

# EMBARGOED UNTIL MEETING

NHS Greater Glasgow and Clyde  
NHS Board Meeting  
Tuesday, 19<sup>th</sup> August, 2008



Director of Mental Health Partnership

**Board Paper No**  
**08/36**

## Modernising and Improving Mental Health Services across Clyde

### Outcome of Public Consultation

#### 1. RECOMMENDATIONS

- 1.1 It is recommended that the Health Board endorse the following public consultation 'significant service change' proposals for submission to the Cabinet Secretary for Health & Well Being's approval:-
- Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and supports in the community.
  - Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.
  - Re-providing older people's mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.
  - Transferring low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital.
- 1.2 In light of responses and feedback from the consultation, it is recommended that the Health Board:
- endorses the proposed commitment to consult on the Health Board's vision for the future of the Vale of Leven site and that consultation on the various elements, including mental health, should be integrated within that process
  - notes the further work being undertaken to explore the mental health proposals in the light of the issues raised through the public consultation, and in the context of the potential synergies that may or may not exist between mental health services and other services integral to the Board's future vision for services at the Vale of Leven site
  - notes that the outcome of this further work and detailed proposals for mental health will be brought back to the Board as part of its consideration of the vision for the future of the Vale of Leven site

## EMBARGOED UNTIL MEETING

- 1.3 It is recommended the Health Board confirms its previous support for the various wider service change proposals summarised in this paper , beyond those subject to the statutory public consultation process, whilst noting that the range of detailed and practical implementation issues raised by the feedback from the range of stakeholders will be proactively managed through the local implementation processes and in particular through the Clyde Modernising Mental Health Programme Board and local planning groups. These proposals include:
- The transfer of ICU beds from Dykebar to Inverclyde, and to Leverndale where this is more accessible for the population of eastern Renfrewshire
  - The transfer of ICU services from Lochgilhead Hospital to Gartnavel Royal Hospital
  - The consolidation of South Clyde and S Glasgow addiction inpatient services at Leverndale hospital
  - Making permanent the transitional arrangements for Rowanbank to provide medium secure services for the West of Scotland catchment
  - The development of adult low secure services for Clyde by consolidating with those Greater Glasgow services at Leverndale hospital
  - The development of intensive rehabilitation services for South Clyde at Dykebar hospital; with East Renfrewshire accessing similar beds at Leverndale and West Dunbartonshire accessing similar beds at Gartnavel Royal hospital.

### 2. PURPOSE

- 2.1 This report summarises the outcome of the public consultation on Modernising and Improving Mental Health Services across Clyde
- 2.2 The purpose of the report is to summarise:
- the proposals subject to the public consultation process
  - the engagement and consultation process
  - the Independent Scrutiny Panel requirements and the way in which these requirements have been responded to
  - the issues and feedback from the public consultation process
  - responses to the issues raised
  - proposed recommendations for significant service change in light of the feedback received.

### 3. BACKGROUND

- 3.1 The multi-agency Clyde Strategy Group co-ordinated the process to develop a service strategy for modernising mental health services. As part of the strategy development process local planning groups were tasked with the development of local proposals within the agreed strategic framework. Additionally a range of pre-engagement meetings were held in each of the local areas of Inverclyde, Renfrewshire/East Renfrewshire, and West Dunbartonshire
- 3.2 The GG&C Board approved the Modernising Mental Health Services Strategy as the basis for public consultation in July 2007.

## EMBARGOED UNTIL MEETING

- 3.3 Subsequently the Scottish Government established a process of Independent Scrutiny and in December 2007 the GG&C Board considered a report setting out the ISP findings, and the Boards response and commitments in the light of the ISP recommendations.
- 3.4 The further work to respond to the issues raised by the ISP and develop the public consultation documentation was completed by April 2008, with the public consultation process running from 9th April to July 2nd. That further work included commissioning an Independent Consultant to manage a process of option appraisal, as recommended by the Independent Scrutiny Panel, to inform the final proposals for public consultation.
- 3.5 The option appraisal process broadly confirmed that the previously developed proposals remained those preferred, albeit with some refinement to the detail within the options.

#### **4. THE LOGIC OF THE CONSULTATION PROPOSALS AND SUMMARY OF SIGNIFICANT SERVICE CHANGE SUBJECT TO PUBLIC CONSULTATION**

- 4.1 Although there are many examples of good quality mental health services in Clyde, historically there has been a lack of investment in community-based services and an over-reliance on care in hospital settings, reflected in a high number of inpatient beds. This means that local people across Clyde who experience mental illness are more likely to be admitted to hospital for treatment, compared to other parts of the country. It also means that people living in Clyde are not currently able to access the same range and type of community based mental health services available to people living in Greater Glasgow. In addition, many local hospital services are currently based in older accommodation that no longer meets the needs of service users and staff.
- 4.2 The service proposals set out within the consultation document were the product of extensive pre-consultation engagement with stakeholders, as well as being influenced by Independent Scrutiny Panel (ISP) and Scottish Health Council advice.
- 4.3 The main purpose of consultation was to invite views on a number of significant service change proposals necessary for formal public consultation and ultimately, requiring Cabinet Secretary approval. The consultation document explained the main issues and rationale behind each of those proposals. The document highlighted that, while each of the proposals represented the Health Board's preferred option, views were also sought on the range of options considered.
- 4.4 The significant service change proposals that represented the Health Board's preferred options for public consultation are:-
  - Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and supports in the community.
  - Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.

## EMBARGOED UNTIL MEETING

- Re-providing older people's mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.
  - Transferring adult and elderly acute mental health admission beds from Vale of Leven Hospital to modern, purpose built, single room accommodation at the new Gartnavel Royal Hospital, supplemented by the use of some upgraded ward accommodation at Gartnavel Royal Hospital to be used as "step down" accommodation for approximately a third of the elderly acute mental health beds.
  - Transferring low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital.
- 4.5 In addition, to the significant service change proposals for public consultation summarised above, the opportunity was taken during the consultation period to provide information and invite views on other wider proposals within the Clyde Modernising Mental Health Strategy.

### 5. THE CONSULTATION PROCESS

- 5.1 The consultation document was issued to a wide variety of stakeholders including special interest groups, community and service user groups, MSPs, other Health Boards and Local Authorities. In addition, summary leaflets were made available to patients, relatives and carers of patients, GP practices, and stakeholders with a more general interest in mental health issues. On the advice of the Scottish Health Council, summary leaflets were prepared for each of the localities affected (including dissemination of information to community organisations with Glasgow who may have an interest in Clyde service proposals potentially relevant to their local hospital).
- 5.2 The consultation document was also available for viewing and download from the Health Board's web-site, along with the following supporting papers:-
- Clyde Modernising Mental Health Strategy
  - Bed Modelling and Evidence Base
  - Stakeholder Engagement
  - NHS Partnership Beds
  - Option Appraisal Report
  - NHS Circular on continuing care
  - Re-provision of frail elderly continuing care services, Inverclyde
  - Independent Scrutiny Panel's report.
- 5.3 The following formal public consultation / engagement meetings took place during the consultation period:-
- 30th April, Dumbuck Hotel, West Dunbartonshire (1pm – 4pm)
  - 12th May, Dumbarton football Club, West Dunbartonshire (1pm-4pm)
  - 13th May, Charleston Centre, Paisley – Renfrewshire/East Renfrewshire (5.30-7.30pm)
  - 14th May, Tontine Hotel, Greenock, Inverclyde (5.30-7.30pm)
  - 17th June, Dumbuck Hotel, West Dunbartonshire (6.30- 8.30pm)
  - 25th June, Victoria Halls, Helensburgh (6.30 -8.30pm)

## EMBARGOED UNTIL MEETING

- 5.4 The last two consultation meetings listed above were in addition to those originally listed in the consultation document. These meeting dates were added on the advice of the Scottish Health Council to ensure people within West Dunbartonshire and Helensburgh had the opportunity to attend an evening meeting. In agreement with ACUMEN service user representation on the strategy group, the format for each of the meetings was an initial presentation by Health Board officers followed by workshop discussions to identify salient issues. There was also the opportunity for general questions and answers addressing the assembled audience.
- 5.5 In addition to the formal public meetings arranged, a variety of meetings took place at a local level with staff, patient's relatives, community groups and other stakeholders. A summary of the key themes that emerged from meetings is set out in appendix 3.

### **6. INDEPENDENT SCRUTINY PANEL: ADVICE AND LOCAL REPONSES**

- 6.1 The Independent Scrutiny Panel raised no major concerns about the public consultation proposals for South Clyde. The proposals for the Vale of Leven catchment were perceived as constituting centralisation and the ISP set out specific consultation advice in relation to the Vale of Leven catchment.
- 6.2 The Panel did however advise that further work should be undertaken in a number of areas in advance of the public consultation process and additionally areas for clarification within the public consultation documentation. The advice of the ISP and our local responses (see italicised text) in the light of that advice are set out below.

#### **Discipline of option appraisal**

- 6.3 The process of development of the Board's options should be more explicit, and should include a quantified option appraisal in which the derivation of factors, weightings and scores is clearly described.
- *An Independent Consultant was appointed to implement a process of option appraisal consistent with the standard NHS disciplines of option appraisal and to produce a report on the outcomes of the option appraisal process*
  - *This process was applied to all of the inpatient proposals for acute inpatient, IPCU and addictions bed in N&S Clyde (notwithstanding the requirement of the ISP related only to the proposals for the Vale of Leven catchment). The ISP report raised no concerns about S Clyde proposals or the Specialist Services proposals indicated*
  - *The Boards preferred options and the content of the public consultation document directly reflected the outcome of the option appraisal processes*

## EMBARGOED UNTIL MEETING

### **Option appraisal and public consultation re Inpatient services for the Vale of Leven catchment**

6.4 The Panel consider that the following three options for acute admissions in West Dunbartonshire, Helensburgh and Lochside should be appraised and presented through the disciplines of full option appraisal and the following options presented for public consultation

1. The status quo
2. The continuation of services at Christie Ward with emergency on-call provided by means other than trainee psychiatrists
3. The transfer of services to Gartnavel Royal

- *An Independent Consultant was appointed to implement a process of option appraisal consistent with the standard NHS disciplines of option appraisal and to produce a report on the outcomes of the option appraisal process*
- *The option appraisal process explored the above 3 options as part of the exploration of 7 options to retain services on the Vale of Leven site in response to the clear local aspiration to retain services on the site whilst dealing with a number of preconditions for the provision of services on that site*
- *The responses to public consultation have raised issues about the methodology of aspects of the option appraisal process, or further issues for consideration beyond those reflected in the option appraisal considerations - and these issues are considered further in the section on Consultation Feedback*

**Information on ability to respond to peak demand, and on boarding out, should be presented for all of the current acute admission services in Clyde, and at Gartnavel.**

- *Information was provided for Gartnavel and the Vale of Leven only, as this was the most pertinent to the issues under discussion and was less relevant to the other sites which did not see a significant transfer of activity from Clyde to Glasgow hospitals. The information was provided for Gartnavel which indicated the frequency of boarding out, the duration of boarding out and the likelihood of a boarding out episode for the Vale of Leven catchment population if transferred to Gartnavel. There were some limitations on our capacity to provide detailed historic information for the Vale of Leven as in the absence of bed management systems the historic information appeared to be less robust and requires a significant degree of validation.*

**The Gartnavel option should be reviewed for “patient centredness”**

- *This issue was addressed through the disciplines of the option appraisal process*

## EMBARGOED UNTIL MEETING

- *Additionally the public consultation documentation specifically explored ways in which the panels concerns on this ( cultural identity and being cared for in a ward with other people from your own community , continuity of care between the inpatient service and local services, continuity of carer involvement) could be reflected in the detailed arrangements for linking ward catchments and staff groups to specific catchment populations*
- *Additionally the issue was reflected in the presentation in the public consultation events which set out the Board's vision for inpatient services which reflected issues of both patient and professional concerns*
- *These issues are further explored in the section on consultation feedback*

### **Travel issues and access issues should be further explored**

*These issues have been further explored and reflected in the local discussions as follows:*

- *Hyndland railway station provides good access to Gartnavel Royal Hospital from West Dunbartonshire/ Helensburgh.*
- *Confirmation from Scotrail that, in the event of a person with mobility problems being unable to use a station that is not fully DDA complaint (i.e. Hyndland station), they will arrange at no additional cost, with prior notice, alternative transport to take the person from the nearest accessible station to their destination.*
- *Concessionary fares are available, through the Strathclyde Concessionary Travel Scheme, for people over 60 years of age and people with a disability (who live permanently in the area covered by the Scheme).*
- *The Board will work with partner organisations, through Community Planning Transport Groups, to explore the potential to develop community and voluntary transport capacity to assist carers visiting relatives in hospital, an approach which underpins existing transport initiatives elsewhere in the Board's area, such as the Evening Visitor Transport Service and other 'door to door' initiatives*

### **Exploration of relocation of wards within the Vale of Leven site which may provide more appropriate inpatient environments**

- *This issue was reflected in the option appraisal process and will be further explored as the configuration of remaining services at the Vale of Leven becomes clearer, linked to the further work proposed elsewhere in this report on the Board's future vision for services at the Vale of Leven*

### **Partnership bed proposals**

6.5 More detail and reassurance is required on the nature of partnership proposals which will allow continuing care beds to fall from 311 to 17 NHS beds and 109 partnership beds across Clyde.

- *The nature of partnership beds was more fully reflected in the public consultation document*
- *Visits were arranged to enable carers and staff to have a direct experience of such provision where it is already in place in Greater Glasgow*

## EMBARGOED UNTIL MEETING

- *The totality of the shift from hospital based long stay provision to a combined provision of hospital based NHS beds, Partnership based inpatient beds, and community based placements was reflected in the consultation document so that there could be clarity that sufficient options were provided for the current cohort of patients*
- *The process of locally based individual needs assessments has continued and is confirming the mix of bed/placement types and through the routine practice of community care assessments and discharge a significant proportion of patients have already been placed successfully in alternative accommodation*
- *The panel were concerned about potential exposure to risk of private sector unit cost changes. The working assumptions have been revisited in conjunction with local authority planning partners with unit costs revised upwards. In addition, contingencies have been identified to cover these risks without the requirement to change any of the other investment proposals to enhance community services thereby protecting the basis for confidence that the investments in community services will not be diverted by such unit price risks. Specifically we have provided a detailed briefing paper setting out these issues to each of our local authority partners so there is transparency and visible robustness to these arrangements. The feedback from the local authority partners is that with the provisions in the paper and the agreed joint processes for managing risks they are content and comfortable with the proposals*

### **Stakeholder influence on the Boards preferred options to be reflected in consultation document**

- 6.6 The ways, and extent to which, the views of patients, carers, the public and NHS staff exerted influence upon the Board's options should be demonstrated.
- *Reflected and incorporated in the public consultation document and in this report which summarises feedback from the consultation process and how this feedback has informed our subsequent proposals and recommendations to the Board*

### **Need for more secure evidence base**

- 6.7 Objective assessment of safety and effectiveness of proposed acute and continuing care bed numbers including reference to:
1. the published literature and to data from recent experience in Glasgow
  2. calibration to local conditions and by local needs assessment in Clyde area
  3. exploration of the issue of whether the proposed strategic thrust and balance of care can demonstrate good outcomes for service users
- *An extensive piece of work was undertaken which has covered issues 1-3 above in the report "Bed Modelling : The basis for projecting bed requirements and the evidence base underpinning the strategic approach"*
  - *This report is lengthy and detailed but has been used to inform the considerations of local stakeholders and planning partners and also*

## EMBARGOED UNTIL MEETING

*referenced in the public consultation and made available for electronic download*

- *Additionally this work has been supplemented by a re-analysis of the output from the Scottish Benchmarking Project which has demonstrated that in terms of the limited evidence available the Greater Glasgow balance of care delivers good recovery outcomes for users reflected in comparatively good performance on admission rates, timely discharge and low levels of readmissions*
- *Taken together these reports have located the bed modelling work in the context of Greater Glasgow, Clyde, Scotland, the UK nations, epidemiological norms and local needs assessment and confirmed the proposals are consistent with location within the ranges from that analysis and generally bed proposals are at the upper end of the ranges*
- *The reports have also set out the evidence base for the transfer of long stay care from hospital based care to community settings and its associated positive outcomes for users; the impact of crisis services on bed use and the comparative efficacy of the more community oriented Greater Glasgow model of care on recovery in the context of comparative performance within Scotland; and referenced the wide range of published and peer reviewed literature that underpins the analysis*

### **Explain timetable for rebalance of care**

- *Reflected in the public consultation document and more detailed local consultation events*

### **Dependency on continued local authority commitment to realise the full elements of service redesign and associated release and redirection of funds**

- 6.8 *The written and verbal responses summarised below have confirmed the local authorities continued support to the service strategy and the associated elements of service redesign necessary to release funds for redirection to underpin the service strategy.*
- 6.9 *Written responses to consultation were received indicating:*
- *Renfrewshire Council fully supports the modernisation of mental health services across the Clyde area of NHS GG&C and the vision underpinning the strategy and is content that collaborative arrangements are in place to manage risk and the finalisation of the details of Partnership Beds following the outcomes of the tendering process*

## EMBARGOED UNTIL MEETING

- *WDC Council notes that over the past two years considerable progress has been made by NHS Greater Glasgow and Clyde, through West Dunbartonshire Community Health Partnership and the Council, to develop better community based mental health services. However, the Council shares the concerns of the local population to retain inpatient services at the Vale of Leven site. Whilst reserving its position on the location of inpatient services, the Council is content to work constructively on all other aspects of the service redesign which it values. It should be noted that the outstanding concerns re inpatient services do not put the release and redirection of funds at risk in relation to release and redirection of funding to the community service developments outlined in the strategy*

6.10 Verbal confirmation of the Council positions was also provided by senior local authority representatives at the Board Seminar on these issues of 05.08.08 as follows:

- *The Leaders of Renfrewshire and WDC councils confirmed their positions as above*
- *The Leader of East Renfrewshire Council confirmed that ERC was comfortable and fully supportive of the proposals*
- *The Convenor of the Inverclyde Social Work committee confirmed the Council was committed to the service strategy and continued collaborative working to support its implementation. It was noted that the longer term process of movement to equity of NHS resource allocation had raised some concerns for Inverclyde as a potential net loser. However he was content with the outcome of the joint discussions to date, indicating that the collaborative relationship was transparent and welcomed*
- *More generally the joint discussions with Inverclyde have recognised the need to establish collaborative processes to develop proposals for a managed process for implementation of equity, and that such a process needs to balance the concerns of movement to equity with a pace of change that avoided unacceptable destabilisation of local services.*

## 7. OVERVIEW OF RESPONSES TO CONSULTATION

7.1 37 written responses were received in respect of the consultation, along with a petition of 35 signatures supporting the retention of mental health inpatient services at Vale of Leven Hospital. The respondents ranged from members of the public, community interest groups, NHS professionals, NHS Health Boards, Local Authorities and other interested parties.

## EMBARGOED UNTIL MEETING

7.2 The table below has summarised the responses received.

RESPONDENT	GG&C wide/specialist service responses	South Clyde specific responses	North Clyde specific responses	Total Responses
Professional and Advisory Committees	1			1
NHS Organisations	3		1	4
NHS Staff	1	2	2	5
Local Authorities and Community Councils	2	2	2	6
MSPs/MPs			1	1
General Public/Service Users	2	6	7	15
Other Organisations / Special Interest Groups	3		2	5
Total	12	9	15	37

7.3 It was clear from the public consultation meetings and from the formal and informal feedback that:

- The proposals for South Clyde were broadly welcomed, with only a small number of responses directly challenging the proposals, and the majority of comments being more about detailed practical considerations to be taken account of within the implementation process,
- The proposals for specialist services again commanded a high level of support with only a small number of responses directly challenging the proposals
- The proposals for North Clyde commanded a low level of local public support in terms of the proposals to transfer inpatient services from the Vale of Leven to Gartnavel Royal, and the public were concerned to see any proposals for mental health assessed and located within an articulated vision for the future of services located at the Vale of Leven site.

7.4 Given these very different responses the format of this report has separated out the summary of responses between South Clyde, North Clyde, and Specialist services.

7.5 In summarising the public consultation responses received the report has presented these as follows:

#### Main report

- The main report has focussed on those areas of significant service change which have been the subject of challenge through the consultation process and provided a specific response to the issues raised

#### Appendix 1:

- A summary of all written responses specifically relating to wider strategy proposals for North and South Clyde

## EMBARGOED UNTIL MEETING

Appendix 2:

- A summary of all written responses to the specific public consultation proposals is set out, along with a commentary response from the Mental Health Partnership, where the nature of the comments naturally require a response

7.6 At this stage written responses have been acknowledged and advised that they will be reflected in the proposals to the GG&C Board. It is proposed that following the Board discussion letters go to each respondent containing the responses to the individual shown in appendix 2, a copy of the Board report, and a note of the Board outcome – thereby enabling transparency of process so individuals can see a response to both their individual issues and the way in which the wider range of responses have informed the Board's proposals and agreements.

# EMBARGOED UNTIL MEETING

## 8. FEEDBACK ON SOUTH CLYDE PROPOSALS

### Feedback on Significant Service Change Proposals Affecting South Clyde

- 8.1 Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and supports in the community.

Written Responses:-

#### Comments on the significant service change proposal

- Support from Renfrewshire Council for breadth of service proposals (referencing ongoing need for joint monitoring and agreement over implementation of reprovisioning programme but satisfied that commitments to such collaborative arrangements are in place for such a process).
- 1 response from member of public asking for existing services at Dykebar to be improved and maintained
- 1 member of public wrote, concerned about the scale of bed reductions at Dykebar Hospital, recommending the hospital instead be developed for other mental health services including the consolidation of beds from both Leverndale and Dykebar in the Dykebar site

#### MHP response

The majority of responses have supported this proposal but two responses have been received which have challenged the proposal. The MHP's response to the issues raised is summarised below:

- The broad strategic proposals suggest the need to rebalance services to develop community services, reduce the over reliance on hospital based service responses, to improve the environment of inpatient care, and to reprovide long stay care in a range of both inpatient settings and community placement with supports
- The report on the evidence base for community care and the benchmarking of beds has confirmed the need for a rebalancing of services away from the comparative over reliance on hospital based service responses compared to other areas within NHS GG&C, Scotland and the UK
- Based on clinically led individual needs assessments a significant number of people previously in continuing care have now been successfully discharged in the last year into community placements, which provide a more appropriate service response to their individual needs. This experience is confirming the previous work on the likely scale of transfer of beds from inpatient settings to a combination of inpatient settings and community placements
- Maintenance and improvement of existing services on the Dykebar site would not achieve the service rebalancing required or release funds to be redirected into the range of service improvements set out in the strategy

## EMBARGOED UNTIL MEETING

- One respondent has proposed that there should be a consolidation of services for both the Leverndale hospital and the Dykebar hospital on the Dykebar site. The issue of consolidation on one or other of the Leverndale or Dykebar hospital sites is an issue that may have merits in the context of a far longer timetable for implementation, and was considered as part of the original options development process. In terms of the Clyde service modernization proposals we were concerned to enable:
  - Rapid progress on service redesign and release of funds to invest in the development of community services
  - Release of funds from hospital sites to deal with the historic deficit in Clyde services and achieving financial balance within the 3 years required by the Scottish Government
  - Maximising the use of higher quality hospital accommodation already available to us on both the Dykebar and Leverndale hospital sites in order to minimise additional capital investment at a time when capital availability was low, given the Boards prioritized commitment to the development of the Southern General hospital

Pragmatically whilst there may be merit in considering longer term consolidation of the 2 sites, the logistics of closing and marketing one of the hospital sites and developing the other site would take 5-10 years and could not achieve the more rapid service redesign and release of funds required by 2010.

### **Implementation issues within the context of support for the broad proposal**

- The need for good communication with GPs to support discharge planning of patients from continuing care – agreed and reflected in the detail of the implementation arrangements
- The need for GPs with patients who have been discharged have access specialist psychiatric services when needed – agreed and reflected in the expansion of community services to provide such support where required
- Enhanced community services need to be in place prior to discharges, with discharge programmes implemented on a phased basis. – agreed and reflected in our standard practice to date and the phasing of the implementation programme
- Consideration should be given to residual accommodation needs for clinical support staff on the Dykebar site.
- Request to consider dietetic staffing input to residual beds

- 8.2 Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.

Written Responses:-

### **Comments on the significant service change proposal**

- Support from NHS GG&C's Area Medical Committee.

## EMBARGOED UNTIL MEETING

- One comment from a service user requesting the retention of mental health services at ward 2, RAH, commenting that it is more accessible and less stigmatised than Dykebar.

### **MHP response**

- During the pre-consultation engagement, stakeholders identified the quality of accommodation offered at Dykebar as of greater importance than the retention of mental health services on a DGH. The distance between both hospitals is 3 miles, with Dykebar well served by public transport.

### **Implementation issues within the context of support for the broad proposal**

- The need for adequate time to develop community services and test their effectiveness, to review bed capacity needs in the future. – agreed and reflected in the detail of the implementation arrangements
- Support from community dieticians, but highlighting the need for partnership working and protocols with Acute Services for any mental health patient admitted to RAH medical ward
- The need to consider specialist dietetic support staff input

- 8.3 Re-providing older people's mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.

Written Responses:-

### **Comments on the significant service change proposal**

- No major challenges to the significant change proposal except comments covered in 8.1 above
- NHS GG&C's Area Medical Committee 'no objection' to NHS Partnership beds providing patients remain under the responsibility of NHS Consultant Psychiatrist.
- Support from community dieticians, stating preference for partnership beds to be staffed by NHS nurses and the need for referral criteria to dietetic service and nutritional training.
- Query over ability to meet future bed capacity needs

### **MHP response**

- Patients will retain their inpatient status and remain under the responsibility of the consultant psychiatrist
- The detailed model of Partnership beds in terms of the balance of NHS nursing models and directly employed nursing models is still under discussion. It is however accepted that NHS nursed models represent the "gold standard" to be preferred, particularly for people with more complex needs.

## EMBARGOED UNTIL MEETING

- The proposals in Renfrewshire see a modest reduction in bed levels from 66 to 59 and in practice wards are already operating at close to the 59 bed level without significant concerns. Clearly in the longer term as the population ages the actual levels will need further reviewing over time – but this would be the case regardless of the use of Partnership models or retention of NHS continuing care beds. However the benchmarking report suggests the proposed levels of provision are at the upper end of benchmarked ranges of provision within the UK.

### **Implementation issues within the context of support for the broad proposal**

- 1 member of public wrote to support the improvement that partnership beds will bring to patients' environment, but asked that consideration be given to transport assistance for visitors.
- Support from community dieticians, stating preference for partnership beds to be staffed by NHS nurses and the need for referral criteria to dietetic service and nutritional training.

### **Summary of responses to significant service change proposals**

8.4 The key themes that emerged from the consultation and stakeholder meetings within South Clyde were:-

- Overall support for the proposals and in particular, the efforts to enhance community services to help people achieve discharge from hospital settings and maintain their independence in a community setting, wherever possible.
- Support for patients having access to modern, single room accommodation wherever possible.
- Some concern was expressed over the scale of proposed bed number changes, particularly for adult mental health services in Renfrewshire and for older people's continuing care beds in Inverclyde.
- Greater clarity was sought from relatives and carers over the proposed NHS partnership beds model, with a preference for NHS nursing staff to work within a partnership bed model
- The need to consider transport issues for visitors for services potentially transferring to another hospital site.
- Clarification sought on the organisational change and potential staff redeployment processes.
- The needs to address the stigma surrounding mental health services
- The need for better integration between adults and older people's services, and to have age appropriate services
- Clarity sought over future of Dykebar and Ravenscraig Hospitals
- The need to involve and support carers' needs
- The need to ensure inpatient services operate at an acceptable quality standard in the interim period before reprovision
- The need for 24/7 crisis care and better access to respite services

8.4 The majority of responses positively supported the Boards proposals whilst raising a range of practical issues for consideration within the implementation arrangements for the proposal.

## EMBARGOED UNTIL MEETING

- 8.5 Only 3 respondents expressed concerns which challenged the Board proposals for significant service change, (relating to the maintenance or development of services on the Dykebar site), rather than the reduction in the scale of inpatient care provided from that site. Additionally one of the respondents proposed the consolidation of beds for both Leverndale and Dykebar on the Dykebar site. The response of the MHP is set out in para 8.1 and in essence has responded to these concerns:
- Indicating that maintenance or development of inpatient services on the Dykebar site would not achieve the service rebalancing required to strengthen community services thereby reducing the need for an inpatient dominated service and reducing the level of inpatient beds required at the Dykebar site
  - The consolidation and development of beds at the Dykebar site for both Dykebar and Leverndale is a much more fundamental and longer term issue with a 5 to 10 year lead time which could not deliver the service redesign and funding release required by 2010. For this reason a more pragmatic approach has been taken which maximises the use of existing good quality inpatient services whilst minimising reliance on net additional capital investment to achieve the objectives of the Clyde Modernising Mental Health services strategy
- 8.6 One respondent sought retention and consolidation of inpatient services on the Ravenscraig site. The service proposals for Inverclyde are in line with the approval given by NHS Argyll & Clyde, following public consultation, to recommend the closure of Ravenscraig Hospital to the Minister for Health. This recommendation was supported subject to the development of more detailed plans that have been the product of further joint planning and community engagement (as now set out in the Clyde Modernising Mental Health Strategy and relayed through the consultation and engagement process). The Boards proposals have concurred with this position that the issues in relation to Ravenscraig have previously been settled and were therefore not the subject of public consultation through this process
- 8.7 A wide range of comments have reflected practical implementation issues within the context of broad support for the significant service change proposal, these issues will be further considered in detail through the local implementation processes managed by the local planning groups and by the Clyde MMH Implementation Programme Board. In general terms, these are issues of sensitively and appropriately managed change and there would be broad support to ensure a proactive response to the general issues raised. The detailed responses issue by issue are reflected in the Appendix 3
- 8.8 A range of feedback has been received on the wider strategy proposals which were not the subject of statutory consultation but do nevertheless reflect feedback from engagement processes. This feedback is summarised in appendix 1 and was broadly supportive of the strategic thrust and proposals. Issue by issue responses are reflected in appendix 2 where these were reflected in written responses.

## EMBARGOED UNTIL MEETING

### Overarching comments

- 8.9 The scale of the proposed bed reductions within South Clyde reflects the high level of beds per head of population within Clyde in comparison with elsewhere in the country. Investment in community services will enable bed numbers to be brought in line with benchmarked levels. There is a commitment to develop community services in advance of bed closures and for discharge programmes to be implemented in an incremental, planned way involving services users and their relative or carer.
- 8.10 Prioritisation has taken place at a locality level through joint planning forums to determine the precise configuration of community service developments. There is confidence, building on the success of existing services, that such developments will enable the balance between inpatient and community services to be reshaped.
- 8.11 Visits to two NHS Partnership bed facilities in Glasgow were organised during the consultation to give relatives of patients in older people's mental health continuing care wards the opportunity to understand more about this model of care. The visits were well received and there is a commitment to keep relatives informed throughout the standard setting and tendering process, feedback from which will determine the NHS nurse staffing model recommended for implementation.
- 8.12 The service proposals for Inverclyde are in line with the approval given by NHS Argyll & Clyde, following public consultation, to recommend the closure of Ravenscraig Hospital to the Minister for Health. This recommendation was supported subject to the development of more detailed plans that have been the product of further joint planning and community engagement (as now set out in the Clyde Modernising Mental Health Strategy and relayed through the consultation and engagement process).
- 8.13 The service proposals for Renfrewshire will see the mental health service 'footprint' on the Dykebar Hospital reduce significantly in line with reduced requirements for inpatient beds.
- 8.14 In respect of older people's mental health services, East Renfrewshire, The Mental Health Partnership supports the aspiration of the CHP to develop an integrated older peoples mental health service for the CHP and for this service to consolidate its beds on one or other of the inpatient sites of Leverndale or the RAH. This would enable a single point of access for hospital based assessment and treatment, within the context of more fully developed community resources. In this regard given the population balance, it is feasible for the East Renfrewshire element of the older people's assessment beds currently located at RAH, to transfer to Leverndale Hospital. In relation to older people's mental health continuing care beds, the potential exists for either these beds to be provided within jointly commissioned NHS Partnership beds commissioned for Renfrewshire, or for these beds to be accommodated within existing NHS Partnership within Darnley Court. It is proposed that further local stakeholder engagement takes place in the coming months to arrive at recommendation for implementation in 2009.

### Conclusions and Recommendations – South Clyde

## EMBARGOED UNTIL MEETING

- 8.15 The consultation document set out the rationale and evidence for the various service proposals affecting South Clyde, as summarised in the previous section. The majority of feedback received on the service proposals was very positive, particularly around the development of community services. A consequence of community service developments will be a reduced reliance on inpatient bed numbers and an ability to reduce these numbers to agreed benchmarked levels. Successful joint planning initiatives has already resulted in significant progress being made in developing community infrastructure and discharging people to the care setting for which they have been clinically assessed as requiring.
- 8.16 Implementation of the proposals will also achieve significant improvements to the quality of environment for NHS patients. There is an opportunity to consolidate adult acute mental health services for Renfrewshire in modern, single room accommodation at Dykebar, with significantly upgraded accommodation being made available for this client group in Inverclyde. In addition, the proposals to commission NHS partnership beds for older people's continuing care services offers the opportunity for patients to be cared for in a modern, homely environment.
- 8.17 It is therefore recommended that the following significant service change proposals be submitted to the Cabinet Secretary for approval:-
- Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and supports in the community.
  - Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.
  - Re-providing older people's mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.
- 8.18 It is also recommended that the Board confirms its continued commitment to the full implementation of the wider Mental Health Strategy proposals set out in Appendix 1, whilst tasking the implementation processes to sensitively and proactively manage the detailed implementation processes to take on board the range of practical comments and considerations reflected in the feedback.

# EMBARGOED UNTIL MEETING

## 9. FEEDBACK ON NORTH CLYDE PROPOSALS

### The logic and rationale for the Boards proposal to transfer inpatient services from the Vale of Leven to GRH

- 9.1 The Boards preferred option was the transfer of adult and elderly acute mental health admission beds from Vale of Leven Hospital to modern, purpose built, single room accommodation at the new Gartnavel Royal Hospital, supplemented by the use of some upgraded ward accommodation at Gartnavel Royal Hospital to be used as “step down” accommodation for approximately a third of the elderly acute mental health beds.
- 9.2 The logic and rationale which drove the Boards proposals was the need to resolve a number of issues which meant that retention of the status quo arrangements at the Vale of Leven were either unacceptable or unsustainable – a position broadly supported by the option appraisal process. That process concluded that taking both financial and non financial factors into account the preferred option was for the transfer of inpatient acute assessment services from the Vale of Leven to Gartnavel Royal.
- 9.3 Any option for inpatient services needs to find an appropriate balance across the *full* range of factors below, which reflect a range of preconditions for the delivery of acceptable inpatient services.
- Age appropriate services and ward spaces
  - Fit for purpose and quality ward environments
  - Safe and effective care
  - Access to out of hours medical cover
  - Sustainability
  - Future flexibility
  - Access to capital
  - Revenue affordability
  - Accessibility
  - Continuity of care
  - Local aspirations

### Summary of key themes from public consultation process

- 9.4 It is clear that the aspirations of the local population were:
- that the Board sets out its vision for all services on the Vale of Leven site and that the individual proposals in relation to mental health ( and other service proposals re unscheduled care etc) are then considered within that context
  - to retain access to inpatient services at the Vale of Leven site
  - to deal with the issues of age appropriateness and the quality issues of the ward environments through access to capital improvements, if necessary through alternative capital procurement routes
  - to deal with issues of out of hours medical cover through exploration of extension of GP models of out of hours support
  - to ensure investment in community services was not dependent on the decisions concerning location of inpatient beds

## EMBARGOED UNTIL MEETING

- to ensure such community service developments were in place and robust in advance of further changes to inpatient services
- 9.5 It is also clear that there were public concerns that the proposed transfer of inpatient services to GRH:
- Was financially driven
  - May lead to failure to access a bed at GRH with Boarding out to other GG&C sites further compounding transport/access issues
  - Did not see the proposals in relation to GRH as being evaluated for patient centredness as advised by the ISP
  - Were concerned that whilst the Board had made some progress in addressing the issues of transport access there was a need to place greater emphasis on the implications of continuity of carer involvement for the recovery of service users and that this was compromised where the practicalities of such involvement were made more difficult by the added distance
- 9.6 The detailed issue by issue responses for all written responses is reflected in appendix 2. However given the strength of feeling reflected in the local consultation process it is important that the Board's attention is drawn directly to both the detail and the "flavour" of the consultation feedback.
- 9.7 Two responses in particular provide a good overview of the issues raised and strength of local feeling. These responses (and those of the MHP to the issues raised) are therefore reproduced below as part of the main report. Additionally appendix 3 summarises the range of feedback from the 4 consultation events in North Clyde.

## EMBARGOED UNTIL MEETING

**Vivien R Dance and Jim Moohan, Co-Chairmen, Hospitalwatch**

( - on behalf of the Hospitalwatch Steering Group and the 18,000 people who gave Hospitalwatch a mandate in September 2007 to campaign for services which meet their health needs to be provided at the Vale of Leven Hospital)

- 1. Rejects the rationale put forward in the consultation paper and at the public meetings held in Dumbarton and Helensburgh to transfer beds from the Vale of Leven to Gartnavel.**
2. There is a lack of reference to the Independent Scrutiny Panel reports and the directives contained in both of the documents. Specifically, the comment from the ISP that, "The Panel found insufficient evidence that the Gartnavel option had been evaluated for patient centredness." Professor Mackay's first report was published in November 2007 and we have heard no evidence from NHSGGC to suggest that this evaluation has taken place. In fact, on all criteria presented to us at the public meetings, a patient centred service has not explicitly featured

*ISP raised issues of patient centredness in relation to concerns about patients using distant and unfamiliar wards and not mixing with people from their own community - the consultation document reflected proposals to ensure specific wards had specific geographic catchments to strengthen the relationship between ward staff groups and specific communities and the services associated with those communities; the presentations to the meetings included slides which set out the aspirations for high quality inpatient services and the degree to which these were met at GRH - although not "badged" an evaluation of "patient centredness" these issues were the same issues as would apply to a "patient centred evaluation"*

*Our wider experience follow the closure of the Gartloch and Woodilee hospitals and the transfer of inpatient acute services to Glasgow hospitals ( Stobhill and Parkhead) serving a larger catchment population of 2-300k has been that:*

- *The most significant ongoing clinical relationship between more local community services and patients in hospital is the daily contact between community crisis services and patients in hospital. By contrast the relationship between the psychiatrist and the hospital tends to involve a weekly rather than daily relationship.*

## EMBARGOED UNTIL MEETING

- *Stobhill and Parkhead hospitals perform well for patients in terms of timely discharge from hospital to community, and in terms of low levels of readmission to hospital following discharge - both of which are measures of effective treatment and recovery. On both these measures of recovery Greater Glasgow hospitals perform better than Scottish averages, and appear to perform better than the Vale of Leven. This suggests that the issues of continuity of care and recovery predicated on "very local access" to inpatient services are common sense, but that the pragmatic realities are less clear cut as to "how local is local provision" before adverse effects of non continuity of care linked to distance, become an actual factor significantly influencing patient recovery. Our local experience shows no evidence to demonstrate significant adverse effects on recovery in the case of hospitals serving somewhat larger catchment populations than the Vale of Leven. Additionally in the context of Scotland the distance travelled to Gartnavel would be no less than that travelled to "local" inpatient wards in many other Board areas within Scotland.*

*The consultation document summarizes the issues raised by the ISP and how they have been reflected in the consultation document and subsequent work; and additionally has signposted access to the full consultation document and the Boards previous initial responses which were available as electronic downloads. The key points to which the ISP referred are again summarized in the report to the 19.08.08 Board so that the Boards response to these issues can be demonstrated.*

3. The ISP report also recommends that, "In a DGH setting such as the VoL hospital it might be possible to negotiate appropriate cover from medical staff". We did not hear evidence to suggest that alternative models had been fully investigated in collaboration with local GP's.

*The ISP had particularly advised of the need to further explore the option of advanced nurse practitioners, and use of non career grade psychiatrists and it is to these options that the options appraisal process directed its attention.*

*The need for the fuller investigation of medical cover options in collaboration with GP's was raised in the public consultation meetings and this is subsequently now being more fully explored with GP's - the outcome of this work will be reflected in the final proposals in relation to the Vale of Leven which will be considered in the context of the Boards overall vision for the Vale of Leven Hospital.*

## EMBARGOED UNTIL MEETING

4. The ISP report directed that, "The VoL needs a positive statement about its future with consolidation of those services that remain safely decentralised. The NHS Greater Glasgow and Clyde Board also needs to make clear the future role of VoL in the totality of Greater Glasgow's planning". We have maintained at all public meetings and in other formal meetings such as the Helensburgh and Lomond Locality Planning Group that NHS Greater Glasgow and Clyde has not revisited any part of its acute service strategy since it inherited just short of half a million people from NHS Argyll and Clyde. Furthermore, this disjointed approach to service changes, first maternity and now mental health, has not respected Professor Mackay's strong recommendation that a vision for the Vale of Leven of Leven should be identified and then service redesign can complement this vision. This piecemeal destruction of services destroys the sustainability of the hospital as a whole and places it beyond recovery after its critical mass of services and staff is annihilated.

*The 19.08.08 report to the Board has reflected a range of issues and feedback from the public consultation process and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site, including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including:*
  - Age appropriate services and ward spaces
  - Fit for purpose and quality ward environments
  - Safe and effective care
  - Access to out of hours medical cover
  - Sustainability
  - Future flexibility
  - Access to capital
  - Revenue affordability
  - Accessibility
  - Continuity of care
  - Local aspirations

## EMBARGOED UNTIL MEETING

5. In respect of the much vaunted option appraisal process, we maintain that, although the mechanics of option appraisal have been followed, there are concerns that the implementation has been biased and some issues have not been fully explored. In particular the weighting and scoring process was open to question and the financial assessment leading to cost benefit conclusions omitted some important factors. The weighting and scoring process, which is key to the process of option appraisal, was carried out using role play techniques. The roles were all played by NHSGG&C staff members with public representatives playing no part. A subsequent offer to revisit this problem was made too late in the procedure to have any value. Therefore, at this crucial, initial stage in the process public involvement was lacking. Notwithstanding this weakness it is interesting to note that Options 6a and 6b of the three preferred options, these being the options involving new build at the Vale of Leven Hospital (VoLH) and retention of beds there, scored better than the Gartnavel option on all aspects of appraisal except finance.

*The NHS Board commissioned an Independent Consultant to manage and deliver the option appraisal process and fully cooperated with the advice and requirements of that Independent Consultant. Arrangements were made for user representation in the development of weighting and scoring criteria but in the event the representatives were not present at the development event. Subsequently this weakness was accepted and acknowledged by the Board in the option appraisal process itself; and at the Boards request the Independent Consultant incorporated an additional scoring category reflecting weightings consistent with the user views expressed throughout the option appraisal process so that this could be taken account of, and factored into the option appraisal weighting scoring process. Whilst the initial weakness on this issue is accepted the issue was recognized, accepted and addressed within the option appraisal process and appropriately reflected in the evaluation of scoring undertaken by the Independent Consultant. The nature of the option appraisal process is that it balances both financial and non financial benefits to form a rounded assessment across both financial and non financial criteria.*

*Options were included which sought to enable retention of inpatient services on the Vale of Leven site, which were reliant on significant capital and revenue investment to achieve acceptable standards of service delivery. On this methodology if following such significant additional financial underpinning financial issues are then disregarded it is unsurprising that such options would score well on non financial benefits.*

## EMBARGOED UNTIL MEETING

6. Turning to the financial assessment it is clear that a main driver leading to NHSGG&C identifying option 8 (the transfer of adult and elderly acute beds to Gartnavel Royal option) was affordability. NHSGG&C notes that capital funding of £6 million would be required to implement new build options at VoLH and that it has prioritised the Southern General "super" Hospital development for capital spend leaving nothing for VoLH. However, Gartnavel was procured using PPP funding with capital availability therefore not a consideration. An increased revenue premium would have been, and presumably still is, a consideration. If a similar procurement route had been investigated for the VoLH options, the availability of capital, highlighted by NHSGG&C as the main financial stumbling block, would not feature. There is no discussion of this alternative in the option appraisal. There should be if like for like comparisons are important. Furthermore, Gartnavel having been procured under PPP arrangements, it is the case that NHSGG&C has a vested interest in ensuring that beds there are kept fully utilised. Leasing empty beds over 25 years, from a PPP consortium carrying no or little risk, makes no sense. The ramifications of PPP projects in this regard in comparison to traditional procurement, and the way in which this may have affected the selection of a preferred option, are not explored in the option appraisal. In conclusion it is our submission that the option appraisal exercise is flawed in that it is biased towards option 8, which is the option favoured by NHSGG&C but not by the group in its entirety which included clinicians and senior managers who took part in the exercise. Using PPP, or Scottish Futures, funding techniques for the VoLH new build options; it may well be found that there is a fundamental change in capital and revenue considerations leading to the nullification of the financial drawbacks identified by NHSGG&C. It should be borne in mind that the retention of acute beds at the VoLH scored better than option 8 in all other respects.

*Public capital has been assumed as a source of funding in assessing the costs of options 6a-d as the capital schemes envisaged within each option would not attract PPP funding on account of those being relatively small in scale. In the event that PPP (or its replacement) were to be available as a source of funds for options 6a-d, the revenue cost premium would be significant, considerably increasing the revenue costs above the estimated figures provided. The thinking behind a Scottish Futures Trust has not yet evolved sufficiently to enable cost estimates to be calculated.*

*The opportunity afforded by option 8, to concentrate services on a single site, clearly offers the potential for economies of scale to be achieved without significant additional capital investment, producing a lower overall revenue cost than in options 6a-d.*

## EMBARGOED UNTIL MEETING

*The net impact of use of alternative capital procurement routes would be adverse in terms of revenue affordability which would have further adverse impact on scoring of those options in terms of the option appraisal disciplines of cost per benefit points*

*The Mental Health Partnership fully cooperated with all disciplines required by the Independent Consultant and the analysis and conclusions of the outcome of the option appraisal were produced by the Independent Consultant and not the Mental Health Partnership.*

7. The Board's intention to develop enhanced community services is welcomed but the reasoning for reducing the number of inpatient beds is rejected. The need for such beds will continue given the changing demographics of our society and the increased demand for mental health services and we have heard no evidence in support of a contrary opinion. Professor Mackay in the ISP report warns that, "Most (mental health strategic proposals for Clyde) are predicated upon a major reduction in NHS hospital bed numbers, with an associated shift in the balance of care in favour of care in the community" but "the fact that hospital admission rates across Glasgow may have fallen gives no reassurance, on its own, about the quality of life or risk experienced by those with moderate to severe psychiatric illness." In fact, all the presentations have suggested an "either/or" approach to the provision of community services to "replace" inpatient beds driven by financial constraints rather than patient centred provision of a comprehensive service. We do not expect to see beds closed and transferred until such time as community services are fully in place and there is clear evidence of an associated reduction in the need for inpatient admissions. Then the need for complementary acute care at the VoL can be reassessed. The Board's proposals are predicated on first removing the inpatient facility at the VoL as a cost cutting exercise to divert some of these savings to the provision of community facilities which this area has never enjoyed because of overspend on institutions in other areas of the former NHS Argyll and Clyde.

*Professor McKays comments on bed modelling relate primarily to the position in South Clyde. For North Clyde there are no significant proposals to change the overall level of 36 beds, albeit whilst refining the mix of beds between adult and elderly assessment beds, and access to 2 intensive rehabilitation beds provided as part of a specialist ward at Gartnavel.*

*Additionally the proposals in WDC reflect an increased expenditure on community services which is not financed at the expense of inpatient services in WDC, but is funded by increasing overall expenditure in WDC services through redirection of funds released in South Clyde into North Clyde. The current*

## EMBARGOED UNTIL MEETING

*proposed investments in community services are therefore not predicated on saving money compared to existing inpatient budgets. Rather the point has been made that in our experience there is likely to be scope to further rebalance care from inpatient services to community services at a later date, and the need for models of inpatient care that can support that further rebalancing without such reductions destabilising the core inpatient service.*

*In response to the issues raised by Professor McKay concerning the need to locate the bed modelling within a wider context beyond Greater Glasgow, the Board produced a detailed report which located the Clyde bed modelling proposals in the context of Greater Glasgow, Clyde, Scotland and each of the UK nations and also compared the proposed levels with indications of epidemiological norms for such services. In practise Greater Glasgow bed levels are below Scottish average levels but above the national averages for every other UK nation. Each of the UK nations has transferred c60% of hospital based inpatient care to care in a range of community settings but Scotland is at a less advanced stage than the other UK nations - in broad terms this simply reflects that Scotland is at an earlier stage in transferring the provision of long stay care from inpatient hospital based settings, to a range of community based settings. This work was supplemented by further work which showed that in a Scottish context the more community oriented balance of care in Greater Glasgow outperforms both the Scottish average and the more inpatient dominated Clyde services on issues of length of stay, delayed discharges and multiple readmissions etc. This suggests that the Glasgow balance of care is comparatively effective in terms of patient recovery as reflected in timely discharge from inpatient to community services and lower levels of readmissions reflecting robust discharge planning and the capacity of community services to manage individuals and prevent relapse.*

8. The information presented on Modernising Medical Careers and the European Working Time Directive was misleading in that it was selective and failed to give a comprehensive overview of the current status of the ongoing radical review on these topics as "many deficiencies which demand corrective action" have been identified. No mention was made of the Tooke report, "Aspiring to Excellence" or its 47 recommendations to deal with the deficiencies of Modernising Medical Careers. Only when challenged by a member of our campaign group did NHSGGC admit to this significant ongoing debate on both MMC and EWTD which undermines many of their thought processes on the medical manpower issues as presented in the consultation process.

*The UK government has already provided an initial response to the Tooke report and nothing in that response suggests a material change to the issues specific to levels of junior doctor availability. The final UK response to the Tooke report is outstanding and we will review any further implications as they become known.*

## EMBARGOED UNTIL MEETING

*In the meantime we continue to be advised by NES of the planning assumptions and actual reducing allocation of junior doctors all of which is consistent with the concerns of a reducing number of junior doctors available to local services via national training allocations.*

*The Scottish Government has now responded to the Tooke Report in a document called 'Aspiring to Excellence'. This document commits the Scottish Government and the Scottish NHS to reviewing the role of the Doctor and multidisciplinary Team, but will essentially continue to adhere to the principals of Modernising Medical careers.*

9. A great deal of emphasis has been placed on the financial deficit (recurring) inherited from NHS Argyll and Clyde yet no counterbalancing figures to show the increased income from the sale of inherited assets was presented. One example which Hospitalwatch members were able to discover and no doubt there are many others was the capital and recurring benefit from the sale of the Ross House site. The recurring benefit of lower capital charges is just short of half a million pounds per annum to NHSGGC yet the only figures presented to us have been around deficits. Furthermore, why was a special case not made to the Cabinet Secretary to retain the balance of 7.6million capital receipt for Ross House as a special case to fund a programme of enhancement and refurbishment of the physical environment of the Vale of Leven hospital? Precedent is well established in NHS Scotland for the approval by Ministers of such "special cases" and it is deeply disappointing and frustrating that the Board has not been proactive in this regard yet continues to conceal the benefits from asset sales from the former NHS Board.

*The sale of the Hawkhead/Ross House site was concluded by the former NHS Argyll & Clyde Health Board prior to the transfer of management responsibility for Clyde passing to NHSGG&C on 1<sup>st</sup> April 2006.*

*In addition the former NHS Argyll & Clyde had already committed the proceeds of disposal of this site towards offsetting, in part, its financial deficit, in the year to 31<sup>st</sup> March 2007. Looking forward, it is unlikely that there will be further land disposals which are capable of yielding significant receipts within the forthcoming 2/3 year period, however a commitment has already been made by the Board to SGHD to apply the initial £15m of capital receipts which arise from future land disposals within Clyde towards repaying £15m of bridging capital to be provided by SGHD during 2008/09 and 2009/10, to contribute towards the capital costs of reproviding Renfrew and Barrhead Health Centres.*

## EMBARGOED UNTIL MEETING

*Further to the above, the reduction in capital charge costs associated with the sale of the Hawkhead/Ross House...value £0.5m...had similarly been committed by the former Argyll & Clyde Health Board towards offsetting, in part, its financial deficit prior to the transfer of a residual recurring deficit of £30m into the management responsibility of NHSGG&C and NHS Highland.*

10. The spend per capita on mental health services in the Dumbarton/Vale/Helensburgh/Lomond does not reflect an equal distribution of funds and the area continues to be disadvantaged by the legacy of inequity of spend which would appear to be years away from being addressed. This legacy of under-funding must be a consideration in the current consultation process but the financial facts were not presented, they had to be sought by members of our campaign group. At all meetings we were told of the figures being invested in community services but we were not told how much is actually needed to provide effective, safe and sustainable care. It is therefore impossible to evaluate the promise of care unless it can be quantified against any shortfall. The financial presentations were another example of selective information being presented to the public.

*NHS Argyll & Clyde spent higher levels per head in South Clyde than in North Clyde on mental health. NHS GG&C have made a commitment to progressively address this issue and the planned net additional investment in WDC reflects progress to date in doing so. Pragmatically further progress to equity will be to a timetable agreed with all geographic areas to ensure a managed balance between the pace of change of movement to equity and avoiding to great a destabilisation of existing services in South Clyde*

*The judgment of the WDC CHP management team is that the planned investments provide the major building blocks for delivering a sustainable rebalanced inpatient and community service, albeit the service would be further enhanced as further equity funding is progressively released. It should also be noted that whilst our experience suggests further scope at a later date for a reduction in inpatient bed numbers the proposals do not currently propose a reduction in inpatient bed numbers and these issues can be tested further following the local experience of the further development of inpatient services*

11. The discussions concerning patient and carer access only featured Hyndland station and its lack of disabled access. There was no consideration of the holistic approach needed in respect of patient access to ensure wellbeing and confidence in the system. No mention was made of the Scottish Government's commitment to deliver care as locally as possible and to protect local access to healthcare through a presumption against the centralisation of hospital services. In fact, in all the presentations no mention was made of the current Government's strategy for NHS Scotland and centralisation was a word which was avoided.

## EMBARGOED UNTIL MEETING

Maybe NHSGGC does not appreciate that for the people who currently rely on the Vale of Leven for their services, a move to Gartnavel would be centralisation as identified by Professor Mackay in the ISP report, "The preferred option represents a clear intention to centralise psychiatric admission facilities for communities living north of the Clyde". The Health Board states in its vision for service users that a key principle is "to ensure that service users have access to good quality services which are acceptable to service users and their carers and supporters". The outcome of the option appraisal process shows that this vision can only be realised by retaining and enhancing services at the Vale of Leven.

*The Kerr report indicated the need for services to be provided "as locally as possible and as centralised/specialised as necessary". The response to point 2 above has demonstrated that in terms of a more holistic view of patient recovery and continuity of care this can and is being delivered by hospitals "less local" than the Vale of Leven whilst achieving better performance in timely discharge and readmissions, suggesting in that recovery for patients is not in practice being compromised through hospitals serving larger catchment areas. Rather it is the quality of the operational protocols, working relationship and practice between inpatient and community services which determine the effectiveness of the transition from inpatient care to community care and vice versa.*

*For many Board areas in Scotland the distance from Helensburgh to Gartnavel is no greater than that of their "local" inpatient units to their catchment populations.*

*The issue of how local does a service need to be before it is not local enough is therefore shown to be not simply a matter of a further 17 miles compared to the location of the Vale of Leven.*

*The issue of the balance between "as local as possible and as centralised as necessary" has been approached by balancing the issues across a range of criteria rather than on the single criteria of distance or money. As indicated in the response to 4 above the balance between as needs to be considered across the range of the following factors, and not by "cherry picking" single issues rather than the balance of all the factors:*

- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - Age appropriate services and ward spaces
  - Fit for purpose and quality ward environments
  - Safe and effective care
  - Access to out of hours medical cover
  - Sustainability
  - Future flexibility

## EMBARGOED UNTIL MEETING

- Access to capital
- Revenue affordability
- Accessibility
- Continuity of care
- Local aspirations

12. The consultation process and the information presented to us focussed on cost, winning out over effective, accessible, patient centred care.

*As indicated above the option appraisal process and the subsequent consultation paper have been informed by an assessment of the balance of the options across the range of factors above and have not focussed on cost alone or indeed single issues in isolation from the overall balance across the range of factors.*

13. The submission made by the West Dunbartonshire Mental Health Forum is commendable and we endorse their comments and their conclusion. It is clear that the option appraisal process favoured the retention of the Christie Ward and enhancement of services in the locality of the Vale of Leven of Leven hospital. We have high regard for the time and commitment given to the appraisal process by members of the WDMHF and recognise that their conclusion, "retaining and enhancing mental health services on the Vale of Leven site is the best option" is the one supported by the wider community as well as all members of our campaign group.

*It is recognised that the clear expressed aspiration of the public and the Mental Health Forum is for the retention of beds on the Vale of Leven. However in terms of the option appraisal, it should be noted that the report of the Independant Consultant was that the outcome of the option appraisal process saw the Gartnavel proposal scoring highest using the standard option appraisal discipline of lifecycle cost per benefit point. That discipline takes account of the range of factors of both a financial and non financial nature*

14. The lack of staff consultation on the proposals, particularly with regard to local GPs, is disturbing and deeply disappointing. It seems incredible to the public that discussions with those currently delivering front line services have not taken place. We were approached by many NHS employees who asked us to raise issues at the public meetings because they were afraid to speak out and many members of staff attended these meetings because they felt it was the only forum being provided to them to voice their concerns about the proposed move to Gartnavel.

## EMBARGOED UNTIL MEETING

*As indicated in 3 above:*

*The ISP had particularly advised of the need to further explore the option of advanced nurse practitioners, and use of non career grade psychiatrists and it is to these options that the options appraisal process directed its attention.*

*The need for the fuller investigation of medical cover options in collaboration with GP's was raised in the public consultation meetings and this is subsequently now being more fully explored with GP's - the outcome of this work will be reflected in the final proposals in relation to the Vale of Leven which will be considered in the context of the Boards overall vision for the Vale of Leven Hospital.*

15. The poor attendance at all the public consultation meetings compared with the 18,000 people who were consulted last September at the rally was significant but does not reflect a lack of public interest in the outcome of this consultation process. Members of the public have made it clear that the rally was the consultation that mattered, they responded to say they want all services retained and enhanced at the Vale of Leven. NHSGGC has ignored this voice of the people and current public opinion is that no matter what we say in this consultation the Board will not change its plans. This consultation is widely regarded as a sham, a "tick box", meaningless exercise designed to allow the Board to overrule the will of the people.
16. In conclusion, we submit that the option appraisal process was flawed and that the only outcome of this consultation which will provide a patient centred health service for the people of this area is the retention and enhancement of mental health services on the Vale of Leven site. We urge members of the Board to have the courage to review your plans and deliver twenty first century health services local to the people you serve.

*As indicated in 4 above:*

*The 19.08.08 report to the Board has reflected a range of issues and feedback from the public consultation process and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site, including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*

## EMBARGOED UNTIL MEETING

- *The final proposals will need to balance the pros and cons across the full range of issues including:*
  - Age appropriate services and ward spaces
  - Fit for purpose and quality ward environments
  - Safe and effective care
  - Access to out of hours medical cover
  - Sustainability
  - Future flexibility
  - Access to capital
  - Revenue affordability
  - Accessibility
  - Continuity of care
  - Local aspirations
  
- It should be noted that whilst the public consultation feedback has raised issues about individual areas, such as capital and out of hours medical cover, the final assessment will need to be one which reviews the overall balance across the full range of factors taking account of any refinements to individual factors.

## EMBARGOED UNTIL MEETING

### **Councillor Iain Robertson, Leader West Dunbartonshire Council**

- Notes that the approach to the consultation taken by Anne Hawkins and her team has been more productive than other exercises the Board has undertaken. Has been told by a number of people attending the various meetings and sessions held, that, whilst there was little agreement with the Board's analysis or conclusions, there was an appreciation that the team were genuine in their concerns to develop mental health services and had tried to listen to the views and concerns of local people and staff.
- Accepts that over the past two years considerable progress has been made by NHS Greater Glasgow and Clyde, through West Dunbartonshire Community Health Partnership and the Council, to develop better community based mental health services. Equally, local people have made it clear that better community-based services should not exclude retention and improvement of locally based inpatient services.
- A significant number of people however have expressed concerns about the 'options appraisal' process. At the last public meeting this was rehearsed in some depth. I have been in discussion with elected member colleagues and Geoff Calvert, who attended the Dumbuck meeting, who pointed out that the appraisal exercise produced outcomes which were subsequently evaluated against financial criteria and this step effectively removed Option 6c off the agenda. More work on the justification and financial transparency behind this shift has to be done. The clinical and community benefits appear to rule towards the retention and rebuild on the Vale of Leven site. If a financial model could demonstrate affordability then this option should be included.

*The disciplines of the option appraisal process firstly consider and score the non financial benefits to ascertain the benefits points score associated with each option. The financial appraisal is then played in to assess the " lifecycle cost per benefit point" in order to arrive at a view as to which option represents the best value for money. From that analysis, option 8 (transfer of services from Vale of Leven to GRH) scored best. Option 6c scored poorer than options 6a and 6b on purely benefits criteria, and poorer than option 8 on the lifecycle cost benefit analysis.*

## EMBARGOED UNTIL MEETING

*(While options 8 and 6c were comparable on annual revenue costs, option 6c required an additional £3m capital funding, thus giving it a lower lifecycle cost per benefit score.)*

*The detailed financial analysis for the option appraisal was undertaken by the Independent Consultant who managed the option appraisal process and all GG&C submissions complied with the methodology and detailed requirements of the Independent Facilitator*

*Beyond the option appraisal process, and reflecting feedback received, the Board has now committed to consider and develop the final mental health proposals in the context of potential synergy with services on the Vale of Leven site linked to the Boards vision for the future of all services on the Vale of Leven site. Consideration in that context may then require consideration of further options beyond those identified by those participating in the options appraisal process.*

- West Dunbartonshire Council supports the overwhelming desire of local people that the inpatient mental health services serving our area, Helensburgh and the Lochside remain local and based within the Vale of Leven Hospital. Our concerns and the issues highlighted by Professor Mackay's Independent Scrutiny Panel remain. It is accepted that the Options Appraisal work carried out by the Board and partners has attempted to deal with these matters but the solutions proposed are not acceptable to local people, staff, service users or carers.
- Particular attention should be given to the following issues before further consideration by the Board and discussions with the Cabinet Secretary:-
  1. ISP Report - the Board in its responses should endeavour to deal with all the issues raised within Professor Mackay's findings
  2. The implications of removing services for older people should be re-examined and better local options should be offered for further consultation
  3. The Board should explain the role that Financial Weightings have had in their expressed preferences within the options. It would seem that financial considerations have ruled out exploration of Option 6 c - the costs of a local new build

## EMBARGOED UNTIL MEETING

4. The accessibility and compensatory transport solutions to help local people access Gartnavel should be spelled out and costed
  5. The evidence and workings behind the assumptions that community based options will reduce the need for bed capacity should be produced
  6. The potential to acquire medical cover for mental health and older people's inpatient services using GP collaboration should be investigated
  7. The Board as a total NHS system should examine the viability of medical and /or psychiatrist cover for the Vale of Leven
- Any further proposals about the future of the Vale of Leven Hospital have to be part of a coherent plan which spells out a vision for the Vale of Leven and meets the aspirations of local people.

*The above issues are specifically reflected and covered in the 19.08 report to the GG&C NHS Board and the response is best reflected in the totality of that report rather than a point by point response to this letter.*

## EMBARGOED UNTIL MEETING

- 9.8 Feedback on the wider service change proposals beyond those subject to the formal public consultation process is reflected in appendix 1. In general terms the development of community services was welcomed with the caveat that this should be in place in advance of significant reductions to inpatient beds or at the expense of local access to inpatient services.

### **MHP proposals in response to the public consultation feedback**

- 9.9 In response to the public concerns summarised above the Board:
- now proposes to articulate and consult on its future vision for all services on the Vale of Leven site and to integrate the consideration of the individual service change proposals for mental health within that context
  - is undertaking further work to explore the position of mental health in the context of exploration of any potential synergies between mental health and other remaining services integral to the Board's future vision of the Vale of Leven site.
  - Without pre-empting the outcome of the above work our initial sense is that there *may* be more scope for synergy between older peoples mental health services and frail elderly services remaining on the Vale of Leven site given the physical and mental health co morbidity issues, - than would be the case for adult mental health services. It should be noted that it is too early at this stage to assume such synergies will or will not facilitate retention of mental health inpatient services at the Vale of Leven as this issue is still being explored
  - has commenced further work to explore in more detail the feasibility of GP support providing a solution to the out of hours medical cover issues
- 9.10 The outcome of the above pieces of work in terms of mental health proposals would then be reflected in the consultation process on the Board's future vision for the totality of the Vale of Leven services and would be further reported to the Board as part of that process.

# EMBARGOED UNTIL MEETING

## 10. FEEDBACK ON SPECIALIST SERVICE PROPOSALS

### Feedback on Significant Service Change Proposal

#### 10.1 Transferring low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital.

Written Responses & Key Themes from Stakeholder Meetings (and MHP responses are summarised below):-

- Support from NHS GG&C's Area Medical Committee
- Renfrewshire Council supportive of the breadth of mental health proposals, including the proposed transfer of low secure provision from Dykebar to Leverndale Hospital.
- Support from West of Scotland Regional Planning Group for proposal
- GCC:
  - opposes the re-location of low secure forensic services from Clyde to Glasgow.
  - believes that quality care and support should be provided for these service users in the appropriate geographical area.
  - Experience of regional resources is that demands are placed on Glasgow City Council services either directly or indirectly as people relocate in the city. This concern relates to both adult mental health and learning disability services.

#### **MHP response**

*The strategy proposes that the 6 low secure learning disability beds at Dykebar should be consolidated with the 8 similar beds currently at Leverndale. The strategy indicates the benefits of consolidation which achieve a more sustainable critical mass for specialist multi disciplinary teams and economies of scale with consequential revenue and capital benefits. The distance between Dykebar and Leverndale is 3 miles and in the context of a regional or GG&C wide facility there are no significant service benefits to either users or practitioners from retention of a very small low secure unit on the Dykebar site.*

*The strategy also proposes consolidation of all GG&C low secure activity for adults with a mental illnesses on the Leverndale site with similar benefits of consolidation of small and highly specialist services. This would see the development of 8 low secure beds for North and South Clyde on the Leverndale collocated with similar Greater Glasgow beds.*

*The concern raised by GCC that there may be a tendency for patients in Glasgow based low secure to then settle in the area may well be real, and may see such issues for up to c4 discharges per year. GG&C will seek to support collaboration between local authority partners to mitigate such concerns.*

# EMBARGOED UNTIL MEETING

## Feedback on Wider Specialist Service Proposals

### 10.2 **Transfer of South Clyde (Inverclyde and Renfrewshire) Intensive Psychiatric Care Unit (IPCU) beds from Dykebar Hospital to upgraded accommodation at Inverclyde Royal Hospital (with all IPCU beds for East Renfrewshire consolidated at Leverndale Hospital).**

Written Responses & Key Themes from Stakeholder meetings (and MHP response)

- The need for good communication between Inverclyde and Renfrewshire to support patient transfers
- Clinical support for Renfrewshire patients to access IPCU services at Leverndale Hospital.

#### **MHP response**

*While the proposed transfer of South Clyde IPCU services to Inverclyde emerged as the preferred option for consultation, the consultation document informed that further consideration would be to a variation of this option that would potentially see IRH beds serving Inverclyde and West Renfrewshire patients, with the remainder of Renfrewshire patients accessing Leverndale Hospital's IPCU.*

### 10.3 **Improving access to services through the transfer of IPCU service for West Dunbartonshire (Clyde catchment) from Lochgilphead to Gartnavel Royal Hospital.**

Written Responses & Key Themes from Stakeholder meetings:-

- Support for service change, improving access for patients.

### 10.4 **Consolidation of South Clyde and South/West Glasgow Addiction inpatient services at Leverndale Hospital in either new-build or substantially upgraded accommodation.**

Written Responses & Key Themes from Stakeholder meetings (and MHP position statement):-

- Support from NHS GG&C user involvement partnership for the development of a single specialist addiction inpatient unit for South Clyde /South & West Glasgow, and a request for the partnership to be involved in the development of the unit.
- Issue raised over potential transport difficulties for patients and visitors travelling from Inverclyde to Leverndale Hospital

## EMBARGOED UNTIL MEETING

- Input from the user involvement partnership very much welcomed and a commitment given to involve them in planning for the service development. The specialist nature of these beds means that it is not possible to provide inpatient beds in each of the Health Board localities. Efforts are being made to further strengthen community services provision to reduce the number and length of stay of admission to inpatient care.
- GCC notes the proposals outlined in relation to addiction and learning disability services. While there are no proposed implications, would reiterate that any changes would have to be agreed bilaterally with the Council.

### **MHP response**

*It is acknowledged that any changes to the NHS GG&C / Glasgow City partnership arrangement for managing services will have to be agreed bilaterally and that process of exploration has commenced. However the proposed location of services can be accommodated within a range of options for the management of the addictions bed, subject to the outcome of the joint discussions*

### **10.5 Making permanent the current arrangement for all West of Scotland Boards (and Argyll & Bute catchments) to access medium secure forensic services at Rowanbank Clinic on the Stobhill Hospital site.**

#### Written Responses (and MHP position statement)

- The State Hospital supportive of proposal
- Member of public expressed concern about whether there will be sufficient capacity within Rowanbank to cope with West of Scotland activity, and concern over the distance between Rowanbank and local communities.
- Similar themes to above expressed at service user group
- Support from West of Scotland Regional Planning Group for proposal, noting the ongoing dialogue with service user groups to discuss and clarify any issues of concern. WoS medium secure activity has been accommodated within Rowanbank due to the fact the unit was originally designed for both medium and low secure activity for Greater Glasgow. However, low secure activity subsequently planned to remain at Leverndale Hospital. National guidance is for medium secure inpatient provision to be provided on a regional basis, given the highly specialist nature of medium secure provision. The potential does therefore exist for distance between the unit and local communities. However, good linkages between Rowanbank and local services will aim to ensure integration and a smooth transition for patients between care settings.

*No written comments were received in respect of the notification within the consultation document of the potential for Rowanbank to accommodate national learning disability and women's medium secure beds*

## EMBARGOED UNTIL MEETING

### 10.6 **Development of low secure adult mental health forensic services for Clyde at Leverndale Hospital.**

Written Responses & Key Themes from Stakeholder meetings

- Support for service development

### 10.7 **Development of intensive rehabilitation inpatient services for South Clyde (Inverclyde and Renfrewshire) at Dykebar Hospital, with access to these services for East Renfrewshire at Leverndale Hospital, and for West Dunbartonshire at Gartnavel Royal Hospital.**

Written responses

- Support for service development

## Conclusions & Recommendations

- 10.8 The consolidation of low secure forensic services at Leverndale Hospital will provide a better opportunity for patients to have access to multi- disciplinary supports, better assist with staff recruitment, retention and professional development, and avoid duplication of infrastructure costs. For these reasons and taking into account consultation feedback, ***it is recommended the proposal to transfer low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital be submitted to the Cabinet Secretary for approval.***

The existing IPCU service at Dykebar hospital currently provided access to patients on a South Clyde basis. Transferring beds from Inverclyde and West Renfrewshire activity to upgraded accommodation adjacent to the mental health acute admission unit in Inverclyde will, on the whole, provide better local access and have critical mass advantages to assist with the overall sustainability of provision. Transferring remaining Renfrewshire (and Clyde East Renfrewshire) beds to Leverndale has the advantage of still offering an acceptable level of local access. Taking these factors into account, together with the feedback from the consultation, ***it is recommended that the Board approve the transfer of IPCU services from Dykebar Hospital to Inverclyde and Leverndale for implementation.***

North Clyde access to IPCU services at Gartnavel Royal Hospital will provide greatly improved access for any patient requiring admission to an IPCU bed. Taking this into account and the feedback from the consultation, ***it is recommended that the Board approve the transfer of IPCU services for North Clyde from Lochgilphead Hospital to Gartnavel Royal Hospital.***

The model of having a single specialist addiction inpatient unit for South Clyde and South/West Glasgow, supported by a network of local community services, received robust support at option appraisal stage. Regardless of its location, such a unit will present potential travelling issues for some individuals. It is considered that the location of Leverndale presents a relatively central location for the relevant catchments, thereby minimising such difficulties.

## EMBARGOED UNTIL MEETING

The hospital site also offers the opportunity to develop improved accommodation for this provision, enhancing the quality of environment for patients. In light of these factors and the consultation responses, ***it is recommended that the Board approve the consolidation of South Clyde and South/West Glasgow Addiction inpatient services at Leverndale Hospital.***

Rowanbank Clinic offers an exceptionally high quality of environment and has successfully provided access to West of Scotland patients since it opened in May 2006. The critical mass of medium secure provision at Rowanbank ensure patients have access to a range of therapeutic and staffing supports that would be potentially difficult and more costly to provide in a smaller facility serving a reduced West of Scotland catchment (eg within an separate medium secure development originally planned for location at Dykebar Hospital. For these reasons and taking into account the consultation feedback, ***NHS GG&C is asked to approve the decision for Rowanbank to offer medium secure inpatient services for the West of Scotland (including Argyll & Bute catchment) on a permanent basis.*** This recommendation has the support of West of Scotland Health Boards and NHS Highland (for Argyll & Bute activity), as confirmed by the West of Scotland Regional Planning Group.

The lack of low secure adult forensic inpatient services for Clyde was highlighted as a significant service gap during the Strategy development process. The development of these services will therefore improve patient access to the appropriate level of care. Taking this into account and the consultation feedback, ***it is recommended that the Board approve the development of low secure adult mental health forensic services for Clyde at Leverndale Hospital.***

The development of intensive rehabilitation inpatient services for Clyde will bring services into parity with Glasgow services for this patient group, complimenting adult mental health continuing care services and supporting patient discharge. Taking this into account and the consultation feedback, ***it is recommended that the Board approve the development of intensive rehabilitation inpatient services for South Clyde at Dykebar Hospital, with access to these services for East Renfrewshire at Leverndale Hospital, and for West Dunbartonshire at Gartnavel Royal Hospital.***

- Appendix 1 : Wider Feedback**
- Appendix 2 : Written responses**
- Appendix 3 : Public Meetings Feedback**

## **Embargoed Until Meeting**

### **Appendix 1**

#### **Feedback on Wider Strategy Proposals**

The opportunity was taken during the consultation period to engage with stakeholders and seek feedback on a wider set of service change proposals, as set out in the Clyde Mental Health Strategy. The following sections summarise the written feedback received in relation to those proposals:-

#### **South Clyde**

- 1.1 Introducing new Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

Written Responses:-

- Unanimous support for community developments

- 1.2 Expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

Written Responses:-

- Unanimous support for community developments

- 1.3 Expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

Written Response:-

- Unanimous support for community developments
- Request to consider community dietetic staffing needs
- Request from member of public to appoint additional psychologists in Renfrewshire to address waiting times.

- 1.4 Investing in additional supported accommodation, residential care and homecare services to provide more alternatives to hospital care

Written Responses:-

- Request from Key Enterprises for vocational rehabilitation requirements to be considered as part of the community care needs of service users.

- 1.5 Retention of Inverclyde adult and older people's acute admission services on the Inverclyde Royal Hospital site with improvements to the safety and quality of ward environments.

## Embargoed Until Meeting

- 1.6 Closure of older people's mental health continuing care beds currently on the Ravenscraig Hospital site, and re-provision of 33 older people's mental health continuing care beds in a community based NHS Partnership arrangement within Inverclyde.

### Written Responses:-

- 1 member of public wrote to request Ravenscraig Hospital be kept open, concerned that alternative facilities would be inadequate, and the potential adverse effect a move will have for patients.

- 1.7 Closure of adult continuing care beds currently on the Ravenscraig site, and re-provision of 9 adult mental health continuing care beds within Inverclyde, most likely in partnership with the Local Authority.

- 1.8 In addition to the re-provision of mental health services from Ravenscraig Hospital, it is proposed to transfer 20 long term continuing care beds for frail elderly patients from Ravenscraig Hospital to more modern ward accommodation within Larkfield Unit, adjacent to Inverclyde Royal Hospital.

- 1.9 Retention of older people's mental health acute admission beds on the Royal Alexandra Hospital site.

### Written Responses:-

- Clinical support for retention of these beds at RAH

- 1.10 Explore the option to consolidate the small number of older peoples mental health acute admission beds for all of East Renfrewshire on a single hospital site

- East Renfrewshire has indicated its desire to pursue this option through the process of joint discussion with a preference for Leverndale as the site of collocation whilst indicating that the issues are finely balanced and consolidation of ERC beds on either the Leverndale or RAH sites would both be acceptable outcomes
- The numbers of beds total 11 beds for ERC of which 8 are currently located at Leverndale and 3-5 at RAH. The proposed consolidation of beds would see a move of 3 beds from RAH to Leverndale or 8 beds from Leverndale to RAH both of which can be managed within existing ward capacity and represent a modest change to existing arrangements
- The practical exploration of the detailed implications of these proposals is now being pursued with practitioners prior to final decision.

## **Embargoed Until Meeting**

### **North Clyde**

- 1.11 Introducing new Community Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

Written responses:-

- Unanimous support for community developments

- 1.12 Expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

Written responses:-

- Unanimous support for community developments

- 1.13 Expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

Written Responses:-

- Unanimous support for community developments
- Request from NHS Highland for further information on the detail of the community developments to clarify how these may impinge on the function of NHS Highland.

- 1.14 Re-provision of older people's continuing care services from Dumbarton Joint Hospital to improved accommodation within local NHS Partnership beds with the independent sector.

No written response received specifically on this proposal.

**APPENDIX 2**

**NHS GREATER GLASGOW AND CLYDE**

**Summary of Written responses received  
To The Consultation Document:  
"Modernising and Improving Mental Health Services across Clyde"**

Professional and Advisory Committees

- William S Marshall, Area Medical Committee

NHS Organisations

- Andreeana Adamson, Chief Executive, The State Hospital
- Forth Valley NHS Board
- NHS Highland
- Tayside NHS Board

NHS Staff

- Dr Malcolm M MacRae and Partners, Medical Centre, Alexandria
- Laura Hughes and Karen Milligan, Mental Health Community Dieticians, Dykebar Hospital
- Helen McDonald, British Dietetic Association – staff side representative
- Michelle Wardrop, Dietetic Manager and Professional Lead, Ferguslie Clinic
- Ellen O'Hare

Local Authorities and Community Councils

- Glasgow City Council
- Renfrewshire Council's Community Care and Family Policy Board
- West Dunbartonshire Council
- Rosshead Tenants and Residents Association (enclosing petition)
- South Lanarkshire Council
- Inverkip and Wemys Bay community Council

MSPs/MPs

- Alan Reid MP, Argyll and Bute

## Embargoed Until Meeting

### General Public

- 6 Service Users
- Pat Duncan
- Shevaun Graham
- Alex Imrie
- Kenneth Lamont
- Bob Leslie
- Paul McDonald
- Findlay McQuarrie
- Alan Mitchell
- I Thomson

### Other Organisations / Special Interest Groups

- Vivien R Dance and Jim Moohan, on behalf of Hospitalwatch Steering Group
- Theresa Gilchrist, Key Enterprises – Client Group
- Stevie Lydon, Chair, Greater Glasgow and Clyde User Involvement Partnership
- Jackie Pollock, United Campaign Group
- John Watt, Area Procurator Fiscal, Argyll and Clyde

**Summary of Written Responses**  
(NHS GG&C Mental Health Partnership position statement shown in italics)

**PROFESSIONAL AND ADVISORY COMMITTEES**

**William S Marshall, Area Medical Committee**

- The Committee agrees that historically there has been a relative under-investment in community mental health services in Clyde and that there has been an over-reliance on in-patient treatment facilities for patients with acute illness and for patients with longer term care needs compared to Glasgow.
- The principle of increasing investment in community services is therefore welcome however it is vital that those community services should be carefully planned and initiated prior to the closure of hospital beds and transfer of patients from long term care beds into community facilities. The Committee believes that there is a risk to patients if the community supports are not in place initially, which may result in failed discharges and potential re-admission to hospital beds. The Committee would also point out that it will take time for local clinicians to become confident in using community services as an alternative to direct hospital admission. A phased approach to the proposed changes would therefore be preferable.

*The development of community services has been planned carefully, with a commitment to the principle that new services should be in place prior to the closure of beds. For people in long stay facilities, a phased and incremental approach is being taken to the discharge process, with familiarisation visits and overnight passes prior to discharge.*

*In relation to acute admission beds, the Intensive Home Treatment Team was established in April 2008, prior to the reduction of any adult acute admission beds; Clinicians are involved in the planning and implementation process and are critical to success.*

- With specific regard to the provision of long stay care in the community, the Committee wishes to stress the need to have services developed which allow patients to have access to the specialist care which was available to them prior to discharge. Many such patients may have complex management problems, including behavioural and psychological problems, which require supervision by Consultant Psychiatrists.

## Embargoed Until Meeting

*Patients discharged from long stay beds will continue to have the supervision of Consultant Psychiatrist for as long as necessary, dependent on needs of individual and additionally will receive support from Community Mental Health Teams where necessary - and additional CMHT posts have been created to ensure capacity exists to deal with demand.*

- It would be unrealistic to expect that General Practitioners in the community would be able to manage all of these problems without additional support, perhaps by way of easily accessible Community Psychiatric Nursing and Consultant Psychiatry advice and assessment.

*As outlined in the mental health strategy document, there will be significant investment in additional CMHT posts, which will in turn improve accessibility to specialist advice and support when required.*

- In regard to Section 3.1., the Committee notes that there has already been a reduction in continuing care beds with increased provision of care in a variety of settings. From the experience of patients who have already been discharged, the Committee notes that there has been little co-ordination with existing General Practitioner services and information about existing health problems and medication can be sketchy with difficulty obtaining more detailed history.
- The Committee believes that as more patients are discharged it is vital to improve this communication to allow the smoothest transfer of care for patients who may be experiencing significant changes to their home circumstances for the first time in many years. In particular, the Committee would request that detailed summaries of health and behavioural problems are communicated to General Practitioner practices prior to a patient's discharge and that there is provision for General Practitioners to access Consultant Psychiatrist and Community Psychiatric Nursing advice and assessment at short notice should problems arise following discharge.

*Comprehensive summaries are completed for each individual which detail the persons physical, mental health and behavioural issues including 'triggers' to poor behaviours, warning signs to look out for etc. These are completed for care providers who will provide care for individuals in the future. We will ask care providers to share this information with GPs as individuals are registered with a GP practice. In addition, the GP support we have to our continuing care in-patient areas provide a summary of each patient's physical health in preparation for discharge.*

*A duty system is in place to ensure quick access to CMHT staff as required. In addition, CPN support is being arranged by 'cluster' of accommodation in order that one person is providing the link / support to a group of individuals rather than a number of different professionals.*

- The Committee understands that a similar service was previously operated in Glasgow when patients were discharged from long stay hospital beds and that this service was over and above the existing community mental health services already in place.

## Embargoed Until Meeting

*As outlined elsewhere in the strategy document, there will be significant investment in additional CMHT posts, which will in turn improve accessibility to specialist advice and support when required.*

- In regard to Section 3.2., the Committee accepts that the proposal to transfer acute admission beds is reasonable given the difficulties of operating a service across two sites and the problems involved in modernising and re-providing accommodation at the Royal Alexandra Hospital site. It is acknowledged that accommodation at Dykebar Hospital is already of a modern, purpose built nature, including single rooms for all patients, and that this would be of significant benefit in terms of providing high quality in-patient care.
- The Committee notes the proposal to reduce the number of beds to 42. This is a significant reduction in beds and is dependent on the use of expanded community services. As noted above, the Committee would emphasise that there must be adequate time for these community services to be tested to ensure that all users find them satisfactory. There is evidence of high levels of psychiatric morbidity in Clyde in association with its high levels of deprivation and it may be that the proposed bed reduction will prove to be excessive and that the numbers of beds required will actually be higher.

*The bed numbers proposed within the Strategy are the product of a robust benchmarking exercise which demonstrates that proposed bed levels are at the upper end of epidemiological norms and comparable to those already achieved in areas of comparable or higher levels of deprivation within GG&C, and higher than UK average levels. The population trends for adults is for a reducing population so the risk of under provision should be small - however the position will be progressively reviewed in the light of actual implementation experience*

- In regard to Section 3.3., the Committee agrees that the proposal to transfer beds from the Vale of Leven Hospital to Gartnavel Royal Hospital is likely to be the most sustainable option. It is recognised that patients would be benefiting from the modern, purpose built, single room accommodation existing within the newly built Gartnavel Royal Hospital and that this is a significant factor favouring the transfer of in-patient services there.
- The Committee is however concerned that the closure of the Christie Ward at the Vale of Leven Hospital may be seen as another move towards closure of the hospital as yet another service is transferred elsewhere and that at some point the hospital becomes no longer viable.

*This point is accepted and final proposals for mental health will now be developed and considered as part of consultation proposals on the GG&C Boards vision for the future of services at the Vale*

- The Committee realises that the option appraisal has looked at maintaining services at the Vale of Leven Hospital and feels this is not sustainable but the Committee would suggest that maintaining the viability of the existing hospital ought to have a high weighting when considering this option.

## Embargoed Until Meeting

- The Committee also has some concerns about the possibility of patients from the Vale of Leven catchment area requiring to board out to other sites if Gartnavel Royal Hospital was full. The consultation document touches on this and claims that it is a rare occurrence but it must be remembered that any boarding out would involve considerable transport difficulties to patients and their families.

*This point is accepted. However currently the boarded out days as a % of total occupied bed days for Gartnavel are lower than for the Vale, so should result in a reduced level of boarding compared to the current position. The operational arrangements for Boarding out will reflect the principle of geographic proximity to ensure this issue is prioritised and factored into to operational practice*

- In regard to Section 3.4., the Committee does not have any objection to the proposal to change the provision of older people's mental health continuing care beds provided their level of care will continue to be under the responsibility of NHS Consultant Psychiatry.
- In regard to Section 3.5., the Committee is satisfied that the proposal to transfer low secure forensic learning disability beds from Dykebar Hospital to Leverndale Hospital is acceptable and will allow for all such services to be provided from one site.
- The Committee generally welcomes most of the developments of services outlined at the end of the consultation document although it is acknowledged that these are not out to formal consultation.

### **NHS ORGANISATIONS**

#### **Adreana Adamson, Chief Executive, The State Hospital**

- The Board of the State Hospital supports the proposals in respect of medium secure arrangements for West of Scotland patients.

#### **NHS Forth Valley**

- As consultation focuses on the reprovision of services for residents of the Clyde area of NHS Greater Glasgow and Clyde, it would appear that there should be no impact on residents of Forth Valley or on NHS Forth Valley services.

#### **NHS Highland**

- This response reflects significant input from the Argyll and Bute CHP and NHS Highland Board's clinical advisory structures.
- There is a significant redesign of mental health services in progress within the Argyll and Bute CHP which has allowed us to consider the proposals in context of the opportunities provided by the service redesign.

## Embargoed Until Meeting

- It is acknowledged that a considerable amount of thought, effort and hard work has gone into the development of these proposals and the complexity of developing suitable solutions to resolve some long standing issues about mental health services in this area. It is particularly acknowledged that the issue is complex, particularly for in-patient usage crossing NHS boundaries and we are positive about the joint discussions and joint consultation processes that have been used to ensure that residents of Argyll and Bute CHP have the opportunity to comment and be involved in the consultation process.
- The CHP is supportive of the model of developing community mental health services and therefore reducing the reliance on in-patient care. This is in line with our own policy and strategic direction and fits with national framework and policy drivers. It is positive to see the emphasis on crisis and prevention of admission and on supporting early discharge.
- The need to have robust community based services in place before withdrawing in-patient services has been cited as essential by NHS Highland staff and the local community. The consultation document fails to provide specific details about what services will actually be provided in the community. It is not clear how the changes may impinge on the function of NHS Highland. This was highlighted as a key issue at the public consultation meeting on 25<sup>th</sup> June and something that needs to be clearly outlined in order to gain a degree of public confidence.

*Proposals for development of community services were outlined in the presentations at the public meetings, but we accept that providing more detail on these issues would assist the process of public confidence and will provide this as part of any local implementation process.*

- The potential development of support within primary care and early intervention again is welcomed and we see no conflict between the model being proposed for the Helensburgh and Lomond area of Argyll and Bute CHP and the services being developed in other parts of Argyll and Bute CHP.
- It should be noted that we may be in a position of having such services within the Helensburgh and Lomond area **prior** to having equitable service across all parts of Argyll and Bute, but this is acknowledged by the CHP as a manageable risk.
- NHS Highland acknowledges the commitment of NHS Greater Glasgow and Clyde to be transparent with patients and the public about the proposed changes as outlined in the consultation document.
- The views of our local community within Helensburgh and the Lomond area have been gathered in a number of ways. As part of our own redesign of mental health services, we have held two formal events plus attended a monthly service user meeting organised under the auspices of ACUMEN (our collective advocacy voice for service users). As well as this, NHS Highland staff have attended consultation events run by NHS Greater Glasgow and Clyde in Dumbarton and the joint consultation meeting in Helensburgh.
- It is clear that there are a number of consistent views from our community and that is, there is little support for the preferred option of the closure of the two wards at the Vale of Leven and transfer of care to Gartnavel Royal Hospital. The local community are very positive about the quality of service from the two wards at the Vale of Leven and they have expressed strong views about

## Embargoed Until Meeting

ease of access and it being in a place where people feel comfortable to go to as it is still seen as part of their local community.

- Concerns have also been raised that there could be some scenarios where an in-patient bed is not available within Gartnavel Royal Hospital and somebody could be cared for within any of the mental health in-patient facilities within NHS Greater Glasgow and Clyde. The question has been raised therefore that if in-patient care does transfer to Gartnavel Royal Hospital, could there be some guarantee of it always being the same ward within the hospital that is utilised for residents of Helensburgh and Lomond.

*It is standard practice to link catchment populations to specific wards to facilitate continuity of care between ward staff and local services so this would indeed be the norm – exceptionally in order to manage the peaks and troughs of demand there may be short term admission to another ward pending a bed being available on a catchment ward – our experience is that this normally takes place within 4 days*

- It should be noted that we have also explored with our community whether or not it is an option for people to revert to the use the Argyll and Bute Hospital for in-patient care (as was the case prior to the opening of Christie Ward). It is clear that this is not an attractive option to residents of this area, but a very small number of people indicated that it would be nice to have the choice of where to receive in-patient care when they require it.
- There was considerable support for the expansion of community services as proposed, specifically the introduction of crisis and supported discharge service.
- We seek assurances that the comments and issues recorded during the open discussion will be taken into account when you analyse the responses received from this consultation.

*Agreed as reflected in the 19.08.08 report to the GG&C Board*

- The issue of resident medical cover came up frequently at the events and there seems to be an issue that requires attention in the terms of the potential role of the GP out of hours service based at the Vale of Leven Hospital in providing some of the medical cover for the mental health facilities there. It is appreciated that this is a complex matter, but it did seem to be an area that had not been fully explored and is worthy of further consideration.

*Agreed – the process for further exploring these issues has already commenced through further discussion with GP interests*

- Careful consideration needs to be given in terms of the impact on patients currently accessing services at the Vale of Leven Hospital.
- At the public meeting on 25th June 2008, people described Gartnavel Royal Hospital as inaccessible for relatives and carers visiting in-patients, which I am sure you agree is a critical part of a patient's recovery. We therefore seek assurances from you that this will be taken into account when analysing the responses to your consultation and that you will aim to resolve these, in partnership with the key stakeholders including patients who will use the service.

## Embargoed Until Meeting

*Issues of transport are accepted and reflected in 19.12.08 report to Board*

- The greater distances for patients and relatives to travel was specifically picked up by our Area Medical Committee as an issue for patient safety.

*As above; nb arrangements are in place to ensure provision of transport to patients so no patient safety issues should arise*

- With previous redesigns the impact on the Scottish Ambulance Service has been not adequately assessed and funding implications to underwrite any increase in costs associated with increased transfer activity has not been allocated. For example, the Cowal and Bute localities have experienced difficulties from redesign outcomes in the past. With this in mind, we ask you to confirm and 'give us assurances and detail that local ambulance resource have been adequately funded as a result of this redesign proposal to cope with the emergency transfers from the affected locality in Argyll and Bute. We are aware that in other parts of the Glasgow & Clyde mental health services alternatives to ambulance transport have been developed. We assume that these alternatives will be put in place for residents of Argyll & Bute CHP.

*As indicated above alternative transport arrangements have already been put in place and any arrangements established for GG&C residents in the Vale catchment would also be applied for A&B CHP residents within the Vale catchment*

- The overall impact of the proposed changes mental health services across West Dunbartonshire as outlined in the consultation document will have a number of positive outcomes. The emphasis on prevention of admission and improved community support will positively impact on a high percentage of residents within our community. However we must stress the increased travel and potential access issues for those of our community who require in-patient care (and their families and friends).
- The local community in Helensburgh are far from keen on the proposed changes as outlined under the preferred option. We are also acutely aware that the communities which use the Vale of Leven Hospital, residents of the Helensburgh and Lomond area, have broader and indeed deep concerns about the longer term future of the hospital as a whole. These have been exacerbated by the current perceived service by service approach to redesign, which is perceived as the 'thin edge of the wedge' and an insidious method of removing services completely from the Vale of Leven. This concern is shared by local clinicians who are uncertain of the longer term impacts on services at the Vale of Leven, and on the local clinical teams with the Argyll & Bute Community Health Partnership.
- As a Board we naturally acknowledge this concern and would wish to work and strive with you to arrive at a broad vision for the sustainable future of the Vale of Leven Hospital.

Accepted and reflected in the process set out in the 19.08 report to the G&C Board indicating commitment to set out and consult on the GG&C vision for the entirety of

## Embargoed Until Meeting

the Vale and for the final Mental Health proposals to be developed and consulted on in that context.

- We look forward to hearing the outcome of the consultation and working with you in partnership to maximise the benefit for patients both generally and in particular for the residents in Argyll and Bute in the future.

### **NHS Tayside**

- The proposals contained in the consultation document are consistent with strategic changes being implemented in other NHS systems across Scotland.
- The shift in balance of care is appropriate on condition that developments in community mental health services, talking therapies and other community developments are in place before the number of in-patient beds is reduced.

*Accepted and reflected in the arrangements for bridging funding and the commitment to develop community services prior to the closure of inpatient beds.*

### **NHS STAFF**

#### **Dr M M MacRae and Partners, Medical Centre, Alexandria**

- Object strongly to the proposal to transfer inpatient mental health services from the Vale of Leven Hospital to Gartnavel.
- It is government policy to provide services locally and this should be continued. GP's, patients and relatives argued for 20 years to have such services provided locally and when Christie Ward opened this was a great boost to the local population with inpatient psychiatric beds being provided locally. Everyone involved in providing this service would agree that it was long overdue due to lack of funding of the same north of the Clyde.

*National policy as per Kerr is the provision of services as locally as possible and as centralised/specialist as necessary. In most parts of Scotland the distance to GRH would be no greater than that of the "local" inpatient services. The issues of balancing a range of issues to be considered on where the boundary is drawn between as local as possible and as centralized as necessary are further set out in the 19.08.08 report to the GG&C NHS Board*

- There is no doubt that this should continue in the best interests of patients and families. The proposals are all flawed by the wrong assumption that there is a need for resident medical cover. Though indeed there are medical personnel resident in the hospital overnight who could, if thought necessary, provide overnight cover for the majority of inpatients. Intensive care patients have not been catered for locally and they would require resident medical cover but this should be in Gartnavel as is at present and this should continue to be the case. Present on-call psychiatric medical cover is perfectly adequate for the majority non-intensive bed patients.

## Embargoed Until Meeting

*Clinical opinion is divided on this issue. This issue was reflected in the feedback from public consultation and we have commenced discussions with GP's to explore further the degree to which issues of out of hours medical cover might be resolved without "resident medical cover"*

- Should improved care in the community with the proposed supported accommodation be provided (and it is by no means certain that this would be sufficiently funded or provided) it may, in future, be possible to reduce the inpatient beds, which could allow single room accommodation to be developed?

*Given the clear feedback from the public consultation process that the public would wish to see mental health proposals considered within the context of the GG&C NHS Boards future vision for all services on the Vale site the Board will now finalizing proposals for mental health in that context including the degree to which potential synergies with other services may mitigate concerns over sub optimal wards sizes and inadequate inpatient environments. However any significant capital expenditure will have a negative impact on issues of revenue affordability given the revenue consequences of funding such capital expenditure*

- Shifting the service to Gartnavel would also result in a deterioration in or loss of the provision of liaison psychiatry to the inpatients in the other wards in the hospital and for those attending the Out of Hours services and Medical Assessment patients too. Perhaps a bit more imaginative thinking and discussion with those involved in the service would have provided better plans.

*As above*

- In summary, services should be developed locally, as per government policy.

*As above*

### **Laura Hughes and Karen Milligan, Mental Health Community Dietitians, Dykebar Hospital**

- Broadly support the proposal to transfer ward 2 beds to Dykebar site. Hope the consolidation of beds on one site might help us review patients more regularly and help standardise training etc. If there are no psychiatric beds on site at RAH for those aged under 65 it may very occasionally be necessary to admit a very small number of high risk patients to a medical ward for a short period of time. i.e. very low weight anorexic patients with a Body Mass Index of less than 14 who would require continual cardiac monitoring during re-feeding, as outlined in NICE guideline "Nutrition support for adults Oral Nutritional Support, Enteral Tube Feeding & Parenteral Nutrition", Recommendations for Clinical Practice, section 6.6.5. Feb 2006. This would require closer working in partnership with acute staff and clear guidance on roles and responsibilities for all clinicians involved.
- Feel that improved accommodation resulting from reprovision of Older Peoples Mental Health Continuing Care Beds going to partnership beds in the

## Embargoed Until Meeting

community would benefit patients. If this is to be in partnership beds, would prefer that they be staffed by NHS nurses. The current hospital beds have minimal dietetic input. This change in service provision would require refinement of referral criteria to the Dietetic Service as well as agreed arrangements for training, eg regarding nutritional screening and menus.

- Welcome the setting up of Crisis Service and expansion of CMHT's and CBT. Mental Health Dietitians are seeing an increase in referrals from the community and have accepted referrals from CMHT and Home Intensive Treatment teams. Referrals coming from hospital or community are prioritised according to greatest need.
- Recognise the need for 12 Beds to remain at Dykebar for those with complex needs. who require very skilled in-patient support. Anticipate that many of these patients will still require Dietetic input from skilled Mental Health Dietitians.
- Currently patients transfer regularly between Arran IPCU ward and Acute wards Dykebar. If IPCU is to be re-sited there will need to be increased communication between all staff involved at the different sites to minimise any potential risk due to patient movement
- Support Elderly Psychiatry admission wards 37 & 39 RAH, remaining together on the same location. Would value quality improvements and investment. e.g. to ward environment, nursing staffing levels and snack meal provision (as recommended in QIS Standard for Food Fluid Nutrition in Hospitals Standard)
- Support potential benefits to patients of an intensive rehab service. Many patients would require dietetic input. At this stage many services will be unable to quantify their level of input. It is worthwhile highlighting that dietetic input to this service may mean other tasks and duties will need to cease.
- If closing parts of Dykebar site, consideration should be given to having sufficient accommodation on-site for those staff who have regular input into hospital patients and, very importantly, sufficient parking for those staff who work between hospital and community and for visitors. The same applies should any services be relocated off-site. Bus routes also need to be considered.

*All accommodation will be single room where patients can be seen if clinically appropriate. In addition to that, all in-patient accommodation will have a number of treatment / activity rooms which will be available for use on bookable basis. Appropriate car parking space will continue to be available for both staff and visitors. There is a bus directly into the hospital at present and we anticipate no change.*

- As recommended in "NHS Scotland Staff Governance" publication, it is important that staff are well informed, involved in decisions which affect them, treated fairly and consistently and provided with an improved and safe working environment.

## Embargoed Until Meeting

### **Helen McDonald, British Dietetic Association – staff side representative**

- Fully supports the need to review and modernise services for the future, ensuring that where possible patients are treated in the community. However it is essential that it is recognised that there will be implications for the community dietetic services.
- Welcomes the proposals to develop the community mental health teams, but essential to ensure that appropriate specialist services are included (currently dietitians are not a part of these teams).
- Supports the proposal to consolidate adult mental health acute beds on one site locally, but it is essential to learn from the experiences in Glasgow that showed that those still requiring hospital care were those requiring more intense support from specialised staff.
- Welcomes the transfer of long term older people needing care to more appropriate accommodation in the community but it must be recognised the impact this will have on staff. This patient group have been shown to have greater need for support with general nutrition and other health issues linked with nutrition. Essential that specialist dietetic support is available to all those involved in providing this developing service. Must be recognised that dietetic staff will require support and training to ensure that they have the skills to work with new partner agencies, especially those outwith the NHS.
- Essential to include staff at all stages of development of new services to ensure that appropriate trained staff are available to deliver care to patients in the appropriate setting and are supported through these changes.

*Local planning groups involve a range of staff in planning at all stages in process, as well as service user representation. It is recognised that staff will require significant support, and a HR project team has been established to assist this process. Close working with local staff side representatives will also provide opportunities for support needs to be identified.*

### **Michelle Wardrop, Dietetic Manager and Professional Lead, Ferguslie Clinic**

- Fully supports the need to review and modernise NHS services as appropriate, and that mental health services for Renfrewshire are subject to this process.
- Fully supports treating patients in the community where possible, requiring further investment in community teams and continued development of the newly created Crisis Team which should be multi-disciplinary and include specialist community dietitians. Many patients with mental health problems often experience nutritional problems, but due to the nature and degree of the mental health problems main stream services are not always able to provide the most appropriate or effective intervention.
- Supports the proposal of consolidating adult mental health acute beds on one site allowing local residents to continue to be admitted, when required, to a local hospital. This obviously has many benefits, including the very important fact that family and friends will be able to visit admitted patients with greater ease than if they were admitted to hospital at the other end of Glasgow. However, a small number of patients may still need to be admitted to the RAH to ensure access to acute medical staff. Contingency plans would

## Embargoed Until Meeting

*A number of models exist across the country which do not have acute MH beds based on a DGH site. Patients who require admission to acute general beds will have individualised plans of care developed with appropriate support from specialist MH services as required to meet specific care needs, roles and responsibilities ascribed.*

- Transferring Long Term Care for Older People to modern and more appropriate accommodation is good in principle, but with the rise in the elderly population, especially in Renfrewshire, will there be sufficient funds to meet future requirements?

*The Clyde Strategy has sought to ensure funding for the current population and to provide service responses which both meet the needs of the current population and can be flexibly reconfigured as population needs change ( ageing elderly population and reducing adult and childrens population). The Strategy cannot underwrite all future expenditure commitments resultant from fundamental population shifts. However the model of Partnership bed provision and service reconfiguration should be financially neutral compared to NHS continuing care provision - and therefore no less sustainable than the status quo arrangements. Indeed local experience in both Renfrewshire and Greater Glasgow has demonstrated that the combination of service redesign and Partnership bed models has proved a cost effective approach to managing changing needs.*

- Agrees that patients in partnership accommodation should remain the responsibility of NHS Greater Glasgow & Clyde, but has concerns about NHS staff working in partnership with non NHS staff with the potential for conflict, especially in terms of Governance. This patient group will have health needs that go beyond medical and nursing input. It is important that there is appropriate level of input from specialist AHP and other services as appropriate. Service plans for this patient group need to be very detailed and include detailed aspects such as source of nutritional supplements, enteral feeds, plastics for enteral feeds etc.
- A number of patients with complex needs will remain on the Dykebar site, which is understandable. However, such patients are likely to require a substantial care package, being at greatest risk of malnutrition, with significant dietetic input.
- Fully supports the upgrade of the accommodation for Ward 37 and 39 which will benefit staff and patients.
- Fully supports the development of Intensive rehab in-patient services at Dykebar. Service planners should ensure Dietetics are part of the service model.

*The detailed specification and implementation of Partnership beds will ensure detailed consultation takes place with the range of clinical and care interests to ensure appropriate consideration of the practical operational issues summarized above. This will also build on substantial local experience of working with such services to deal with the issues rightly flagged up.*

## Embargoed Until Meeting

### Ellen O'Hare, Bonhill

- The Christie ward needs to be kept open. As part of the nursing team, based in acute medicine, we rely on colleagues at Christie. Many patients living locally have benefited greatly from the service provided locally.

*Issues of synergy and interfaces between acute medicine and psychiatry will be reflected in the process of developing and finalizing mental health proposals in the context of the GG&C Boards vision of the totality of services on the Vale site ( see 19.08 Board report for details)*

- In the year of the 60th anniversary of the health service, it is deplorable for services to be removed.

## LOCAL AUTHORITIES AND COMMUNITY COUNCILS

### Glasgow City Council

- Hopes that the inpatient bed re-configuration in other local authorities is not achieved by significant boarding in Glasgow based hospitals. This would undermine our joint investment in services geared to maintain people at home and our desire to release resources from existing hospital beds, particularly in regard to the Modernising Mental Health commitment to close Parkhead Hospital which has yet to be achieved.

*Greater Glasgow activity levels and existing joint plans with Glasgow City Council will not be compromised by transfer of Clyde activity to a hospital in Glasgow. Nor is there any reason Clyde related plans should deflect from release of Greater Glasgow resources from diminishing Greater Glasgow use of beds.*

*Rather the issues that have deflected from the achievement of planned reconfiguration of mental health inpatient sites in Greater Glasgow have been a function of the Greater Glasgow acute services strategy, rather than the Clyde Modernising Mental Health strategy – the latter strategy having no proposals with any interface or direct implications for Parkhead Hospital.*

*Within the Greater Glasgow services the practice of boarding out of initial admission to ( primarily) adult beds uses ?? of total bed days. Additionally over time as the further development of crisis services reduces ward occupancy levels ( as has been the case since Oct 2007) we would expect levels of Boarding out to reduce further. The Clyde service numbers are benchmarked and developed building on the experience of Greater Glasgow services and we would neither plan for nor expect to see significantly different levels of boarding for Clyde services.*

- Opposes the re-location of low secure forensic services from Clyde to Glasgow. Believes that quality care and support should be provided for these

## Embargoed Until Meeting

service users in the appropriate geographical area. Experience of regional resources is that demands are placed on Glasgow City Council services either directly or indirectly as people relocate in the city. This concern relates to both adult mental health and learning disability services.

*The strategy proposes that the 6 low secure learning disability beds at Dykebar should be consolidated with the 7 similar beds currently at Leverndale. The strategy indicates the benefits of consolidation which achieve a more sustainable critical mass for specialist multi disciplinary teams and economies of scale with consequential revenue and capital benefits. The distance between Dykebar and Leverndale is 3 miles and in the context of a regional facility there are no significant service benefits to either users or practitioners from retention of a very small low secure unit on the Dykebar site.*

*The strategy also proposes consolidation of all GG&C low secure activity for adults with a mental illness on the Leverndale site with similar benefits of consolidation of small and highly specialist services. This would see the development of 8 low secure beds for North and South Clyde on the Leverndale collocated with similar Greater Glasgow beds.*

*The concern raised by GCC that there may be a tendency for patients in Glasgow based low secure to then settle in the area may well be real, and may see such issues for up to c4 discharges per year. GG&C will seek to support collaboration between local authority partners to mitigate such concerns. It should however be noted that if the beds were not located in Leverndale they would be located at Dykebar and Renfrewshire would then face the same issues – so the problem would be shunted rather than resolved. Whilst the issue is recognised it should not be an issue which determines configuration per se.*

- Notes the proposals outlined in relation to addiction and learning disability services. While there are no proposed implications, would reiterate that any changes would have to be agreed bilaterally with the Council.

*It is acknowledged that any changes to the NHS GG&C / Glasgow City partnership arrangement for managing services will have to be agreed bilaterally and that process of exploration has commenced. However the proposed location of services can be accommodated within a range of options for the management of the addictions bed, subject to the outcome of the joint discussions*

### **South Lanarkshire Council**

- Broadly welcomes the proposals, but with some reservations.
- There are potential issues about access for some service users and their carers, particularly those from Rutherglen/Cambuslang areas. Public transport will not necessarily be accessible, thus adding stress to family situations.
- How will Advocacy services be involved in the proposed service changes and future service design?
- In addition to the involvement of Advocacy, how will service users and carers be represented?

## Embargoed Until Meeting

- How will those changes impact on local authorities from activity generated under the Adults and Incapacity (Scotland) Act in relation to the re-provisioning of continuing care beds within an NHS Partnership Model with the independent sector?
- The details of the financial framework to support the development of the wider community infrastructure, particularly the detail around the proposed Social Care and Independent Sector provision will be required to form a view.
- There is a need to establish strong linkages between and across Health and Social Care services to ensure no-one falls through the gaps.
- There is a potential impact of these changes on Allied Medical Practitioners, Mental Health Officers and GP services and how accessible these services are.
- The implications for the Psychiatric Emergency Plan require clarification.

*The Rutherglen and Cambuslang population are served by existing Greater Glasgow services and inpatient care provided from Leverndale /Southern General Hospital and existing Partnership and continuing care beds. No changes are planned to these arrangements and are therefore unaffected by the Clyde Strategy proposals.*

### **Renfrewshire Council's Community Care and Family Policy Board**

- Renfrewshire Council fully supports the modernisation of mental health services across the Clyde area of NHS GG&C and the vision underpinning the strategy.
- Officers of the council have been fully involved in the development of the Modernising Mental Health strategy, and are playing a central role in the commissioning of replacement services particularly in relation to the resettlement of people from current long term beds. As such the Council supports the direction of travel outlined in the consultation paper, and supports the specific proposals outlined above.
- Developments to the current infrastructure of community based services, including the introduction of intensive home treatment services as an alternative to hospital admission, the expansion of the joint community mental health teams and assertive outreach services for difficult to engage clients represent important enhancements to the service infrastructure that will support the move to more community based provision.
- Renfrewshire Council will continue to be involved in the Programme Board that oversees the work around the Clyde Mental Health strategy, and through the Renfrewshire Mental Health Joint Planning Performance and Implementation Group will be directly involved in further service planning at a local level.
- Final details on the costings for some elements of the re-provisioning programme (particularly in relation to partnership beds) have not been finalised. Council officers will continue to be involved in discussions and negotiations to ensure that an appropriate transfer of resources continues to take place in relation to the re-provisioning of long stay beds, and to ensure that

## Embargoed Until Meeting

the implications of the final costings of partnership beds are subject to joint agreement.

### **Councillor Iain Robertson, Leader West Dunbartonshire Council**

- Notes that the approach to the consultation taken by Anne Hawkins and her team has been more productive than other exercises the Board has undertaken. Has been told by a number of people attending the various meetings and sessions held, that, whilst there was little agreement with the Board's analysis or conclusions, there was an appreciation that the team were genuine in their concerns to develop mental health services and had tried to listen to the views and concerns of local people and staff.
- Accepts that over the past two years considerable progress has been made by NHS Greater Glasgow and Clyde, through West Dunbartonshire Community Health Partnership and the Council, to develop better community based mental health services. Equally, local people have made it clear that better community-based services should not exclude retention and improvement of locally based inpatient services.
- A significant number of people however have expressed concerns about the 'options appraisal' process. At the last public meeting this was rehearsed in some depth. I have been in discussion with elected member colleagues and Geoff Calvert, who attended the Dumbuck meeting, who pointed out that the appraisal exercise produced outcomes which were subsequently evaluated against financial criteria and this step effectively removed Option 6c off the agenda. More work on the justification and financial transparency behind this shift has to be done. The clinical and community benefits appear to rule towards the retention and re-build on the Vale site. If a financial model could demonstrate affordability then this option should be included.

*The disciplines of the option appraisal process firstly consider and score the non financial benefits to ascertain the benefits points score associated with each option. The financial appraisal is then played in to assess the “ lifecycle cost per benefit point” in order to arrive at a view as to which option represents the best value for money. From that analysis, option 8 (transfer of services from Vale to GRH) scored best. Option 6c scored poorer than options 6a and 6b on purely benefits criteria, and poorer than option 8 on the lifecycle cost benefit analysis. (While options 8 and 6c were comparable on annual revenue costs, option 6c required an additional £3m capital funding, thus giving it a lower lifecycle cost per benefit score.)*

*The detailed financial analysis for the option appraisal was undertaken by the Independent Consultant who managed the option appraisal process and all GG&C submissions complied with the methodology and detailed requirements of the Independent Facilitator*

*Beyond the option appraisal process, and reflecting feedback received, the Board has now committed to consider and develop the final mental health proposals in the context of potential synergy with services on the Vale site linked to the Boards vision*

## Embargoed Until Meeting

*for the future of all services on the Vale site. Consideration in that context may then require consideration of further options beyond those identified by those participating in the options appraisal process.*

- West Dunbartonshire Council supports the overwhelming desire of local people that the inpatient mental health services serving our area, Helensburgh and the Lochside remain local and based within the Vale of Leven Hospital. Our concerns and the issues highlighted by Professor Mackay's Independent Scrutiny Panel remain. It is accepted that the Options Appraisal work carried out by the Board and partners has attempted to deal with these matters but the solutions proposed are not acceptable to local people, staff, service users or carers.
- Particular attention should be given to the following issues before further consideration by the Board and discussions with the Cabinet Secretary:-
  1. ISP Report - the Board in its responses should endeavour to deal with all the issues raised within Professor Mackay's findings
  2. The implications of removing services for older people should be re-examined and better local options should be offered for further consultation
  3. The Board should explain the role that Financial Weightings have had in their expressed preferences within the options. It would seem that financial considerations have ruled out exploration of Option 6 c - the costs of a local new build
  4. The accessibility and compensatory transport solutions to help local people access Gartnavel should be spelled out and costed
  5. The evidence and workings behind the assumptions that community based options will reduce the need for bed capacity should be produced
  6. The potential to acquire medical cover for mental health and older people's inpatient services using GP collaboration should be investigated
  7. The Board as a total NHS system should examine the viability of medical and /or psychiatrist cover for the Vale of Leven
- Any further proposals about the future of the Vale of Leven Hospital have to be part of a coherent plan which spells out a vision for the Vale of Leven and meets the aspirations of local people.

*The above issues are specifically reflected and covered in the 19.08 report to the GG&C NHS Board and the response is best reflected in the totality of that report rather than a point by point response to this letter.*

### **Rosshhead Tenants and Residents Association**

- Petition (35 names) received objecting to the proposal to transfer mental health services from Vale of Leven Hospital to Gartnavel Royal Hospital.
- NHS GG&C not looking at impact this transfer will cause – finance considered more important than safe and accessible services.

## Embargoed Until Meeting

The disciplines of option appraisal take account of and balance the combination of both non financial benefits ( clinical safety, acceptability to stakeholders, sustainability, impact of transfer etc) and financial benefits. The disciplines of option appraisal then assess the impact of all options across the range of both financial and benefits via the discipline of cost per benefit score.

- Travelling time difficulties will be cause by service transferring and the relationship patients have with current staff at Vale of Leven will be affected.

*This point is accepted in part but can be significantly mitigated through a range of measures as set out in the 19.08 report to the Board:*

- *Hyndland railway station provides good access to Gartnavel Royal Hospital from West Dunbartonshire/ Helensburgh.*
- *Confirmation from Scotrail that, in the event of person with mobility problems being unable to use a station that is not fully DDA complaint (ie Hyndland station), they will arrange, with prior notice, alternative transport to take the person from the nearest accessible station to their destination.*
- *Concessionary fares are available, through the Strathclyde Concessionary Travel Scheme, for people over 60 years of age and people with a disability (who live permanently in the area covered by the Scheme).*
- *The Board will work with partner organisations, through Community Planning Transport Groups, to explore the potential to develop community and voluntary transport capacity to assist carers visiting relatives in hospital, an approach which underpins existing transport initiatives elsewhere in the Board's area, such as the Evening Visitor Transport Service and other 'door to door' initiatives.*
- *Continuity of relationship between staff of the inpatient service and staff of comunity services can be achieved through linking specific wards(s) and specific staff groups to the Dumbarton and Alexandria and Helensburgh /Lomond population catchments.*
- *The process of assimilation might enable existing staff to be part of the staff group at GRH. Additionally it should be noted that the continuity of relationship between inpatient staff and service users will apply primarily to the smaller number of repeat admissions to than to the majority of patients*
- *The primary service relationship between community and inpatient services is the daily one between the crisis service and the inpatient service. The crisis team is already present in Gartnavel on a daily basis, serving the needs of the Clydebank population who already use Gartnavel, so the additional transport logistics are again mitigated. By contrast consultant contact by direct visit to the inpatient service is nearer weekly.*

Inverkipp and Wemyss Bay Community Council

- Note comprehensiveness of proposals
- Supportive of retention of all services in Inverclyde

*All services currently provided specifically for the Inverclyde population are retained in Inverclyde.*

**MPs**

**Alan Reid MP, Argyll and Bute**

## Embargoed Until Meeting

- Opposes the Board's proposals to transfer the adult and elderly acute mental health admission beds from Vale of Leven Hospital to Gartnavel Royal Hospital.
- Believes that mental health patients would be better off being treated at the Vale, close to where they live. This would make it is easier for relatives and friends to visit them and so help their recovery.

*The second point is accepted in principle but begs the question of how local a hospital needs to be to its catchment population to enable the continuity of care and involvement required to promote recovery. In a Scottish context Gartnavel's proximity is "as local" as most inpatient services in other Board areas.*

*In this respect the Greater Glasgow hospitals currently service substantially larger populations than the Vale but achieve better recovery results in terms of prompt and timely discharge from hospital back to the community, and lower readmission rates post discharge which reflect robust implementation of post discharge plans and good continuity of care between inpatient services and community services.*

*So the logic of the point is accepted, but the pragmatic realities suggest that hospitals at a greater distance can still be effective in terms of both recovery and continuity of care linkages between inpatient and community services and with carers – albeit for carers there is additional travel.*

### **GENERAL PUBLIC**

#### **Service User, Paisley**

- Believes that the current delivery of mental health services at Dykebar Hospital should be retained.
- Resources should be diverted from implementing proposed changes and be invested to improve the current arrangement of services.
- Deeply concerned about the effect on wellbeing of patients and morale of staff of proposed moves.
- More psychologists should be appointed to cut current 8 month outpatient waiting lists, to reduce the distress to patients and families and the need for inpatient accommodation.
- A local specialist eating disorder unit should be established in response to current unmet needs.

*The Strategy indicates the need to:*

- *shift the balance of long stay care from hospital to community*
- *develop the capacity of community services to provide more robust community management of mental health problems*
- *provide extended day access to manage mental health crisis in community settings*
- *scale down the remaining level of inpatient services to reflect the above shifts in the balance of care*
- *to use the savings from reduced inpatient services to invest in the service developments above*

## Embargoed Until Meeting

*Retention of existing services would not achieve the service redesign nor release money to fund any service improvements within the current arrangements for services*

*GG&C has substantial experience of similar change programmes reflecting the points above having previously relocated about 60% of treatment and care from hospital to community settings and has done so in ways which protect/reflect the needs of both staff and patients.*

*Local inpatient beds are currently available through the Priory service located in Glasgow. Such facilities are invariably either regional or national given the low numbers of beds required. Discussions have commenced with the West of Scotland Planning Group about the desirability and feasibility of developing an NHS regional inpatient eating disorders unit*

### **Pat Duncan**

- Believes that GPs should provide inpatient out of hours cover at Vale of Leven due to concerns about quality of SHOs.

*The potential of this option is now being further explored*

### **Shevaun Graham, Alexandria**

- There is a great need for the full range of mental health services for the population of Alexandria, Dumbarton, Helensburgh and the wider rural area that the hospital and community services cover.
- The social circumstances in the surrounding area of the Vale of Leven Hospital are dire; an increasing number of people need local delivery of these services desperately.
- A strategic review of the services and their delivery is required, with the main objective of improving local delivery.
- Perceives that Board's proposals are part of a continued reduction in local provision to the population covered by the Vale of Leven Hospital and its community services in order to transfer financial resources to service needs in Glasgow.

*Based on benchmarking with other areas and epidemiological norms there is a need for a maximum of 34 beds provided from 3 distinct ward spaces. In the context of Scotland the Gartnavel hospital would be as "local" as provision in many other Boards. The issues of "how local" should local be is further explored in the full Board report and depends on the balancing of a range of factors.*

*That being said the Board report has recognized the clear aspiration of the local population to retain services at the Vale and has initiated further work to develop the final proposals for mental health in the context of the Boards overall vision for services on the Vale site, and exploration of any potential synergies between mental health services and other services remaining on the Vale site.*

## Embargoed Until Meeting

### **Alex Imrie, Paisley**

- These proposals are good and practical and should benefit the patients, carers and staff.
- Glad that the facilities at Dykebar are to be upgraded; already have an excellent updated acute admissions unit here, and have the two wards, Arran and Bute, which, when upgraded, should provide excellent modern facilities for patients and staff and it will also help the relatives and carers who will feel more comfortable seeing that their loved ones are being cared for in a bright less institutionalized environment. The old place was very soul destroying.
- Find it very encouraging that the new care homes currently built (and the one which is to be built at Renfrew) are bright and modern with some gardens round them. It is also reassuring that the residents will have excellent nursing care round the clock and have the ensuite facilities, and also they will be able to have reminders of home so that memories are not broken.
- These new homes will be excellent places for the elderly, those who have dementia and those who still have many of their faculties. Have already heard of the two in Paisley, one at Hunterhill and think the other is either in Glenburn or Foxbar
- Only concern is the transport for carers without cars in the evening and at night. Committee discussed this but did not bargain for fuel crisis. It is going to affect all transport, buses, taxis etc. Is there any chance that we could still run a bus to the hospitals and homes if someone was prepared to provide one?

### **Kenneth Lamont, Paisley**

- Believes in the development of "community based" mental health care, providing more alternatives to hospital care, but has grave concerns for existing services being provide don the ground.
- A community-based infrastructure of mental health care has already been established through the projects and services of the Renfrewshire Association for Mental Health (RAMH). However like many Charities in the Voluntary Sector funding problems are affecting the viability of these services with some threatened with closure, staff morale being affecting through fears for future employment prospects. Renfrew District Council has stopped renewal of its funding to RAMH pending a review of its services in conjunction with the Health Board.
- To prevent duplication of community-based services, there should be a closer working relationship with RAMH and the Health Board with a view to complementing the efforts of each in providing mental health care in Renfrewshire. Would recommend that the role and responsibility of RAMH should be increased within the statutory sector accompanied by necessary funding.

### **Bob Leslie, Dumbarton**

- Would support the Board's plan to modernise Mental Health Services across Clyde - it is long overdue

## Embargoed Until Meeting

- Concerned (and have been since the abolition of the former Argyll & Clyde Health Board) that the Scottish Government passed on to the incumbent GGCHB the debt of some £80m accrued by the former board, and did not take steps to 'write off' this debt given they took the decision to dissolve that body. It would appear that services in the Clyde area are suffering because of this and there appears an 'attitude' within GGCHB that the Clyde area 'can wait' for investment as a result of the poor budgetary management of the former Board

*The Scottish Government require the GG&C Board to achieve financial balance by April 2010 for the inherited Argyll and Clyde services. The Scottish Government has written off accumulated historic deficits and provided transitional funds of £30m until 2010 to cover the annual revenue deficit of £30m. However thereafter the G&C Board will have to achieve reduced expenditure of £30m per year. In the case of mental health savings of £2m per year are required.*

- The re-provisioning of Continuing Care Beds on the Dykebar site is long overdue and is welcomed.
- Transferring adult acute MH admission beds from RAH (W2) to Dykebar is also welcomed and will provide a modern and purpose built environment which should aid recovery. Concern would be that sufficient funding is released to allow development of more community based services and resources as without these any reduction in acute admission beds will impact on patients.

- *These points are accepted. The strategy has ensured ensured the necessary funding of community services is in place and the bridging funding arrangements have ensured these services can be developed in advance of inpatient bed reductions*

- Re-providing older peoples MH continuing care beds within Dykebar to an NHS partnership model is also welcomed.
- Transfer of adult & elderly acute MH admission beds from VOL to Gartnavel RH causes some concern. Whilst acknowledging some of the problems around ward environment and location with the VOL site. The current ward(s) provide a high quality of care and are deeply valued by local people. To move such patients to the new Gartnavel RH site is taking them 'out of area' and away from links to local communities and services. Whilst recognise much of the medical and surgical services are already provided at the Gartnavel site, do consider that MH services deserve different considerations to promote recovery. The removal of out of hours medical cover was criticised by the Independent Scrutiny Panel as was the general reduction in services at the VOL site. Whilst the consultation document offers a number of proposals that were considered, many of these did not progress beyond that - proposals. It would appear that full option appraisals were discounted because of existing perceptions and views held by the Board and whilst trying to look like the paper is presenting considered options it does not feel as such.

*Seven of the 9 options considered through the independently managed option appraisal process reflected options which sought to retain services at the Vale whilst*

## Embargoed Until Meeting

*seeking to deal with a range of issues to enable that outcome. Through the public consultation process additional issues have been raised which are now being further explored.*

*That being said the Board report has recognized the clear aspiration of the local population to retain services at the Vale and has initiated further work to develop the final proposals for mental health in the context of the Boards overall vision for services on the Vale site, and exploration of any potential synergies between mental health services and other services remaining on the Vale site.*

- Option 4 for example is discounted on grounds of risk involving the use of junior medical staff and advanced nurse practitioners. Currently in South Clyde services most out of hours cover is done by junior staff. One fails to see the difference here.

*The difference is that the number of junior doctor trainees to sustain such out of hours rotas in South Clyde can be achieved given the larger populations serviced by the hospital catchments or the opportunity to integrate medical cover to mental health within the same arrangements for the District General hospital. Neither of these options appear to be available to the circumstances of the Vale ( subject to the future proposals for unscheduled care).The public consultation feedback has raised the issue of the role of GP's in resolving the out of hours medical cover arrangements*

- Affordability - From reading the paragraph under this heading it would read that decisions have been made and priorities established that close down any argument or case for any development or re-development on the VOL site. Again consultation on this area is somewhat restricted and to the reader further gives the impression that services at the VOL site, not just in terms of MH services but in genera, are likely to be further reduced or downgraded.

*In terms of mental health the disciplines of the option appraisal explored these issues. That being said the Board report has recognized the clear aspiration of the local population to retain services at the Vale and has initiated further work to develop the final proposals for mental health in the context of the Boards overall vision for services on the Vale site, and exploration of any potential synergies between mental health services and other services remaining on the Vale site.*

- The transfer of low secure LD forensic services to Leverndale appears sensible.

### **Paul McDonald, Alexandria**

- Deeply concerned that the local area is being robbed of services.
- Greatly resents prospect of an elderly relative being treated at a distant place.
- Services at the Vale of Leven should be upgraded.

## Embargoed Until Meeting

- The local area has been picked on time after time for a decrease in services from an exceptional hospital (Vale of Leven) and has been subject to proposals to move a range of services away from local people.
- The timing of consultation meetings was inconvenient for those at work, thus reducing the number of people who could be involved.

*The point about the need for evening meetings was raised during the consultation process, and 2 evening meetings were additionally arranged to meet these requirements*

*The 19.08.08 report to the Board has reflected these concerns and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Local aspirations*

*The feedback from the public consultation has suggested some of these issues may be resolvable but in some cases at the cost of making the position on other issues more challenging ( eg resolving capital issues to improve the inpatient environment have an adverse impact on affordability)*

### **Findlay McQuarrie, Helensburgh**

- Having studied the consultation papers and listened carefully to the presentations given in the Victoria Halls, I am firmly of the view that mental health services should be retained at the Vale of Leven Hospital.
- Understand the Board wishing to fully utilise new high quality ward accommodation at Gartnavel Royal Hospital. Can also appreciate the advantages it advises that would accrue from these facilities, especially when combined with new community provision. However, these benefits are outweighed by the superior option of providing upgraded accommodation at the Vale of Leven Hospital. Its proximity to residents in the Helensburgh/Lomond area optimises opportunities and time for families to visit and demonstrate care for a loved one. Access should not be considered only in terms of transport availability and distance, which appears to be how it is viewed in the consultation paper. Good access is important to good patient care and supports the aims of the policy of Care in the Community.

## Embargoed Until Meeting

*The option appraisal process showed the option of upgrading facilities at the Vale was more expensive than the option of transfer to the existing high quality facilities of Gartnavel. There is a need to weight the costs and benefits across a range of issues of*

- Note that the consultation paper records that on the benefits criteria alone the options involving new-build wards at Vale of Leven Hospital scored more highly than others in the option appraisal process. When account is taken of non-financial and financial criteria, however, the best option was the transfer of mental health services from Vale of Leven Hospital to Gartnavel Royal Hospital. Suggest in view of consultation meeting discussion that further consideration be given to the issues of affordability, sustainability and future flexibility?
- The reference in the consultation paper to 'Affordability' implies that 'efficient and effective use of the Health Board Estate' can only be achieved by transferring mental health services from Vale of Leven Hospital to Gartnavel Royal Hospital. Sure it was not intended to give this impression. Therefore, suggest the financial case for new build accommodation at Vale of Leven Hospital should be assessed more objectively and constructively, now that clear community support has been confirmed for this option.
- The paragraph on 'Sustainability' suggests an integrated rota carries a high risk of being unsustainable beyond a 2-year period because of an anticipated reduction in the current number of junior medical staff - suggest this is too speculative a conclusion for it to be considered as one of the reasons for rejecting the Vale of Leven Hospital as the preferred option, the more so when resolution of out of hours medical cover appears achievable - feel engagement now with community aspirations would be helpful.
- The section on 'Future Flexibility' advises that any decision to introduce new-build mental health inpatient accommodation at Vale of Leven Hospital reduces the ability to flexibly manage any further shifts in the balance between inpatient and community provision in an efficient way. See no justification for this statement. Furthermore, by suggesting a possible reduction in the current planned number of adult acute mental health beds, no account appears to have been taken of the predicted increases in age related medical conditions. For dementia alone, the current Scottish figure of between 58,000 and 65,000 is expected to rise to approximately 102,000 to 114,000 by 2031, an increase of 75% in less than 25 years. This forecast suggests a continuing need for hospital accommodation - certainly not a reduction - as well as community provision.

*This response raises the general issue of the clear aspirations of the local population to retain services at the Vale and reflects that through the consultation process further issues and challenges were raised on the detailed issues of affordability, sustainability, future flexibility and potential for GP based options for medical cover.*

*The response has proposed that the Board review these issues further in the light of the clear aspirations of the local population.*

*The 19.08.08 report to the Board has reflected these concerns and committed to:*

## Embargoed Until Meeting

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Accessibility*
  - *Local aspirations*

*The feedback from the public consultation has suggested some of these issues may be resolvable but in some cases at the cost of making the position on other issues more challenging ( eg resolving capital issues to improve the inpatient environment have an adverse impact on affordability)*

- *The issues of flexibility to respond to changes in need should reflect both the reduction in the adult population and the increase in the elderly population and to model the impact on the number of beds required for the 3 distinct inpatient functions of adult mental illness, older peoples functional mental illness and dementia. For each of these functions projected bed requirements are at the margins of sustainable wards sizes which would normally be no lower than 15 beds and more normally provided at 20 bed sizes – however these issues will be further considered in the light of the work set out above.*

### **Alan Mitchell, Paisley**

- *Agrees with care in the community but the size of the planned reduction at Dykebar is not practical.*

*This issue relates to the plans to shift the balance of long stay care from inpatient to community settings, primarily for adults as the planned shifts for elderly care have previously been implemented. The numbers are confirmed by needs assessment of individual patient needs and cross checked against benchmarks for levels of provision in other similar services both locally and against UK averages. Indeed half of the planned community placements have now been achieved as a result of discharge from inpatient to community services consistent with individual needs*

- *A great deal of money has been spent on redecorating wards that are shut or being closed.*
- *Using available land at Dykebar and disposing of land at Leverndale and Merchiston Hospitals, built a large hospital at Dykebar to meet the current high demand for services. The new hospital would require an admission unit Male and female IPCU, Rehab, Male and female continuing care ward, Female continuing care ward, elderly assessment wards and two long stay elderly wards to find placements for nursing homes. Also, an addictions and*

## Embargoed Until Meeting

forensic unit will be a benefit. I have drawn up plans if you would like to see what ideas I have.

*The proposal above is that there should be a consolidation of services for both the Leverndale hospital and the Dykebar hospital on the Dykebar site. The issue of consolidation on one or other of the Leverndale or Dykebar hospital sites is an issue that may have merits in the context of a far longer timetable for implementation, and was considered as part of the original options development process. In terms of the Clyde service modernization proposals we were concerned to enable:*

- *Rapid progress on service redesign and release of funds to invest in the development of community services*
- *Release of funds from hospital sites to deal with the historic deficit in Clyde services and achieving financial balance within the 3 years required by the Scottish Government*
- *Maximising the use of higher quality hospital accommodation already available to us on both the Dykebar and Leverndale hospital sites in order to minimise capital investment at a time when capital availability was low, given the Boards prioritized commitment to the development of the Southern General hospital*

*Pragmatically whilst there may be merit in considering longer term consolidation of the 2 sites, the logistics of closing and marketing one of the hospital sites and developing the other site would take 5-10 years and could not achieve the more rapid service redesign and release of funds required by 2010.*

### **Service User, West Dunbartonshire**

- The Christie Ward has been deliberately run down by the NHS over recent years.
- A significant amount of money should be allocated to make the Christie Ward a state-of-the-art development with a full range of services and the quality of staff equal to that at Gartnavel. Alternatively the Christie Ward should be closed and extra accommodation should be built at Gartnavel.

*The options appraisal process has recognised that these alternatives reflect the aspirations of service users and the local population and originally concluded that the preferred option was to provide the Christsie ward function from within the high quality new hospital accommodation at Gartnavel. These issues will be further reviewed as part of the finalisation of mental health proposals in the context of the further work areas post consultation feedback and the potential synergy between mental health and other services remaining on the Vale site as part of the Boards wider vision for the Vale services. The final proposals will be consulted on as part of the Boards consultation on the future vision for the Vale.*

### **Service User, Carstairs**

- Worried that if patients are transferred to Rowanbank from Renfrewshire and other parts of Scotland there will be bed blockages
- Rowanbank was set up to cater for people moving from high to medium secure care and also courts and local hospitals around Greater Glasgow – now though it seems there will be greater demand for places

## Embargoed Until Meeting

- Given increased number of patients within the catchment of Rowanbank, are there any new plans to build any more medium secure units or are there other places patients can go who need medium secure places?
- Not happy that Rowanbank now includes the West of Scotland
- Difficult to see how one can fit back into local community given that they live miles away from Rowanbank

*There is no net change to medium secure beds as capacity at Rowanbank is achieved by transfer low secure activity of initially planned at Rowanbank to wards retained at Leverndale Hospital. The specialist nature of medium secure services is that they are a tertiary and provided on a regional basis. The original proposals for a unit at Dykebar were themselves for a WoS facility.*

### Service User, Greenock

- Ravenscraig Hospital, with its dedicated nursing staff and beautiful grounds, should be kept open. Concerned that alternative facilities would not adequately serve the community.

*The decision to close Ravenscraig was supported by the previous Argyll and Clyde Board and Scottish Executive, subject to demonstration of the development of robust community services. Ravenscraig has provided continuing care inpatient provision. The strategy has set out the requirement for a substantially reduced number of continuing care beds and the reprovision of a smaller number of continuing beds in high quality settings through the development of Partnership beds. One option under consideration is that land retained on the Ravenscraig site might be used as a location for partnership beds for older people*

- The main building of Ravenscraig should be used, once again, as the sole provision of in-patient psychiatric accommodation for the community.

*Inpatient acute assessment beds are currently located at the IRH site. There is a widespread clinical consensus that the preferred location for inpatient beds is on a District General hospital sites so that mental health and physical health services are collocated on the same site. This is seen as particularly important for elderly people who often have a combination of mental health and physical health needs. The strategy has therefore proposed to retain services at the IRH whilst improving the inpatient ward accommodation*

- Deeply concerned at the effects of any move elsewhere of Ravenscraig in-patients, for whom the hospital has been their home for most or some of their lives.
- The Short Stay Psychiatric Unit, Inverclyde Royal Hospital, provides very necessary specialist services for the local population with mental health difficulties. Concerned at the proposed use of money (which could be used for needs elsewhere in the NHS) to demolish current unit and build a smaller acute unit. . Also concerned should there be job losses among nursing staff, given the high rate of unemployment in the area.

## Embargoed Until Meeting

*The Short Stay Psychiatric Unit is being retained at IRH and is not proposed for demolition, but instead will undergo extensive upgrade to improve the quality of environment for patients.*

### **I Thomson, Helensburgh**

- Commends Vale of Leven Christie Ward services and is dismayed at proposals to travel to Gartnavel Hospital for these services
- Increased costs would be incurred by visitors in fuel and parking
- It is possible to go for short walks in the grounds of the Vale of Leven Hospital
- Suggest that instead of spending a fortune on tribunals and reports, some money be spent on building maintenance and not allowing the building to slowly disintegrate
- Does the NHS care for the welfare of patients and relatives or is it all about finance?

*The 19.08.08 report to the Board has reflected a range of concerns and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site, including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Accessibility*
  - *Local aspirations*

### **Service User, Bishopton**

- Ward 2 of Royal Alexandra Hospital (RAH) should be retained and more money put into all areas of Mental Health Treatment. The RAH is far more accessible than Dykebar Hospital and in Ward 2 people do not know why you are there.

### **Service User, Cardross**

- Concerned with the mental health services available within NHS Greater Glasgow and Clyde. Suffering from Bulimia Nervosa for 5 years now - very disappointed with the lack of NHS treatment available to sufferers within area.

## Embargoed Until Meeting

- Have had to resort to funding own private treatment as there is no specialist Eating Disorder treatment readily available within the NHS Greater Glasgow and Clyde. If through my local health service for treatment, would have to wait up to 8 weeks just for an initial assessment at a specialist outpatient psychotherapy centre within the Royal Edinburgh Hospital through the Lothian Primary Care NHS Trust. After this assessment, would then have to wait for a minimum of 18 months just for treatment. Think this is out of order - why resort to other NHS areas for treatment?
- Yes, there are psychiatrists whom to get referred to through the NHS within area but none of whom are specialized to treat Eating Disorders and this is no help to anyone. At one stage own condition was very severe and needed urgent inpatient treatment, but to disappointment there were no NHS specialist inpatient Eating Disorder units available within Greater Glasgow and Clyde.
- Yes, The Priory in Glasgow would have been ideal and with a referral from my GP should have been able to get funding through the NHS to enter this facility immediately but again was let down because people who fall under NHS Greater Glasgow and Clyde are not eligible for NHS funding for The Priory in Glasgow. Why is this?
- Eating Disorders are a very serious mental health condition and sufferers are not receiving the treatment they need within area. Why should local health service let us down and we have to resort to paying for treatment privately? Not everyone can afford this
- There are no specialist inpatient units in area that support the sufferers of Anorexia Nervosa who need urgent hospital care, and no outpatient specialist help for the sufferers of Bulimia Nervosa. Even if there was some sort of NHS community based outpatient treatment system available within Greater Glasgow and Clyde?
- Want to fight for the sufferers of Eating Disorders within area. Don't want others to be let down - want them to have the specialist help they need without having to struggle to pay for private treatment. Eating Disorders are a recognized mental health issue - please help by developing the treatment facilities we need.

*Patients do have access to NHS funding for inpatient treatments for eating disorders. There is an agreed protocol which lays out that the patient should be referred to the local Community Mental Health Team where they can be fully assessed. If the local Team feel that they do not have the facilities to treat an individual adequately, they can make application through their local Clinical Director and Head of Mental Health for access to NHS funding for private care. Greater Glasgow has recently developed a specialist Eating Disorder Service which we would seek to extend to cover the Clyde area of the Health Board when funding can be identified. The specialist Team supports local Teams in their assessment in management of patients. If a patient requires in-patient care this can be undertaken either in a medical ward, general psychiatric ward or in the case of the most complex needs local teams can apply for funding to place someone at the Priory Hospital in Glasgow.*

## **OTHER ORGANISATIONS**

## Embargoed Until Meeting

**Vivien R Dance and Jim Moohan, Co-Chairmen, Hospitalwatch** – on behalf of the Hospitalwatch Steering Group and the 18,000 people who gave Hospitalwatch a mandate in September 2007 to campaign for services which meet their health needs to be provided at the Vale of Leven Hospital

1. Rejects the rationale put forward in the consultation paper and at the public meetings held in Dumbarton and Helensburgh to transfer beds from the Vale to Gartnavel.
2. There is a lack of reference to the Independent Scrutiny Panel reports and the directives contained in both of the documents. Specifically, the comment from the ISP that, “The Panel found insufficient evidence that the Gartnavel option had been evaluated for patient centredness.” Professor Mackay’s first report was published in November 2007 and we have heard no evidence from NHSGGC to suggest that this evaluation has taken place. In fact, on all criteria presented to us at the public meetings, a patient centred service has not explicitly featured

*ISP raised issues of patient centredness in relation to concerns about patients using distant and unfamiliar wards and not mixing with people from their own community – the consultation document reflected proposals to ensure specific wards had specific geographic catchments to strengthen the relationship between ward staff groups and specific communities and the services associated with those communities; the presentations to the meetings included slides which set out the aspirations for high quality inpatient services and the degree to which these were met at GRH – although not “badged” an evaluation of “patient centredness” these issues were the same issues as would apply to a “patient centred evaluation”*

*Our wider experience follow the closure of the Gartloch and Woodilee hospitals and the transfer of inpatient acute services to Glasgow hospitals ( Stobhill and ??) serving a larger catchment population of 2-300k has been that:*

- *The most significant ongoing clinical relationship between more local community services and patients in hospital is the daily contact between community crisis services and patients in hospital. By contrast the relationship between the psychiatrist and the hospital tends to involve a weekly rather than daily relationship.*
- *Notwithstanding that Stobhill and ?? hospitals were “less local” than Gartloch and Woodilee these hospitals perform well for patients in terms of timely discharge from hospital to community, and in terms of low levels of readmission to hospital following discharge both of which are measures of effective treatment and recovery. On both these measures of recovery Greater Glasgow hospitals perform better than Scottish averages, and significantly better than the Vale. This suggests that the issues of continuity of care and recovery predicated on “very local access” to inpatient services are common sense, but that the pragmatic realities are less clear cut as to “how local is local provision” before adverse effects of non continuity of care linked to distance become an actual factor significantly influencing patient recovery. Our local experience shows no evidence to demonstrate adverse effects in the case of hospital serving somewhat larger catchment populations than the Vale. Additionally in the context of Scotland the distance travelled to*

## Embargoed Until Meeting

*The consultation document summarizes the issues raised by the ISP and how they have been reflected in the consultation document and subsequent work; and additionally has signposted access to the full consultation document and the Boards previous initial responses which were available as electronic downloads. The key points to which the ISP referred are again summarized in the report to the 19.08.08 Board so that the Boards response to these issues can be demonstrated.*

3. The ISP report also recommends that, “In a DGH setting such as the VoL hospital it might be possible to negotiate appropriate cover from medical staff”. We did not hear evidence to suggest that alternative models had been fully investigated in collaboration with local GPs.

*The ISP had particularly advised of the need to further explore the option of advanced nurse practitioners, and use of non career grade psychiatrists and it is to these options that the options appraisal process directed its attention.*

*The need for the fuller investigation of medical cover options in collaboration with GPs was raised in the public consultation meetings and this is subsequently now being more fully explored with GPs – the outcome of this work will be reflected in the final proposals in relation to the Vale which will be considered in the context of the Boards overall vision for the Vale of Leven Hospital.*

4. The ISP report directed that, “The VoL needs a positive statement about its future with consolidation of those services that remain safely decentralised. The NHS Greater Glasgow and Clyde Board also needs to make clear the future role of VoL in the totality of Greater Glasgow’s planning”. We have maintained at all public meetings and in other formal meetings such as the Helensburgh and Lomond Locality Planning Group that NHS Greater Glasgow and Clyde has not revisited any part of its acute service strategy since it inherited just short of half a million people from NHS Argyll and Clyde. Furthermore, this disjointed approach to service changes, first maternity and now mental health, has not respected Professor Mackay’s strong recommendation that a vision for the Vale of Leven should be identified and then service redesign can complement this vision. This piecemeal destruction of services destroys the sustainability of the hospital as a whole and places it beyond recovery after its critical mass of services and staff is annihilated.

*The 19.08.08 report to the Board has reflected a range of issues and feedback from the public consultation process and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site, including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including;*

## Embargoed Until Meeting

- *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Accessibility*
  - *Local aspirations*
5. In respect of the much vaunted option appraisal process, we maintain that, although the mechanics of option appraisal have been followed, there are concerns that the implementation has been biased and some issues have not been fully explored. In particular the weighting and scoring process was open to question and the financial assessment leading to cost benefit conclusions omitted some important factors. The weighting and scoring process, which is key to the process of option appraisal, was carried out using role play techniques. The roles were all played by NHS GG&C staff members with public representatives playing no part. A subsequent offer to revisit this problem was made too late in the procedure to have any value. Therefore, at this crucial, initial stage in the process public involvement was lacking. Notwithstanding this weakness it is interesting to note that Options 6a and 6b of the three preferred options, these being the options involving new build at the Vale of Leven Hospital (VoLH) and retention of beds there, scored better than the Gartnavel option on all aspects of appraisal except finance.

*The NHS Board commissioned an Independent Consultant to manage and deliver the option appraisal process and fully cooperated with the advice and requirements of that Independent Consultant. Arrangements were made for user representation in the development of weighting and scoring criteria but in the event the representatives were not present at the development event. Subsequently this weakness was accepted and acknowledged by the Board in the option appraisal process itself; and at the Board's request the Independent Consultant incorporated an additional scoring category reflecting weightings consistent with the user views expressed throughout the option appraisal process so that this could be taken account of, and factored into the option appraisal weighting scoring process. Whilst the initial weakness on this issue is accepted the issue was recognized, accepted and addressed within the option appraisal process and appropriately reflected in the evaluation of scoring undertaken by the Independent Consultant. The nature of the option appraisal process is that it balances both financial and non financial benefits to form a rounded assessment across both financial and non financial criteria.*

*The nature of the options specifically involved options which sought to enable retention of inpatient services on the Vale site which were reliant on significant capital and revenue investment to achieve acceptable standards of service delivery. On this methodology if following such significant additional financial underpinning financial issues are then disregarded it is unsurprising that such options would score well on non financial benefits.*

## Embargoed Until Meeting

6. Turning to the financial assessment it is clear that a main driver leading to NHSGG&C identifying option 8 (the transfer of adult and elderly acute beds to Gartnavel Royal option) was affordability. NHSGG&C notes that capital funding of £6 million would be required to implement new build options at VoLH and that it has prioritised the Southern General "super" Hospital development for capital spend leaving nothing for VoLH. However, Gartnavel was procured using PPP funding with capital availability therefore not a consideration. An increased revenue premium would have been, and presumably still is, a consideration. If a similar procurement route had been investigated for the VoLH options, the availability of capital, highlighted by NHSGG&C as the main financial stumbling block, would not feature. There is no discussion of this alternative in the option appraisal. There should be if like for like comparisons are important. Furthermore, Gartnavel having been procured under PPP arrangements, it is the case that NHSGG&C has a vested interest in ensuring that beds there are kept fully utilised. Leasing empty beds over 25 years, from a PPP consortium carrying no or little risk, makes no sense. The ramifications of PPP projects in this regard in comparison to traditional procurement, and the way in which this may have affected the selection of a preferred option, are not explored in the option appraisal. In conclusion it is our submission that the option appraisal exercise is flawed in that it is biased towards option 8, which is the option favoured by NHSGG&C but not by the group in its entirety which included clinicians and senior managers who took part in the exercise. Using PPP, or Scottish Futures, funding techniques for the VoLH new build options; it may well be found that there is a fundamental change in capital and revenue considerations leading to the nullification of the financial drawbacks identified by NHSGG&C. It should be borne in mind that the retention of acute beds at the VoLH scored better than option 8 in all other respects.

*Public capital has been assumed as a source of funding in assessing the costs of options 6a-d as the capital schemes envisaged within each option would not attract PPP funding on account of those being relatively small in scale. In the event that PPP were to be available as a source of funds for options 6a-d, the revenue cost premium would be significant, considerably increasing the revenue costs above the estimated figures provided. The thinking behind a Scottish Futures Trust has not yet evolved sufficiently to enable cost estimates to be calculated.*

*The opportunity afforded by option 8, to concentrate services on a single site, clearly offers the potential for economies of scale to be achieved without significant additional capital investment, producing a lower overall revenue cost than in options 6a-d.*

*The net impact of use of alternative capital procurement routes would be adverse in terms of revenue affordability which would have further adverse impact on scoring of those options in terms of the option appraisal disciplines of cost per benefit points*

*The Mental Health Partnership fully cooperated with all disciplines required by the Independent Consultant and the analysis and conclusions of the outcome of the option appraisal were produced by the Independent Consultant and not the Mental Health Partnership.*

## Embargoed Until Meeting

7. The Board's intention to develop enhanced community services is welcomed but the reasoning for reducing the number of inpatient beds is rejected. The need for such beds will continue given the changing demographics of our society and the increased demand for mental health services and we have heard no evidence in support of a contrary opinion. Professor Mackay in the ISP report warns that, "Most (mental health strategic proposals for Clyde) are predicated upon a major reduction in NHS hospital bed numbers, with an associated shift in the balance of care in favour of care in the community" but "the fact that hospital admission rates across Glasgow may have fallen gives no reassurance, on its own, about the quality of life or risk experienced by those with moderate to severe psychiatric illness." In fact, all the presentations have suggested an "either/or" approach to the provision of community services to "replace" inpatient beds driven by financial constraints rather than patient centred provision of a comprehensive service. We do not expect to see beds closed and transferred until such time as community services are fully in place and there is clear evidence of an associated reduction in the need for inpatient admissions. Then the need for complementary acute care at the VoL can be reassessed. The Board's proposals are predicated on first removing the inpatient facility at the VoL as a cost cutting exercise to divert some of these savings to the provision of community facilities which this area has never enjoyed because of overspend on institutions in other areas of the former NHS Argyll and Clyde.

*Professor McKays comments on bed modelling relate primarily to the position in South Clyde. The proposals for North Clyde currently no significant proposals to change the overall level of 36 beds, albeit whilst refining the mix of beds between adult, elderly assessment beds and access to 2 intensive rehabilitation beds provided as part of a specialist ward at Gartnavel.*

*Additionally the proposals in WDC reflect an increased expenditure on community services which is not financed at the expense of inpatient services in WDC, but is funded by increasing overall expenditure in WDC services through redirection of funds released in South Clyde into North Clyde. The current proposed investments in community services are therefore not predicated on saving money compared to existing inpatient budgets. Rather the point has been made that in our experience there is likely to scope to further rebalance care from inpatient services to community services at a later date and the need for models of inpatient care that can support that firther rebalancing without such reductions destabilising the core inpatient service*

*In response to the issues raised by Professor McKay concerning the need to locate the bed modelling within a wider context beyond Greater Glasgow, the Board produced a detailed report which located the Clyde bed modelling proposals in the context of Greater Glasgow, Clyde, Scotland and each of the UK nations and also compared the proposed levels with indications of epidemiological norms for such services. In practise Greater Glasgow bed levels are below Scottish average levels but above the national averages for every other UK nation. Each of the UK nations has transferred c60% of hospital based inpatient care to care in a range of community settings but Scotland is at a less advanced stage than the other UK nations – in broad terms this simply reflects that Scotland is at an earlier stage in transferring the provision of long stay care from inpatient hospital based settings, to a range of community based*

## Embargoed Until Meeting

*settings. This work was supplemented by further work which showed that in a Scottish context the more community oriented balance of care in Greater Glasgow outperforms both the Scottish average and the more inpatient dominated Clyde services on issues of length of stay, delayed discharges and multiple readmissions etc. This suggests that the Glasgow balance of care is comparatively effective in terms of patient recovery as reflected in timely discharge from inpatient to community services and lower levels of readmissions reflecting robust discharge planning and the capacity of community services to manage individuals and prevent relapse.*

8. The information presented on Modernising Medical Careers and the European Working Time Directive was misleading in that it was selective and failed to give a comprehensive overview of the current status of the ongoing radical review on these topics as “many deficiencies which demand corrective action” have been identified. No mention was made of the Tooke report, “Aspiring to Excellence” or its 47 recommendations to deal with the deficiencies of Modernising Medical Careers. Only when challenged by a member of our campaign group did NHSGGC admit to this significant ongoing debate on both MMC and EWTD which undermines many of their thought processes on the medical manpower issues as presented in the consultation process.

*The UK government has already provided an initial response to the Tooke report and nothing in that response suggests a material change to the issues specific to levels of junior doctor availability. The final UK response to the Tooke report is outstanding and we will review any further implications as they become known. In the meantime we continue to be advised by NES of the planning assumptions and actual allocation of junior doctors all of which is consistent with the concerns of a reducing number of junior doctors available to local services via national training allocations.*

*The Scottish Government has now responded to the Tooke Report in a document called ‘Aspiring to Excellence’. This document commits the Scottish Government and the Scottish NHS to reviewing the role of the Doctor and multidisciplinary Team, but will essentially continue to adhere to the principals of Modernising Medical careers.*

9. A great deal of emphasis has been placed on the financial deficit (recurring) inherited from NHS Argyll and Clyde yet no counterbalancing figures to show the increased income from the sale of inherited assets was presented. One example which Hospitalwatch members were able to discover and no doubt there are many others was the capital and recurring benefit from the sale of the Ross House site. The recurring benefit of lower capital charges is just short of half a million pounds per annum to NHSGGC yet the only figures presented to us have been around deficits. Furthermore, why was a special case not made to the Cabinet Secretary to retain the balance of 7.6million capital receipt for Ross House as a special case to fund a programme of enhancement and refurbishment of the physical environment of the Vale of Leven hospital? Precedent is well established in NHS Scotland for the approval by Ministers of such “special cases” and it is deeply disappointing and frustrating that the Board has not been proactive in this regard yet continues to conceal the benefits from asset sales from the former NHS Board.

## Embargoed Until Meeting

*The sale of the Hawkhead/Ross House site was concluded by the former NHS Argyll & Clyde Health Board prior to the transfer of management responsibility for Clyde passing to NHSGG&C on 1<sup>st</sup> April 2006.*

*In addition the former NHS Argyll & Clyde had already committed the proceeds of disposal of this site towards offsetting, in part, its financial deficit, in the year to 31<sup>st</sup> March 2007. Looking forward, it is unlikely that there will be further land disposals which are capable of yielding significant receipts within the forthcoming 2/3 year period, however a commitment has already been made by the Board to SGHD to apply the initial £15m of capital receipts which arise from future land disposals within Clyde towards repaying £15m of bridging capital to be provided by SGHD during 2008/09 and 2009/10, to contribute towards the capital costs of reproviding Renfrew and Barrhead Health Centres.*

*Further to the above, the reduction in capital charge costs associated with the sale of the Hawkhead/Ross House...value £0.5m...had similarly been committed by the former Argyll & Clyde Health Board towards offsetting, in part, its financial deficit prior to the transfer of a residual recurring deficit of £30m into the management responsibility of NHSGG&C and NHS Highland.*

10. The spend per capita on mental health services in the Dumbarton/Vale/Helensburgh/Lomond does not reflect an equal distribution of funds and the area continues to be disadvantaged by the legacy of inequity of spend which would appear to be years away from being addressed. This legacy of underfunding must be a consideration in the current consultation process but the financial facts were not presented, they had to be sought by members of our campaign group. At all meetings we were told of the figures being invested in community services but we were not told how much is actually needed to provide effective, safe and sustainable care. It is therefore impossible to evaluate the promise of care unless it can be quantified against any shortfall. The financial presentations were another example of selective information being presented to the public.

*The NHS Argyll & Clyde spent higher levels per head in South Clyde than in North Clyde on mental health. NHSGG&C have made a commitment to progressively address this issue and the planned net additional investment in WDC reflects progress to date in doing so. Pragmatically further progress to equity will be to a timetable agreed with all geographic areas to ensure a managed balance between the pace of change of movement to equity and avoiding to great a destabilisation of existing services in South Clyde*

*The judgment of the WDC CHP management team is that the planned investments provide the major building blocks for delivering a sustainable rebalanced inpatient and community service, albeit the service would be further enhanced as further equity funding is progressively released*

11. The discussions concerning patient and carer access only featured Hyndland station and its lack of disabled access. There was no consideration of the holistic approach needed in respect of patient access to ensure wellbeing and confidence in the system. No mention was made of the Scottish Government's

## Embargoed Until Meeting

commitment to deliver care as locally as possible and to protect local access to healthcare through a presumption against the centralisation of hospital services. In fact, in all the presentations no mention was made of the current Government's strategy for NHS Scotland and centralisation was a word which was avoided. Maybe NHSGGC does not appreciate that for the people who currently rely on the Vale for their services, a move to Gartnavel would be centralisation as identified by Professor Mackay in the ISP report, "The preferred option represents a clear intention to centralise psychiatric admission facilities for communities living north of the Clyde". The Health Board states in its vision for service users that a key principle is "to ensure that service users have access to good quality services which are acceptable to service users and their carers and supporters". The outcome of the option appraisal process shows that this vision can only be realised by retaining and enhancing services at the Vale.

*The Kerr report indicated the need for services to be provided as locally as possible and as centralise/specialised as necessary. The response to point 2 above has demonstrated that in terms of a more holistic view of patient recovery and continuity of care this can and is being delivered by hospital less local than the Vale whilst achieving better performance in timely discharge and readmissions suggesting in practice that recovery for patients is not in practice being compromised through hospitals serving larger catchment areas. Rather it is the quality of the relationship and operational protocols and practice between inpatient and community service which determine the effectiveness of the transition from inpatient care to community care and vice versa.*

*For many Board areas in Scotland the distance from Helensborough to Gartnavel is no greater than that of their "local" inpatient units to their catchment populations.*

*The issue of how local does a service need to be before it is not local enough is therefore shown to be not simply a matter of a further 17 miles compared to the location of the Vale.*

*The issue of the balance between as local as possible and as centralised as necessary has been approached by balancing the issues across a range of criteria rather than on the single criteria of distance or money. As indicated in the response to 4 above the balance between as centralised as possible and as centralised as necessary therefore needs to be considered across the range of the following factors and not by cherry picking single issues rather than the balance of all the factors:*

- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Accessibility*

## Embargoed Until Meeting

### o *Local aspirations*

12. The consultation process and the information presented to us focussed on cost, winning out over effective, accessible, patient centred care.

*As indicated above the option appraisal process and the subsequent consultation paper have been informed by an assessment of the balance of the options across the range of factors above and have not focussed on cost alone or indeed single issues in isolation from the overall balance across the range of factors.*

13. The submission made by the West Dunbartonshire Mental Health Forum is commendable and we endorse their comments and their conclusion. It is clear that the option appraisal process favoured the retention of the Christie Ward and enhancement of services in the locality of the Vale of Leven hospital. We have high regard for the time and commitment given to the appraisal process by members of the WDMHF and recognise that their conclusion, “retaining and enhancing mental health services on the Vale site is the best option” is the one supported by the wider community as well as all members of our campaign group.

*It is recognised that the clear expressed aspiration of the public and the Mental Health Forum is for the retention of beds on the Vale. However in terms of the outcome of the option appraisal the report of the Independent Consultant was that the outcome of the option appraisal process saw the Gartnavel proposal scoring highest using the standard option appraisal discipline of lifecycle cost per benefit point. That discipline takes account of the range of factors of both a financial and non financial nature*

14. The lack of staff consultation on the proposals, particularly with regard to local GPs, is disturbing and deeply disappointing. It seems incredible to the public that discussions with those currently delivering front line services have not taken place. We were approached by many NHS employees who asked us to raise issues at the public meetings because they were afraid to speak out and many members of staff attended these meetings because they felt it was the only forum being provided to them to voice their concerns about the proposed move to Gartnavel.

*As indicated in 3 above:*

*The ISP had particularly advised of the need to further explore the option of advanced nurse practitioners, and use of non career grade psychiatrists and it is to these options that the options appraisal process directed its attention.*

*The need for the fuller investigation of medical cover options in collaboration with GP's was raised in the public consultation meetings and this is subsequently now being more fully explored with GP's – the outcome of this work will be reflected in the final proposals in relation to the Vale which will be considered in the context of the Boards overall vision for the Vale of Leven Hospital.*

## Embargoed Until Meeting

15. The poor attendance at all the public consultation meetings compared with the 18,000 people who were consulted last September at the rally was significant but does not reflect a lack of public interest in the outcome of this consultation process. Members of the public have made it clear that the rally was the consultation that mattered, they responded to say they want all services retained and enhanced at the Vale. NHSGGC has ignored this voice of the people and current public opinion is that no matter what we say in this consultation the Board will not change its plans. This consultation is widely regarded as a sham, a “tick box”, meaningless exercise designed to allow the Board to overrule the will of the people.
16. In conclusion, we submit that the option appraisal process was flawed and that the only outcome of this consultation which will provide a patient centred health service for the people of this area is the retention and enhancement of mental health services on the Vale site. We urge members of the Board to have the courage to review your plans and deliver twenty first century health services local to the people you serve.

*As indicated in 4 above:*

*The 19.08.08 report to the Board has reflected a range of issues and feedback from the public consultation process and committed to:*

- *Undertake further work on issues raised through the consultation process as part of the development of final proposals, including issues of medical cover*
- *Development of final proposals in the context of the Boards articulated vision for the future of all services on the Vale of Leven site, including exploration of issues of whether potential synergy with such services may resolve or modify the balance of the Boards concerns*
- *The final proposals will need to balance the pros and cons across a range of issues including;*
  - *Inpatient environment*
  - *Out of hours medical cover*
  - *Capital costs*
  - *Revenue affordability*
  - *Future sustainability*
  - *Continuity of care*
  - *Accessibility*
  - *Local aspirations*

### **Theresa Gilchrist, Key Enterprises – Client Group**

- Slightly anxious and rather disappointed that Structured Day Care (vocational rehabilitation) was not mentioned in the report, while all other areas in the Mental Health Sector were addressed and the plan for improving these services was clearly evident.
- What plans are there for structured day activity? Would this be integrated into peoples' discharge planning, and incorporated into the ongoing care of clients already living in the community? Is there any type of planning that includes the third sector?
- What is the plan for the future for the care packages of clients referred to other agencies after discharge from hospital?

## Embargoed Until Meeting

- Following discussion within the Scottish Management Committee and the Board members of Key Enterprises it was recognised that there was a reduction in hospital readmissions within client groups attending structured forms of activity, often resulting in local CMHT input.
- A Client Satisfaction Survey on attending structured forms of activity, conducted within Key Enterprises, revealed that clients felt they gained purpose for daily living; a sense of achievement; an ability to recognise that they have capabilities; enabling consideration of their physical (hygiene, diet, exercise and social interaction) as well as mental health; company for those living alone, and, receiving certificates and a qualification on completing modules.

*The strategy identified the role of personal growth and supports for ordinary living and in particular meaningful daytime activities and support to get and keep a job and referenced the wide range of creative partnerships with the voluntary sector. Additionally the strategy identified the need for further work to assess the balance and degree of comprehensiveness of such supports.*

*In relation to the reprovion of long stay care in community settings the majority of such care packages will be commissioned through partnership arrangements with third sector providers and the development of the plans included third sector engagement in local planning processes*

*It is however recognised that the transfer of long stay care from hospital to community settings does require access to meaningful daytime activities and the capacity and targeting of existing supports will be reviewed as part of the reprovion*

*In preparation for discharge individuals participate in a familiarisation programme lasting between 4 and 6 weeks. The programme involves work with identified care providers to familiarise individuals to their new home, communities, care providers and includes social, recreational and, where appropriate, educational activities, which continue following discharge, thereby facilitating a smooth transition between hospital and community but also recognising the importance of each of these areas in an individuals life.*

### **Stevie Lydon, Chair, Greater Glasgow and Clyde User Involvement Partnership**

- Broadly supports the development of single specialist Addiction Inpatient Unit.
- Would be very pleased to offer further support for the development of the detail of the unit, by providing comment on the planned development from UIP's (and wider) experience of using such facilities, and to act as a conduit for wider consultation with service users.

### **Jackie Pollock, United Campaign Group**

- The Christie Ward at the Vale of Leven Hospital has been beneficial to patients in the area and should be retained. To remove beds in this ward would deprive patients of being near their family. A crucial part in the treatment of Mental Health is having family around.

## Embargoed Until Meeting

- Acknowledges benefit of also having access modern services in Gartnavel for some services, especially for patients with long term needs. Concerned, however about accessibility from the train station to Gartnavel for Mental Health patients with other disabilities. The Health Board must pursue this under disability access.
- Welcomes the new Community Crisis Centre at the Dumbarton Joint Hospital which is very beneficial for the area.

### **John Watt, Area Procurator Fiscal, Argyll and Clyde**

- Where an individual appears from custody there is an excellent service in relation to the examination, by Community Psychiatric Nurses, of accused in custody but there is a long standing problem in having an accused examined at short notice, in custody, by a psychiatrist to ensure that he or she is not sent to prison but rather to a hospital if that is appropriate.
- Would welcome the new arrangements if they resolved the recurring difficulties of swift access to a suitably qualified and experienced psychiatrist to provide evidence for the court in respect of an accused in custody.

For any enquiries regarding this summary Appendix or to view the full responses, please contact David McLure, Senior Administrator, on 0141 201 4943.

## **Embargoed Until Meeting**

### **Appendix 3**

#### **Key Themes from Consultation and Stakeholder Meetings**

The key themes that emerged from the consultation and stakeholder meetings were:-

##### **Inverclyde**

- Overall support for the proposals and in particular, the efforts to enhance community services to help people achieve discharge from hospital settings and maintain their independence in a community setting, wherever possible.
- Support for patients having access to modern, single room accommodation wherever possible.
- Some concern was expressed over the scale of proposed bed number changes for older people's continuing care, particularly when the prevalence of dementia is increasing, along with an aging population.
- Greater clarity was sought from relatives and carers over the proposed NHS partnership beds model, with a preference for NHS nursing staff to work within a partnership bed model
- Reassurance sought that NHS partnership beds would be monitored against a high quality specification.
- Some concern over the suitability of partnership beds for individuals with very complex needs
- The need to consider transport issues for patients and visitors, particularly in relation to the proposal to transfer Addiction services Addictions
- The needs to address the stigma surrounding mental health services
- The need for better integration between adults and older people's services, and to have age appropriate services
- Clarity sought over future of Ravenscraig Hospital site.
- The need to involve and support carers' needs
- The need to ensure inpatient services operate at an acceptable quality standard in the interim period before reprovision
- The need for 24/7 crisis care and better access to respite services
- Crisis intervention – concerns were raised over accessibility and how carers are supported when a crisis occurs
- The introduction of Primary Care Mental Health Team very positive
- Clarification sought on the number of support worker posts and whether primary care staff will be trained in CBT

## **Embargoed Until Meeting**

### **Renfrewshire / East Renfrewshire**

- Overall support for the proposals and in particular, the efforts to enhance community services to help people achieve discharge from hospital settings and maintain their independence in a community setting, wherever possible.
- Support for patients having access to modern, single room accommodation wherever possible.
- Some concern was expressed over the scale of proposed bed for adult mental health services
- Clarification sought on the organisational change and potential staff redeployment processes.
- Clarity sought over future of Dykebar Hospital
- Greater clarity was sought from relatives and carers over the proposed NHS partnership beds model, with a preference for NHS nursing staff to work within a partnership bed model
- Continuing care – what criteria needs to be met to stay / be discharged (81 year old gentleman)
- The need for robust care packages before discharge
- transport costs associated with move of services (particularly IPCU an forensics)
- stigma associated with care at Dykebar rather than RAH
- The need for improved communications to inform people about community support available.
- Access to grounds is very good for patients at Dykebar
- The need for services to be tailored to meet peoples needs rather than having too rigid access relating to age criteria
- Clarification sought on the detail of community service proposals and access to psychology services

### **North Clyde**

- that the Board sets out its vision for all services on the Vale of Leven site and that the individual proposals in relation to mental health ( and other service proposals re unscheduled care etc) are then considered within that context
- to retain access to inpatient services at the Vale of Leven site
- to deal with the issues of age appropriateness and the quality issues of the ward environments through access to capital improvements, if necessary through alternative capital procurement routes
- to deal with issues of out of hours medical cover through exploration of extension of GP models of out of hours support
- A perception that there have been only a few occasions when it has been necessary for Christie ward to access senior medical staff on call.
- Concern that account has not been taken of the Tooke reports when considering the impact of Modernising Medical Careers.

## Embargoed Until Meeting

- to ensure investment in community services was not dependent on the decisions concerning location of inpatient beds
- to ensure such community service developments were in place and robust in advance of further changes to inpatient services
- Concern that the proposed transfer of services to GRH is financially driven and influenced by the inherited debt from NHS A&C
- Transfer of services to GRH may lead to failure to access a bed, with 'boarding out' to other GG&C sites further compounding transport/access issues
- Did not see the proposals in relation to GRH as being evaluated for 'patient centredness' as advised by the ISP
- Were concerned that whilst the Board had made some progress in addressing the issues of transport access there was a need to place greater emphasis on the implications of continuity of carer involvement for the recovery of service users and that this was compromised where the practicalities of such involvement were made more difficult by the added distance
- Dissatisfaction with elements of option appraisal process
- Acknowledgement of the high standard of accommodation at GRH
- The desire to see an equitable share of resources in comparison with other areas within the Health Board.
- Request for a better understanding of the environment for patients at GRH.
- Query as to whether the Health Board has the circa £6m capital funding necessary to upgrade wards at VoL.
- The need for a like-for-like PFI (or equivalent) comparison of costs between GRH and Vale of Leven options
- Majority support for quality of care delivered at Vale of Leven (with 1 previous service user dissatisfied with care received within Christie ward).
- Clarification sought on what happened to land receipts and capital charge savings from sale of Ross House and why has NHS GG&C not made a 'special case' for capital funding to the Scottish Government.
- Request for further information on resource transfer spend per head of population
- Long term care should be provided locally for people with dementia and people were aware of the proposal to build a unit within the grounds of the Vale of Leven Hospital.
- The suggestion that the length of stay in hospital for people with dementia is decreasing was not upheld by staff who felt that people were staying longer.
- staff felt that the amount of money required to provide a new service at the Vale was little in comparison with the money ring fenced for the new Southern General Hospital