. More common diagnoses include multiple sclerosis, acquired brain injury and stroke,

however there are number of less common mainly neurological conditions that make up a significant proportion of all inpatient admissions.

Percentage Population with Limiting Long Term illness Census (2001)

CH(C)P	All People	With a Limiting Long-term Illness	
		Number	Percentage
Glasgow City	577,869	151,145	26.2%
East Dunbartonshire	108,243	17,938	16.6%
West Dunbartonshire	93,378	21,189	22.7%
Inverclyde	84,203	19,006	22.6%
Renfrewshire	172,867	36,272	21.0%
East Renfrewshire (pt)	87,657	13,993	16.0%
NHSGGC	1,196,335	276,518	

Note: Limiting long-term illness covers any long-term illness, health problem or disability which limits daily activities or work a person can do. Approximately 98% of the population of East Renfrewshire were included.

Much of the work to develop our local approach to service delivery has been guided by the national policy context of "Delivering for Health" issued by the Scottish Executive in 2005, and "Changing Lives: Report of the 21st Century Review of Social Work Services" issued by the Scottish Executive in 2006. Both documents re-enforce the importance of recognising and responding to individual needs, to addressing future demographic changes, and to meeting the needs of people with Long Term Conditions. This policy context has now been updated by the publication of "Better Health, Better Care" issued by the Scottish Government in December 2007. Better Health, Better Care continues to build on previous policy themes shifting the balance of care into communities, raising the quality of services, tackling inequalities, and promoting anticipatory care and encouraging active involvement of people in the management of their own condition.

This approach is further reinforced by the February 2007 publication of "Coordinated, Integrated and Fit for Purpose" - a national framework for adult rehabilitation in Scotland. This framework outlines a vision of a seamless journey for individuals through services and support. The framework sets a number of aims for future service provision including maximising people's participation in their local community, improving quality of life for service users, their families and carers, ensuring services are easily accessible, and delivering services locally where possible.

In the absence of any national strategic framework specifically for adults with physical impairment the "Glasgow People with Physical Impairments Strategic Framework 2004-2014" provides one sense of local direction, driving us towards shaping services to address both the level of impairment people experience, and the effects of a disabling environment in society.

3. KEY PRINCIPLES:

Our proposals have been shaped by a number of key principles drawn from policy context and shaped further by feedback from local stakeholder engagement events held in November 2006 and March 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.

- **Making best 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 the service

4. CURRENT INPATIENT SERVICES

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

- **Inpatient Specialist Physical Disability Assessment and Rehabilitation** - multidisciplinary 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 and Consultant led care, 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.

Location	No of Beds	Type of Beds	Average Admissions per Year (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 only 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.

Within each Local Authority area there are joint planning arrangements to identify and plan for local needs. The Rehabilitation and Assessment Directorate is committed to working with all NHSGGC Local Authority joint planning partnerships to develop and improve the whole system response for people with a physical impairment.

5. CURRENT SERVICE CHALLENGES AND DRIVERS FOR CHANGE:

Over the past year we have had detailed discussion with a wide range of stakeholders. This discussion has highlighted a number of challenges that require to be addressed:

- The need to improve admission processes - currently there are varied and inconsistent pathways into and through services with no common definition of admission and discharge criteria. There are examples when admission to hospital could be better planned and coordinated across the multidisciplinary team.

- Achieving a more effective approach to discharge planning - over recent years there have been a number of people who have experienced significant delay in their discharge from hospital. In April 2007 there were four people at Islay Cottage whose discharge was delayed over six weeks. Through improved joint working arrangements between inpatient services and the Local Authorities this has now been addressed and there are now no longer any patients currently classed as having their discharge delayed.

- Having clear objectives for all interventions - identifying and agreeing clear goals with individuals for all stages of intervention is vital to ensure rehabilitation approaches address the key issues that support people to greater independence and self confidence.

Further discussion with clinical colleagues has identified additional challenges:

- Having mixed provision within a single ward of assessment/rehabilitation and NHS Continuing Care - a separation of assessment/rehabilitation and continuing care is recognised as best practice within inpatient settings as the two patient groups have different needs and require a different type of care.

- The difficulties of working on an isolated site - Islay ward at Merchiston is now the only building in use on that site.

- Single handed consultant in the Clyde area - although part of a wider disability team, the Consultant works without readily available advice and support from colleagues in the same specialty. He is also required to work on multiple sites given his role in North Clyde and Argyll and Bute.

- A small number of individuals who require prolonged periods of rehabilitation - whilst lengths of stay for assessment/rehabilitation are generally around six weeks, there are a small number of people who require longer periods of inpatient rehabilitation. For these particularly complex cases it is even more important to begin early discharge planning to ensure their discharge from hospital is not further delayed

6. DEMAND FOR INPATIENT SERVICES:

In order that our proposals for future bed numbers are robust we have undertaken a detailed analysis of the use of beds since April 2005. This analysis has included admission and discharge rates, occupancy levels, lengths of stay, pathways through inpatient beds and discharge destination. Our conclusions are as follows:

- **Steady population levels** - inpatient specialist physical disability services, whilst not exclusively for adults under 65 years, do see most admissions falling within the 16-65 age range. Population projections estimate a 3% decrease in the 16-65yr old population over the next 10 years.

- **Slight rise in admission rates for assessment and rehabilitation** - the numbers of people admitted for assessment/rehabilitation has shown some variation year on year across different sites, but overall figures demonstrate a trend towards slightly rising admissions (7% increase in admissions over the last three years).

- **Decreasing admissions to NHS continuing care and NHS respite** - the numbers of people assessed as requiring NHS Continuing Care is falling, as is the number of people requiring NHS respite facilities - a snapshot in 2004 identified 14 regular users of NHS respite facilities, in June 2007 this had reduced to just 9 regular users.

- **Bed occupancy levels of 80%** - bed occupancy rates across the four specialist physical disability rehabilitation wards have been between 70-80%. Given that most admissions to these services are planned admissions either

- **Average length of stay for assessment/rehabilitation of 6 weeks** - recognising the importance of balancing the need for intensive rehabilitation in hospital with the need to maintain people's independence and confidence at home, length of stay for assessment/rehabilitation has been reducing over recent years and is generally now 5-6 weeks. Individual clinical needs mean a small number of people do however require significantly longer lengths of stay.

- **Reducing numbers of people experiencing delayed discharge** - as outlined at 5.1 above much progress has been made in multi-agency discharge planning. To ensure this is maintained will require continued clear multiagency admission, discharge planning and investment in local health and social services.

- **Unmet need** - there is no accurate benchmarking data for specialist physical disability inpatient beds across Scotland, as each NHS Board area approaches the needs of this client group in slightly different ways. Within NHSGGC the specialist physical disability inpatient service retains a good profile across the area and links with the health board wide specialist community physical disability rehabilitation services thereby reducing the likelihood of significant unmet needs.

In conclusion, the data shows that, with some redesign of current practice and consistently achieving 80% bed occupancy levels, the specialist inpatient service now requires fewer NHS inpatient beds.

Type of Bed	Current Bed Number	Future Bed Number
Assessment and Rehabilitation	39	38
NHS Continuing Care and Respite	35	26

The analysis of bed numbers will be made available as part of the consultation material.

7. PROPOSALS FOR FUTURE SERVICE PROVISION:

Taking all this into account we propose a model of future service provision that recognises the shift to community based care over recent years, with intensive assessment and rehabilitation provided through a specialist inpatient physical disability rehabilitation service, supported with physical disability rehabilitation services in the community. Community services will be further developed with health and social care colleagues to provide integrated multiagency services to adults with a physical impairment

Our proposals for future service change have been considered through a pre-consultation process that has included substantial engagement at all stages with a

wide range of stakeholders including service users and their relatives. As our early work identified a potential movement of the service from Islay Cottage, we have commissioned an independent advocacy service that is now providing Islay Cottage inpatients and their relatives with appropriate support throughout this process.

Our work has identified a reduction in bed numbers which would be achieved most efficiently by the closure of beds at Islay Cottage with the transfer of 4 assessment/rehabilitation beds and 2 NHS continuing care beds to another location, and rebalancing NHS Continuing Care/Respite. In view of the isolation of the current service at Merchiston Hospital the status quo is not considered a viable option.

As part of the pre-consultation process we asked for comments on three possible locations for the transfer of the rehabilitation beds - the Southern General, the Vale of Leven and the Royal Alexandra Hospital and asked for other options to be suggested. The paper also proposed the provision of all NHS continuing care for the Board at the Southern General Hospital.

- Comments received showed people were mainly supportive of the principles in the paper.

- The separation of continuing care and rehabilitation was supported by respondents.

- In terms of location of services, people generally supported the option that provided services closest to their own place of residence.

- One further option was proposed by nursing and AHP staff in the Clyde area to expand services at Inverclyde Royal Hospital.

- Comments from patients and their families identified the high quality of staff at Merchiston as the most significant factor in their and their family member's care.

Taking each location for assessment and rehabilitation beds in turn we have assessed its viability and ability to meet our key principles of shifting the balance of care and supporting people at home with improved community based services.

- Royal Alexandra Hospital - the only suitable accommodation at the Royal Alexandra Hospital is a 30 bed ward some distance from the main hospital that would require capital investment for upgrading to meet the needs of people with a physical impairment. Providing just four beds within this stand alone ward would require staffing levels and associated budgets similar to those already seen in Islay Cottage and as such would release no savings to invest in community services.

- Vale of Leven Hospital - this option would require either displacing medicine/ medicine for the elderly activity from the Vale of Leven beds or a stand alone unit of four new beds. If a separate unit were to be opened this would require additional capital funding. A small unit of four beds would again require staffing levels similar to those already seen in Islay Cottage and as such would release no savings to invest in community services.

- Inverclyde Royal Hospital - the Larkfield Unit PDRU forms part of a purpose built building on the Inverclyde Royal Hospital site. It is not possible to extend this ward and there is currently no spare accommodation on the Inverclyde Royal site to transfer expanded services onto a single ward. In addition given the eight bedded PDRU ward was purpose built for the client group, it is unlikely that any vacated accommodation would be suitable for re-use by another service given its small bed numbers and location.

- Southern General Hospital - admissions to Merchiston come from a wide catchment area, the Southern General is nine miles from Merchiston so for the vast majority of patients and families this would be a minor change. There is a four bedded area within PDRU currently used as a therapy area rather than inpatient beds, however a longstanding capital scheme to extend PDRU is about to commence in 2008 providing a new therapy unit and better facilities for day patients. This releases four beds which could be opened to provide the additional capacity for assessment and rehabilitation. This option would see the inpatient service for assessment and rehabilitation provided over two sites (SGH and IRH) giving the benefit of maximizing the use of the specialist staff and the expensive infrastructure of beds, and provides a clear focus for training and staff development in these specialist areas.

Given we are proposing to transfer just two NHS continuing care beds, the only viable option would be to increase capacity within the current NHS continuing care facility within Ward 53 at the Southern General Hospital. Future capacity requirements can be met by reassessing the balance of NHS continuing care beds with NHS respite beds, and opening an additional two NHS continuing care beds within the current ward. Discussion with the Consultant in charge of Ward 53 has indicated this option is achievable with a continuation of the current flexible approach to the use of beds.

We recognise the importance of developing community services and reflecting the impact of changes in practice that have already taken place and do not consider it appropriate to propose a service model that continues multiple sites for such a small inpatient service and continue to tie up resources in multiple staff teams and infrastructure costs. This change affects circa 31 admissions a year.

Future Service

It is therefore proposed to consult on the transfer of services from Merchiston Hospital to the Southern General with a resultant bed configuration as follows:

Location	No of Beds	Type of Beds
Physical Disability Rehabilitation Unit, 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

There are five current continuing care patients at Merchiston Hospital. Each patient will have an individual plan agreed for their future care which meets their and their families needs. As highlighted at 7.2, additional support throughout this process is being made available from an independent advocacy service

8. FINANCE

Although a number of beds have been closed over recent years within Clyde disability services, the associated budgets have not been removed nor has additional funding been given to local authority colleagues to recognise the impact that this shift to community based care has had on their services.

The current service at Merchiston Hospital, including the medical staff and AHP service, has a budget of £1.2M. The medical staffing and AHP budgets of £270K will be retained.

There is a requirement for all Clyde service redesigns to contribute to the Clyde recovery plan and a contribution of £50,000 will be made from this service.

£210,000 will be required to support the opening of the additional beds at the Southern General Hospital.

To bring staffing in the community physical disability service in Clyde in line with the equivalent teams in the former Greater Glasgow Health Board area would require £105K. This includes an allocation to serve the residents of West Dunbartonshire formerly covered by NHS Argyll and Clyde. The strengthening of the community service would see the appointment of appointment of 1.0 WTE nurse, 0.7 WTE dietician and 1.5 WTE support workers.

The balance of £441K would be allocated to Local Authorities as follows:

Renfrew	£238,140 (54%)
Inverclyde	£141,120 (32%)
West Dunbartonshire	£48,510 (11 %)
East Renfrewshire	£13,230 (3 %)

9. WORKFORCE:

There are 23.5 WTE nursing staff at Islay Cottage, Merchiston Hospital

An additional 4.33 WTE nursing staff will be required to staff the additional beds at the Southern General Hospital. An additional nursing post will also be available within the specialist community service. In addition there are a substantial number of vacancies within the specialist physical disability inpatient services at the Southern General Hospital which would allow all staff currently employed at Merchiston Hospital to transfer to the equivalent services, if that is their wish. We are conscious that our staff are a specialist and scarce resource and clinical staff have been given the undertaking that they can all continue working within disability services if that is their wish.

Allied Health Professional staff at Islay Cottage currently cover both inpatient and community services. This proposal will see staff no longer cover both areas but work either within inpatient services or community services. This will require to be quantified and reflected in individual job plans however, as with nursing staff, there will be posts available for all AHP staff.

The full implications for all staff will be discussed with them individually and will include partnership and professional representatives. The Organisational Change Policy will apply and the overarching principle in managing change will be security of employment for existing staff.

10. CONSULTATION PROCESS

A process of formal public consultation will be taken forward building on the engagement that has been ongoing since November 2006.

An NHSGGC consultation summary will be produced to outline the proposed changes to adult physical disability services. This summary will be in a design format and language that ensures clarity and accessibility, and will be widely distributed across NHSGGC via our existing database of contacts, Public Partnership Forums, community clinics/health centres and through Local Authority facilities.

The consultation summary will carry references in other languages and in large print to the availability of translated, Braille and audio disc format materials.

One to one meetings and briefings for individual stakeholders will be scheduled as required. A further meeting with patients and relatives of Islay Cottage is already being planned by The Advocacy Project for early February 2008.

It is intended to hold a single staged event in the Renfrewshire area, structured around presentations and workshops. If required additional meetings can be arranged.

Adverts providing summarised proposals and contact points for additional information will be placed in the relevant local press to launch the consultation period and draw attention to public meeting dates.

All material will be available on the NHSGGC website; a specific consultation response page will be provided.

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

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