

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

16 September 2008

Board Paper No. 08/41

Director of Acute Services Strategy Implementation and Planning

Vision for the Vale of Leven Hospital – Pre-consultation Document

Recommendation:

The NHS Board is asked to:

- i) receive the attached pre-consultation document setting out the vision for the Vale of Leven Hospital, (VOL);
- ii) endorse a period of engagement on the vision of the Vale of Leven, from 17 September until towards the end of October 2008, followed by a period of formal consultation over 13 weeks from 31 October 2008 to the end of January 2009.
- iii) note that issues raised during the engagement period will be addressed in the document that is circulated for formal consultation.

Helen Byrne
Director of Acute Services Strategy, Implementation and Planning
0141-201-2843



Vision for the Vale of Leven Hospital

Pre-consultation document
September 2008 – October 2008

1. Introduction

The Vale of Leven Hospital plays an important role in the provision of health services to the West Dunbartonshire, Helensburgh and the Lochside communities. For the past 10 years the future of the hospital has been subject to much debate and considerable concern as services have had to change for a number of reasons. Although some further changes are required to the services provided at the Hospital we believe the Vale of Leven Hospital campus will continue to be a vibrant and busy NHS site and that it will continue to play the central role in the provision of NHS care to the local communities.

This document outlines the vision for the Vale of Leven Hospital campus and seeks to end the uncertainty surrounding the hospital's future. It describes the services that will continue to be delivered on the site and the additional new developments and services that we intend to introduce. Where we think that services need to change we explain why these conclusions have been reached by NHSGGC and by independent experts commissioned by the Scottish Government. We also begin to describe what the new models of care will mean for patients.

A key recent development has been the publication of an independent review report into the sustainability of anaesthetic services at the Vale. The conclusions and implications of this review are described in section 2 of this document. An important outcome from this review is that we are now developing a model of care which will allow as many of the 6,000 patients who currently attend the Medical Assessment Unit at the Vale as is clinically appropriate to continue to receive their care at the Vale of Leven. We have also undertaken a thorough review of where patients from the Vale of Leven catchment area currently receive their planned care. We believe that by investing in the range of services that can be delivered on the Vale of Leven Campus we will enable more than 16,000 appointments which are currently scheduled in Glasgow or Paisley to be delivered locally. The impact of these developments on the level of activity at the Hospital is shown in the table below.

Area	Current Patient Episodes	Future Patient Episodes
Outpatient Services	50,000	50,000
Daycase and short stay planned procedures	7,000	7,000
Planned diagnostic services	11,500	11,500
Community midwifery unit services	14,000	14,000
Day Hospital for Elderly Patients	7,500	7,500
Primary Care Emergency Services	10,000	10,000
Minor Injuries Unit	9,000	9,000
Medical Assessment Unit	6,000	TBC
New Planned Care Services: Outpatient, Treatments and Daycase Procedures		16,100
Total	115,000	125,100 + MAU

In addition to increased numbers of patient visits to access hospital services, our vision for the Vale of Leven Hospital Campus also incorporates the development of a new Alexandria Medical Centre and a New Care Home on the Vale of Leven site delivered in partnership with the council. It is for these reasons that we can say with some certainty that we do have a vision for the Vale of Leven Hospital Campus that will see it continuing to provide an important range of services to the local communities.

Over the next six weeks – until towards the end of October - we will be undertaking detailed work with teams of clinicians and GPs, Vale of Leven staff, the Scottish Ambulance Service, colleagues in NHS Highland and our local authority partners to finalise exactly what the new models of care will mean for different groups of patients. We will also be meeting with local groups, community stakeholders and members of the public to seek their input into shaping and finalising these models of care. The purpose of this document is to explain the broad vision for the Vale of Leven to help people understand how the new models of care, that we are asking them to help create, will fit in with the wider range of services that will be provided on the Hospital campus.

From November until the end of January we will enter a period of formal public consultation. This means that we will update this document to reflect the work that has been undertaken in September and October and seek formal feedback from members of the public, staff and other interested groups and organisations on our final proposals for the Vale of Leven Hospital campus. The feedback from this formal consultation will be discussed by the Board of NHSGGC in February 2009 who will decide whether to formally request that the Cabinet Secretary for Health and Wellbeing approves the vision for the hospital campus.

The remainder of this document addresses the following areas:

Section 2: Vision for Unscheduled Care

Section 3: Vision for Planned Care

Section 4: Vision for Rehabilitation and Older Peoples Services

Section 5: Vision for Mental Health Services

Section 6: Vision for the New Alexandria Medical Centre and Nursing Home

Section 7: Bringing the Vision together

Section 8: Involving you

2. The Vision: Unscheduled Care

2.1 Unscheduled Care Overview

In June 2008 the Cabinet Secretary for Health and Wellbeing commissioned a group of expert clinicians, Chaired by Professor Chris Dodds, to undertake an independent review of service provision at the Vale of Leven. This review group published their report on the 15th August 2008. This was the second independent review that had been commissioned and followed the work that had been undertaken by the Independent Scrutiny Panel, Chaired by Professor Angus MacKay, from August 2007 to January 2008.

The work of both these Independent Reviews concluded that in the long term anaesthetic services cannot be sustained to support emergency care at the Vale of Leven Hospital.

While the Independent Scrutiny Panel chaired by Professor MacKay recommended that an option be explored that anaesthetic services be sustained for two years to allow the further piloting of the prediction element of the Lomond Integrated Care Model, the recently published independent review report gave a definitive recommendation for how services at the Vale of Leven Hospital should be delivered in the future. It described the optimal solution for the Vale of Leven as being as a hospital which was able to treat patients with medical conditions who had either been assessed by a GP as suitable for receiving care in the Vale or had presented at the hospital and been deemed appropriate to treat. The report recommended that the development of a receiving unit able to provide this type of “selected” unscheduled care would allow the benefits of a local hospital to continue to be felt by the residents of, and visitors to, the Vale and the surrounding area. This model was described by the review team as being “a supported GP acute unit.”

There are currently 6,000 patients who receive unscheduled medical care at the Vale of Leven Hospital each year. In accordance with the recommendation of the report of the independent experts we are aiming to develop services at the Vale of Leven to ensure that as many of these patients as is clinically appropriate will continue to be treated at the Vale. Initial work on scoping how such a service could be delivered suggests that we will be able to develop a service which allows 24 hour unscheduled care to be delivered on the Vale of Leven site. This care would be provided by a team of Doctors who are trained to provide General Practitioner services and are appropriately skilled to deliver the required level of hospital care. There would be daily support from hospital consultants as appropriate to the needs of each patient. From an individual patient’s perspective it would mean that a clinical decision had been made that it was appropriate for you to be cared for in the Vale of Leven Hospital and that the care that you received there would be appropriate for the level of your clinical need. If it was considered that it was not appropriate that you be treated at the Vale of Leven and that you required, or potentially required, more specialist or critical care then you would access services at the RAH.

The Independent Review team described this approach as a solution that “balances the need to provide care locally for as many patients as possible whilst delivering appropriate specialist care to those who need it.”

2.1.1 Unscheduled Care: Work over the next six weeks

Over the next six weeks we will be working with a range of people including hospital clinicians, GPs and the Scottish Ambulance Service to develop the model in detail. This will address a number of issues including:

- what types of patients could continue to be treated at the Vale;
- what are the protocols for admission and transfer of patients;
- how will we staff the service and develop an appropriate workforce model;
- how many patients do we estimate would be treated at the Vale.

We want community and patient groups to help us shape the model and help us develop the formal consultation material. For this reason we intend to undertake a number of focus group meetings using a range of already established community and patient groups. This will help ensure that our consultation material answers the questions that are important to the community.

2.1.2 Unscheduled Care: Transporting Patients to the RAH

Although we are developing a model that will allow selected unscheduled medical care to be sustained on the Vale site it is clear that some of the 6,000 patients who currently attend the Vale Medical Assessment Unit will need to transfer to the RAH. It is therefore important that the issue of transport is informed by a clear understanding of the current situation. We know from the broad range of discussions we have had at public meetings that one area of concern within the Vale area is the perceived risk associated with transferring patients to the RAH. There are already 5,000 patients from the Vale of Leven area who attend Accident and Emergency services at the RAH each year and this includes those patients who are most seriously unwell.

When the A&E at the Vale of Leven was closed and services transferred to the RAH an audit was undertaken using the Scottish Trauma Audit Group (STAG) criteria to assess the morbidity and mortality of all trauma patients with moderate or severe injuries. Data was collected for a 12 month period following the establishment of the Minor Injuries Unit (MIU) at the Vale of Leven (Oct 2003 - Oct 2004) and this was compared with the STAG data collected up to December 2002 for Vale catchment patients treated at the Vale itself. This audit concluded, "There was no detrimental effect on patients from the Vale catchment area" following the establishment of the MIU.

Of the 5000 patients from the Vale catchment area who attended the A&E at the RAH during 2007, 2603 were transported by ambulance. The Scottish Ambulance Service report that there are no significant issues around transporting this cohort of patients to the RAH. The Scottish Ambulance Service is confident that, "providing the resource base is sufficiently developed, then we would not have any significant challenges around coping with additional patient journeys to the RAH nor would the changes add to the complexities of the issues we face routinely in providing an emergency ambulance service in South West Scotland. Clinical governance indications have not highlighted any incidents of adverse clinical outcomes caused by either road conditions or bridge closure".

The issue of transport of patients was also considered by the Independent Review Team who suggested, after reviewing the available evidence, that additional transport time is highly unlikely to significantly affect clinical outcomes.

2.1.3 Unscheduled Care: Primary Percutaneous Coronary Intervention (PCI): Golden Jubilee National Hospital

In addition to the development of a model that allows us to retain "selected" unscheduled admissions at the Vale of Leven hospital there has been another important recent

development in treating acutely unwell patients which is highly relevant in the context of planning for the best possible quality of services. This is the establishment of the West of Scotland Heart and Lung Centre at the Golden Jubilee National Hospital in Clydebank. There is very strong clinical evidence to suggest that patients who suffer the most severe form of heart attack greatly benefit from promptly receiving a procedure called Percutaneous Coronary Intervention (PCI) as their primary treatment. This procedure should ideally be undertaken within 90 minutes of the onset of heart attack symptoms. Not all patients suffering a heart attack require primary PCI. Only patients who have an elevated STEMI – we estimate that this will be approximately 50 patients each year from the Vale catchment - will benefit from this treatment. STEMI elevated means that an electrocardiogram (ECG) has been undertaken and shows that the ST segment of the heart wave (when viewed through an ECG) is elevated which indicates that the patient has suffered a myocardial infarction and potentially damaged heart muscles. The Scottish Ambulance Service are able to undertake an ECG test to determine which patients have elevated STEMI and will in future take these patients directly to the GJNH in Clydebank. This development will also apply to patients from Glasgow and other areas in the West of Scotland.

2.2 Unscheduled Care: Treatment for Minor Injuries

An important part of the future vision for the Vale of Leven Hospital is the continued provision of a facility for treating patients who have minor injuries. As well as developing a model of care that allows a proportion of the 6,000 patients who receive unscheduled medical care at the Vale of Leven Hospital to continue to be treated at the Vale we are committed to continuing to provide a comprehensive Minor Injuries Service at the Hospital. This will mean no change for the 9,000 unplanned patients who currently attend the Minor Injuries Unit at the Vale every year. The Minor Injuries Unit is able to treat a wide range of conditions including:

- Fractures of nose, shoulder, upper arm, elbow, forearm, wrist, hand (inc fingers), knee, lower leg, ankle, foot and toes.
- Soft tissue injury including strains and sprains
- Dislocations
- Wounds
- Burns
- Minor head and neck injuries
- Eye injuries and conditions

As is currently the case, in the future only patients with the most severe types of these injuries would need to travel to the RAH to receive care.

2.3 Unscheduled Care: Primary Care Emergency Services

Another key area that we intend to retain at the Vale of Leven campus and which plays a part in the vision for the Hospital is the provision of out of hours primary care emergency services. This service will continue to treat approximately 10,000 patients each year and will continue to be provided.

3. The Vision: Planned Care services

3.1 Planned Care: Overview

The vast majority of patients currently receiving care at the Vale of Leven Hospital attend on a planned basis. This means that they are given an appointment and receive either a new or follow up consultation, an operation or procedure, a diagnostic test or that they attend regularly for ongoing treatments for a specific condition. More than 90,000 episodes of care are delivered at the Vale of Leven on this basis every year.

We are committed to maintaining and enhancing planned care services at the Vale of Leven Hospital across as wide a range of specialties and to treat as many different conditions as is possible. In practical terms this means that we will continue to provide care in the areas (and to the approximate patient numbers) described in the table below.

Area	Patient Episodes
Outpatient Services	50,000
Daycase and short stay planned procedures	7,000
Planned diagnostic services	11,500
Community midwifery unit services	14,000
Day Hospital for Elderly Patients	7,500
Total	90,000

In addition to sustaining the existing care described in the table above we have undertaken a detailed assessment of where all patients from the Vale of Leven Catchment area currently access planned care services and believe that we can expand the range of services that we deliver at the Vale or in alternative locations within the local communities. This means that patients receiving care in these areas will not have to travel to Glasgow or to Paisley to receive planned care. The services that we think we will be able to introduce or expand within the Vale are described in the following paragraphs. Over the next six weeks we would like your feedback on these potential developments.

3.2 Planned Care: Dental Services

We have an ambitious vision for how dental services can be developed on the Vale of Leven Hospital Campus. We propose to build upon and expand existing services by creating a 20 surgery dental complex, which will be equipped to deliver Community, General and Secondary Dental Care. The focus will be on providing appropriate facilities for community dental services and general dental practice and also to create a suitable environment for dental 'outreach' teaching of undergraduate students in a primary care setting. The development of this service will require significant capital investment on the Vale campus.

This centre will afford the opportunity for NHS independent general dental practitioners, who will have difficulty in meeting decontamination requirements, to continue to deliver services to existing and new patients from improved facilities and offer the opportunity for closer liaison with community and specialist dental services.

The replacement and consolidation of the four community units in Alexandria and Dumbarton onto one site will allow for improved and enhanced standards for community dental services and give the capacity to deliver over 5,500 patient appointments per year.

The Outreach service will have the capacity for 3,600 patient appointments per year. As outreach requires specialist supervision this would give the centre the ability to provide secondary care dentistry with specialist consultant cover because of the scale and improved standard of facility. This means that considerable numbers of patients (4,700 appointments) who currently travel into Glasgow to access specialist services will be able to be treated locally.

We intend to consult with NHS independent general dental practitioners, community dentists and specialists to discuss and agree more detailed proposals for the configuration of services.

3.2 Planned Care: Surgical Services

In addition to sustaining the wide range of planned surgical care that is currently delivered at the Vale of Leven site and at other local centres we can expand the range of specialties for which outpatient and daycase care is provided. Having looked closely at the sites to which Vale patients are currently admitted for day procedures we anticipate that for general surgery, ENT, orthopaedic and endoscopy procedures we will be able to treat approximately 500 more patients locally each year. We will also be able to provide new and return outpatient care equivalent to more than 3500 appointments for patients within these specialties who currently travel to either Paisley or Glasgow to receive care.

The two specialty areas in which we can make the most significant local developments are in ophthalmology and urology.

The majority of outpatient ophthalmology care is currently delivered from the Dumbarton Health Centre. However, large numbers of patients also travel outwith the locality for outpatient ophthalmology appointments. By developing additional capacity within the Dumbarton area we will be able to minimise the number of patients that need to travel for these appointments. This should mean that approximately 1350 patient appointments currently offered outwith the local area will be able to be provided locally. In addition by investing in the equipment available at the Health Centre in Dumbarton we may also be able to undertake procedures, for example the insertion of prosthetic lenses, on approximately 400 patients who currently are treated in either Glasgow or Paisley.

Most Urology patients from the Vale of Leven currently travel to receive both their outpatient care and their day surgery procedure. Just under 1000 patients who currently receive new or return outpatient appointments in either Glasgow or Paisley could be seen at the Vale in future. In addition to this approximately 400 patients who receive a urological operation outwith the Vale area could in future also be treated at the hospital.

3.3 Planned Care: General Medical Services

The majority of outpatient and daypatient care within general medical services for the Vale catchment population that is non-tertiary specialist in nature is provided locally. The one specialty area which we believe can be developed within the Vale campus is a rheumatology service. This will allow considerable number of patients who currently travel to Glasgow to receive care locally. We estimate that by establishing rheumatology clinics at the Vale we will enable approximately 1500 new and return patient appointments that are currently delivered in Glasgow to be provided on the Vale Hospital campus. We also believe there is the potential to develop a daycase service in rheumatology locally at the

Vale of Leven Hospital for patients who currently travel to Glasgow for this service. Similarly, by working with local GPs to ensure that they are aware of the full range of medical specialties that are provided at the Vale we should be able to increase patients referred to the Vale of Leven Campus rather than to Glasgow hospitals.

3.4 Planned Care: Regional Specialist Services

The Regional specialist services which are currently provided at the Vale of Leven site are renal dialysis, two neurology clinics and two oncology clinics - of which one supports day chemotherapy for people with breast, urology or bladder cancers. There are no plans to reduce the services provided to the Vale of Leven; in fact, the neurology clinic hours have recently been extended to accommodate the ongoing growth in referrals. In addition to the retention of these services our vision for the Vale of Leven campus is that we can expand the provision of renal dialysis and cancer services on the Vale of Leven site.

Expansion of these services would enable patients who currently travel to Glasgow for treatment to instead be treated at the Vale. For renal dialysis we envisage an additional six stations being required which would be able to treat 24 patients each week. This equates to approximately 3750 additional episodes of care each year. This is approximately a doubling of current capacity. In relation to cancer care there are elements of supportive care (e.g. delivery of non-chemotherapy IV infusions) which could be delivered within a nurse-led daycase service, provided there was appropriate clinical supervision on site which could potentially be provided by a Doctor who is also trained in general practice.

3.5 Planned Care Summary: Additional New Developments

Combining the additional episodes of care that we intend to deliver on the Vale of Leven site (and at Dumbarton Health Centre in the case of Ophthalmology) on the basis of these proposed developments would see an additional 16,100 episodes of care being delivered locally.

Development	Additional Patient Episodes
Dental Services	4700
Surgical Services	6150
Medical Services	1500
Regional Services	3750
Total	16,100

This additional activity is considerable. When this activity is combined with the large volume (90,000 episodes) of current activity it is clear that the Vale of Leven will continue to be a busy hospital site.

4. The Vision: Rehabilitation and Older People's services

4.1 Rehabilitation Services

The provision of a comprehensive Rehabilitation service on the Vale of Leven site is a key element in our vision for the Hospital.

The philosophy behind the rehabilitation model is that patients should move through a care pathway determined by their rehabilitation needs not by their age nor original specialty of admission. However, the majority of patients requiring rehabilitation are older people who have been first admitted to either medicine, medicine for the elderly, surgery or orthopaedics and require a further period of time in hospital to allow them to be fit for discharge.

Rehabilitation will be delivered at the Vale of Leven by a consultant led multi-professional team and will include assessment, goal setting, intervention and evaluation. The key drivers behind the philosophy are

- Having the right intervention, in the right place, at the right time
- Ensuring patients are discharged as soon as they are medically fit to do so
- Providing an integrated whole system approach to rehabilitation in patients' own homes and other community settings
- Providing fit for purpose environments for rehabilitation to take place

Patients will first be admitted to Medicine, Medicine for the Elderly, Surgery or Orthopaedics and then transfer to rehabilitation, should they require it, once they are fit to do so.

The point at which patients move into rehabilitation beds and between specialist and general rehabilitation will be agreed by all relevant clinicians and while guided by protocols will be driven by clinical decisions based on patient need. Some elements of care will be led by nursing and allied health professionals and opportunities will be taken to develop new roles and to provide a multi-professional and multi agency team. The exact number of beds that we will require is still to be determined and will be driven, in part, by the detailed work on the configuration of the GP-led model of unscheduled medical care.

In addition to inpatient services there will continue to be Consultant led out-patient clinics for older people, patients who have had a stroke and patients with movement disorders provided on the Vale of Leven site. Specialist nurses and Allied Health Professionals will also provide out-patient services on the site.

There will also be a Day Hospital for Older People to allow medical and functional problems in frail older people to be addressed without the necessity for admission to hospital. The further development of links between services for Frail Older People and for Older People with Mental health problems will be discussed with the CHP.

Out patient services for adults with a physical disability will also continue to be delivered from the site.

The development of an enhanced community rehabilitation model is currently being taken forward by the CHP and Rehabilitation and Assessment Directorate and this will consider further development of care that can prevent older people being admitted to hospital. Care pathways will be developed to ensure that specialist staff can be accessed by patients

whether they are in hospital or in the community and active discharge planning will minimise inpatient length of stay.

4.2 End of Life care

It is also recognised that provision of end of life care, including specialist palliative care and NHS continuing care for older people should also be a part of services delivered on the site. The exact number of beds required is still to be determined and will be driven, in part, by the detailed work on the configuration of the GP-led model of unscheduled medical care.

5. The Vision: Acute Mental Health services

5.1 Public Consultation: April – July 2008

Between April and July 2008 we undertook a comprehensive formal public consultation on our Modernising Mental Health Strategy. For West Dunbartonshire this included the recommendation to:

- Transfer adult and elderly mental health acute admission beds from Vale of Leven Hospital to improved accommodation at Gartnavel Royal Hospital.

At its meeting on 19th August 2008, the Board of NHSGGC considered a report that summarised the feedback received during the consultation period. This report can be accessed by visiting our website at:

<http://library.nhsggc.org.uk/mediaAssets/Board%20Papers/08-36-A.pdf>

It was clear from the public consultation feedback that the elderly and adult acute mental health inpatient proposals for West Dunbartonshire commanded a low level of local public support and, in addition, that the public were keen to see any proposals for mental health articulated within an overall vision for the future of services at the Vale of Leven Hospital.

Given this strong consultation feedback we have revisited our previous proposals and present them in this document as part of our wider Vision for the Vale of Leven Hospital Campus.

5.2 Current Service Profile – Elderly Mental Health Services

5.2.1 Community Services

We have already committed funding to commence the initial phases of community service development, in line with the aspirations set out in our Modernising Mental Health Strategy. The strengthening of community mental health services, in partnership with local authorities, will enable more people to be supported in the community and reduce the likelihood of people requiring hospital admission.

5.2.2 Inpatient Services

Fruin ward within Vale of Leven Hospital is a 12 bedded organic (dementia) assessment ward. Patients admitted to this service will usually have advanced degrees of dementia. This will involve not just impaired memory and other cognitive functions, but significantly impaired social behaviour with lack of social judgement. This can result in problem behaviour such as aggression, interfering behaviours and abnormal sexual behaviour.

Elderly patients with a functional mental illness are currently admitted to Christie ward, Vale of Leven Hospital. Patients with a functional illness have usually been in hospital previously or have otherwise been known to services for a number of years. They will have chronic or frequently relapsing mental illness. There may be some deterioration in social functioning but they will not have significant cognitive impairment. Although social functioning may be compromised, they will not demonstrate the degree of lack of social judgement displayed by people who suffer from dementia with behavioural disturbance. Christie ward (24 beds) has approximately 6-8 beds for elderly functional mental health admissions, mixed with

admission beds for younger adults aged 18-65 years. This is an inappropriate mix that has been criticised by external review bodies.

There are currently 12 NHS continuing care beds for elderly mentally ill provided within Glenaran ward, Dumbarton Joint Hospital. NHS inpatient continuing care provides inpatient healthcare arranged and fully funded by the NHS. It is for patients with complex needs and challenging behaviour in dementia. Patients' ages generally range from 40 years to 90 years +, with all having a diagnosis of dementia, namely vascular, lewy body, Korsikoff's and Alzheimer's disease. Patients therefore require a high level of ongoing healthcare, usually for prolonged periods, but not necessarily for life. Care of this nature can be provided in a hospital ward, or in a contracted inpatient bed with the independent sector (referred to as NHS Partnership beds).

To varying degrees all of our elderly mental health wards no longer meet clinical or service user expectations of a quality environment. This is particularly the case within Christie ward, due to the inappropriate mix of elderly and adult mental health patients in the same ward, together with the wards' upper floor location which offers poor access for patients to grounds. Our dedicated clinical staff provide the best quality of care possible within this environment. In addition, there is no resident out-of-hours medical cover dedicated to these mental health wards at Vale of Leven Hospital.

5.3 Emerging Model for Retaining Elderly Mental Health Beds at Vale of Leven

In light of the emerging service models for both GP-led unscheduled medical care and older people's rehabilitation services at the Vale of Leven Hospital which are described in earlier sections of this Vision document, the opportunity has been taken to explore the potential implications for elderly mental health services.

It is considered that there may now be a more sustainable critical mass of 'older people's services' at Vale of Leven Hospital, with which to support the retention of elderly mental health inpatient provision. This could be further strengthened by looking to reprovide NHS elderly mental health continuing care beds from Dumbarton Joint Hospital on the Vale of Leven Hospital site. Such a critical mass of provision would provide additional safeguards to address unplanned staffing cover issues, as well as offering benefits to share clinical staff input and expertise, for example around occupational therapy, podiatry and speech & language therapy services.

All elderly mental health beds would continue to be overseen by a consultant psychiatrist. However, as described earlier in the paper, such a model for 'older people's services' at Vale of Leven Hospital would be reliant on general practitioner input to beds. For elderly mental health beds, this GP input would be required to provide on-site out-of-hours medical care at Vale of Leven Hospital. This would most likely be needed to provide medical input and expertise to address the physical health needs of patients, as the clinical needs of elderly mental health patients overnight are similar to those in non-mental health elderly admission wards.

An accommodation solution is required to address the inappropriate age-mix of elderly functional patients currently cared for within the same ward as adult acute patients. It is intended that steps are taken now to move approximately 6-8 elderly functional mental health beds to accommodation within Campsie ward, adjacent to Fruin ward which accommodates 12 elderly organic mental health beds. The close proximity of these wards

would enable elderly mental health beds to be managed as a 'single unit', making use of other available bays in Campsie for additional day space for patients.

For the longer-term, we intend to explore the potential for new-build or substantially upgraded accommodation appropriately designed to accommodate 12-15 elderly organic and functional mental health patients, in line with predicted bed numbers for the future. The opportunity for this to be achieved as part of an accommodation solution for elderly mental health continuing care provision on the Vale of Leven Hospital site will be considered.

5.4. Current Service Profile – Adult Mental Health Services

5.4.1 Community Services

We have already committed funding to commence the initial phases of service development, in line with the aspirations set out in our Modernising Mental Health Strategy. This includes introducing new Crisis Services to provide additional intensive community support for people with a serious mental illness during evenings and weekends; expanding existing Community Mental Health Teams to provide more support to people with serious and long-term mental illness; and expanding the range of local services available for people with mild to moderate mental illness.

5.4.2 Inpatient Services

Adult acute mental health patients are currently admitted to Christie ward (which has 24 beds in total) within the Vale of Leven Hospital. As previously described, 16-18 beds within this ward are for adult admissions and 6-8 beds within the ward are for elderly functional mental health admissions.

Adult acute admissions (aged 18 to 65 years) are patients with serious mental illness who often have co-morbid personality disorders or addiction problems or mild learning disability who pose a danger to themselves and or others and who require emergency admission and treatment either informally or under mental health act detention. Depending on the patient's mental and behavioural state, they may require to be cared for in either an open ward or in a locked ward (IPCU), which is provided at Gartnavel Royal Hospital following transfer of IPCU beds from Lochgilphead.

Again, as previously highlighted, Christie ward no longer meets clinical or service user expectations of a quality environment, primarily due to the inappropriate mix of elderly and adult mental health patients in the same ward.

Given the complexity of adult acute mental health patients, the absence of resident out-of-hours medical cover for Christie ward raises significant clinical safety concerns for NHS GG&C.

5.5 Future Service Model – Adult Mental Health Acute Inpatient Beds

As well as exploring the potential for GP input to address the lack of resident out-of-hours medical input to elderly mental health services at Vale of Leven Hospital, consideration has also been given to the potential for such out-of-hours GP cover to be extended to include adult mental health acute admission services at Vale of Leven Hospital, 7 days per week.

Such a service model is potentially viable and will be explored further during the engagement period. We need to ensure that any model developed would not represent a lesser service for patients than that of integrating all of West Dunbartonshire's adult acute admission beds at Gartnavel Royal Hospital. Some key areas requiring consideration in relation to this are:-

As the impact of our investment in community services takes effect, it is likely that the level of adult acute mental health beds needed for the Clyde catchment of West Dunbartonshire (including Helensburgh and the Lochside) will reduce to approximately 12 beds. In turn, the threshold for admission to these beds will increase compared with current practice. This will result in a ward environment where all patients will require a very high intensity of clinical input due to the complexity of their mental health needs and the risk they may present to themselves and others. Similarly, the ratio of patients in the ward who are admitted under mental health act detention is predicted to increase. Expertise around managing the care of patients is therefore needed throughout the day and evening. This includes specialist knowledge in the use of psychotropic medications, e.g. Rapid Tranquilization, possible rare adverse reactions, e.g. Neuroleptic Malignant Syndrome, and specialist knowledge of risk assessment and the mental health act. For all of these reasons, it is therefore considered that the availability of psychiatric medical staff on a resident, 24/7 basis would best meet the needs of patients.

In order to effectively manage such a small cohort of beds, it will be beneficial, on a 24/7 basis, for the member of medical staff admitting patients to have sufficient experience in psychiatry in order to ensure all admissions are appropriate. The ability to determine this will be enhanced if the member of the medical staff is part of the psychiatry team with day-to-day experience and familiarity with the alternative community mental health supports available to service users.

It would be very difficult to replicate the extremely high quality of environment offered at Gartnavel Royal Hospital. The new-build facilities at GRH are widely acknowledged as offering an excellent environment to care for patients and assist them with their recovery. Aside, from the value-for-money disadvantages of attempting to replicate this service at Vale of Leven Hospital, a single ward at Vale of Leven would not have access to the same range of supports that are available within GRH, such as a smooth transition to a neighbouring ICU bed for any patient requiring that level of care, as well as cross-cover from staff in neighbouring adult acute wards, as necessary.

5.6 Mental Health Conclusions

In setting out our current thinking for engagement with stakeholders, we have demonstrated a willingness to review our original proposals for mental health services for West Dunbartonshire. In developing an alternative model that aims to retain elderly acute mental health services at Vale of Leven Hospital we have taken on board the feedback received during the public consultation. Clear views were also expressed from the consultation over an aspiration to retain adult acute mental health services at Vale of Leven Hospital. During the engagement and consultation process, we will explore further the advantages and disadvantages of both the integration of adult acute mental health services within the new facilities at Gartnavel Royal Hospital, and of a local adult acute inpatient service at Vale of Leven Hospital.

Although the above proposals reflect our vision for mental health services alongside the wider vision for the Vale of Leven Campus, it is important to emphasise that no final decision has been taken. We will be using the forthcoming engagement and consultation period to further shape our thinking.

6. The Vision: Alexandria Medical Centre and Care Home development

6.1 New Alexandria Medical Centre

The development of the New Alexandria Medical Centre on the Vale of Leven Hospital Campus is another substantial investment in services within the locality and one which we believe will deliver many benefits.

The service objectives of the project which will be described in the forthcoming business case that will be completed by the end of October are:

- To enable the CHP to provide an integrated service spanning primary care, community health and hospital services and social services in the Alexandria area
- To maximise clinical effectiveness and thereby improve the health of the local population
- To improve the quality of the service available to the local population by providing modern purpose built facilities
- To enable the CHP to provide an efficient and effective service
- To provide accessible services for the population of Alexandria and surrounding area.
- To provide flexibility for future change thus enabling the CHP to continually improve existing services and develop new services to meet the needs of the population served.
- To provide a facility that is acceptable to patients, staff and public in terms of the quality of environment, functionality and provision of space.

In order to meet these service objectives a range of options have been considered and appraised. The preferred option is to provide a single purpose built medical centre to accommodate a range of General Practitioner, Primary Care, Community Health and Social Care Services for Alexandria.

The key factors responsible for the superiority of the preferred option are:

- It optimises clinical effectiveness by providing a building that facilitates multi-disciplinary working, improves communications and breaks down traditional barriers to the integration of services.
- It improves clinical quality by integrating health and social services, allowing services to be redesigned around team working. This will enable the re-examination of current working practices and facilitate the development of services that ensure best clinical practice as well as best value for money.
- In conjunction with planned workforce initiatives it will enable the development of practice based mental health services; nurse triage /specialist services in the area of chronic disease management; further development of health promotion and health prevention activities; increased access to a range of paramedical allied health professional services and the opportunity to continue to develop the full range of primary care services.

- It will facilitate the development of an information technology structure common to all service providers and hence it will enable the development of an integrated patient information system.
- It will enable services to be provided from a modern, purpose built facility that will provide an environment appropriate for care in the 21st Century.

Numerous sites in the Alexandria area were considered, however all apart from one were either too small or unavailable. This preferred and available site is in the grounds of the Vale of Leven Hospital, Alexandria on land owned by the NHS. We already have planning permission to develop the facility on this site and firmly believe that it provides the optimal location in terms of accessibility, size and co-location with secondary care NHS facilities. We estimate that the development of the new Medical Centre will require an investment of approximately £18.2m and therefore view this as a key element in our vision for the Vale of Leven campus.

6.2 New Care Home

In addition to the development of the New Alexandria Medical Centre we are also working with West Dunbartonshire Council on the development of a care home facility which could also provide continuing care for NHS patients. Locating this facility on the Vale of Leven Campus will allow for good synergies with both the hospital facilities and the primary care facilities to be developed in the new medical centre. This will have advantages for both patient care and the effectiveness with which staff can operate.

This is a large, new-build development which would see approximately 80 beds being developed on the Vale of Leven campus. The initial estimated capital investment associated with the development of the new nursing home is approximately £15m.

This project is currently being taken forward by the Community Health Partnership and the Council.

7. Bringing the Vision Together

Over recent months, and in particular during the mental health and community maternity unit consultations, we have received feedback from a range of stakeholders that it is important for us to describe a vision for the Vale of Leven Hospital Campus. This document is intended to describe the vision for the full range of services that we envisage can be sustained on the site for the foreseeable future. It is an ambitious vision and one which we believe reaches the optimal balance between delivering services as locally as possible and providing access to specialist care when appropriate.

To support this vision we have undertaken a thorough review of where patients that reside in the Vale of Leven catchment area currently access planned care services. This work has demonstrated that by investing in surgical, medical, oral health and regional specialist services on the Vale of Leven campus we will enable approximately 16,100 episodes of patient care which are currently undertaken in Paisley or in Glasgow to be delivered within the local community. Combining this activity with the existing planned care services which handle approximately 90,000 episodes of patient care each year means a substantial and busy hospital site is required at the Vale of Leven. Similarly, our decision to sustain the community maternity unit and to undertake a programme of positive publicity will hopefully also result in increased activity at the site.

In addition to these developments in planned care services our Vision for the Vale also envisages a new Alexandria Medical Centre and a new Nursing Home being developed on the site. These are significant developments which we estimate will require approximately £33m of capital investment from NHS and other partners.

For unscheduled medical care we are striving to develop a model of care that will allow as many of the 6,000 patients who currently attend the medical assessment unit as is clinically appropriate to continue to be treated on site both at the 'front door' and as inpatients. The detailed work which will identify how many patients we think will require to be transferred to the RAH will be undertaken over the coming weeks. However, there are also areas of unscheduled care which will continue to be provided at the Vale of Leven Hospital in their current format. The Minor Injuries unit, which treats 9,000 patients, and the Primary Care Emergency Service, which treats 10,000 patients each year are both important elements of our vision for the campus.

For older people's mental health services we think that we will broadly be able to sustain existing levels of activity on the campus and this will be further refined as we undertake the detailed work on the model of unscheduled care services until the end of October. Similarly, the detailed work on determining the rehabilitation model and corresponding patient numbers will be undertaken. For acute mental health services we think that there are strong reasons as to why it is more appropriate for services to be transferred to the Gartnavel Royal Hospital and we will be seeking feedback on this area during the next six weeks and over the 3 month consultation period on this proposed change.

Developing an agreed vision for the Vale of Leven campus will also provide certainty for the staff. As the detailed work is undertaken on the emerging models of care we will be able to identify the implications for staff and work in partnership with them to manage the implications of any change.

Another important reason for seeking to describe the vision for the future of the Vale of Leven is to allow us to move to develop an appropriate capital investment plan. When we

have clarity around the future configuration of services and the corresponding requirement for wards and other facilities then we can begin to develop the site to ensure that the facilities are appropriate to the needs of the patients that will be treated. We know that the existing infrastructure requires considerable investment to ensure it can provide an appropriate environment and a key decision moving forward will be to determine whether new build facilities for mental health, rehabilitation and unscheduled medical care services are a more effective solution than extensive refurbishment of the existing estate. The development of a new Alexandria Medical Centre and a new nursing home will require significant new build projects to be undertaken on the site and we will explore whether there would be economies of scale and service advantages from also developing new build inpatient facilities.

8. Involving You

As we have described throughout this Vision document we want community and patient groups to help us shape the models in the areas that require further work and help us develop the formal consultation material. For this reason we intend to undertake a number of focus group meetings using a range of already established community and patient groups. This will help ensure that our consultation material answers the questions that are important to the community.

The formal consultation period from the end of October to the end of January will provide the opportunity for all stakeholders and interested parties to provide formal feedback on our proposals. This consultation document will be widely circulated and promoted and there will be a range of open public meetings and drop in sessions scheduled throughout November, December and January where people can find out more and give us their views.

Before we launch formal consultation we would therefore like to work with groups to get feedback on the following areas:

1. What feedback do you have on the emerging model of unscheduled medical care?
2. We are going to be working on a range of issues associated with this model over the coming weeks. These are:
 - what types of patients could continue to be treated at the Vale;
 - what are the protocols for admission and transfer of patients;
 - how will we staff the service;
 - how many patients do we estimate would be treated at the Vale.

As we are developing our thinking on each of these important aspects we will be testing it during the focus group meetings that are being scheduled.

Are there any other specific issues with this model of care which you think need further exploration?

3. What feedback do you have on our proposals for increasing the range of planned care services that are delivered from the Vale site? Is any further information required on these?
4. What feedback do you have on our proposals for rehabilitation and older peoples services? What further information do you think is required?
5. What feedback do you have on our revised proposals for mental health services?
6. Are there any other issues that you think our consultation material should cover? Are there any areas that need to be addressed in more detail?