NHS Greater Glasgow and Clyde
NHS Board Meeting

Tuesday, 24th February, 2009

Director of Acute Services Strategy Implementation & Planning

Board Paper No. 09/01

Vision for the Vale of Leven Hospital: Outcome of Consultation

Recommendation

The Board is asked to:

- Receive the outcome of the consultation process and the responses submitted.
- Approve the conclusion from this consultation and two earlier external reviews that the level of anaesthetic service required to support the current model of unscheduled medical care is not sustainable.
- Approve the development of alternative arrangements for the provision of unscheduled medical care at the Vale of Leven Hospital that will sustain approximately 70% of the current activity without the continued provision of anaesthetic cover.
- Approve alternative arrangements for the provision of local rehabilitation services.
- Approve the retention of elderly acute admission mental health services at the Vale of Leven site and their integration with continuing care mental health services currently housed in Dumbarton Joint Hospital.
- Approve the closure of the acute adult mental health admission service provided from Christie ward with the transfer of this service to Gartnavel Royal Hospital in 12-18 months time. There will be careful monitoring of the use and impact of community and primary care services with regular reporting to the Clyde Modernising Mental Health Programme Board and the Mental Health Partnership Committee and this will inform the ultimate date of transfer.
- Approve the repatriation of 18,350 planned care attendances in relation to Urology, Ophthalmology, Rheumatology, Renal Dialysis and Oral Health services to the Vale of Leven site and the future development of a palliative care service.
- Note that subject to approval, the recommendations will be submitted for decision by the Cabinet Secretary for Health and Wellbeing.

The Board should also note that the plans for the Alexandria Health Centre, which is a capital project, are being taken forward through a separate process for approval by the Scottish Government Capital Investment Group.

1. Purpose

This paper sets out the conclusion of the consultation process that has been undertaken in relation to the Vision for the Vale of Leven Hospital site. The Vision document that formed the basis of the consultation is included as Appendix 1 to this paper.

The purpose of the paper is to:

- Describe the engagement and consultation process that has been undertaken;
- Provide a summary of responses received both in writing and at public meetings and drop in sessions. (Appendices 2, 3, 4 and 5);
- Respond to the feedback received during consultation;
- Explain the rationale supporting the recommendations that are being made to the Board.

2. Background

2.1 Background to consultation

The consultation period in relation to the Vision for the Vale of Leven Hospital ran from the 31st October 2008 to the 30th January 2009. This followed a period of pre-consultation engagement during which the emerging Vision was shared with stakeholders and further developed. The recommendations in relation to unscheduled medical care and adult acute mental health services which are described in this paper represent the culmination of two and a half years of internal and external review, consultation and engagement. There have been two independent external reviews into the sustainability of 24 hour anaesthetic provision at the Vale of Leven and its related impact on unscheduled medical care. These were the individual reviews undertaken by Professor Angus MacKay and Professor Chris Dodds. The independent scrutiny undertaken by Professor Angus MacKay also considered mental health services across Clyde and proposals in relation to this were subject to formal consultation in Spring 2008. Each of these elements have shaped and informed the models of care that it is proposed are introduced for these services.

The Vision for unscheduled medical care that has been consulted upon was developed following the Independent External Review of Anaesthetics that was undertaken in July and August 2008. This review was commissioned by the Scottish Government and chaired by Professor Chris Dodds, Vice President of the Royal College of Anaesthetists. The conclusions of this Review were that:

- 24 hour anaesthetics provision was not sustainable on the Vale of Leven Hospital site
- A GP led model of unscheduled medical care should be developed at the Hospital. Professor Dodds and his team estimated that such a model would be able to maintain between 36% and 83% of the unscheduled medical current activity.

The recommendations of this Review were used as the basis on which the Vision for unscheduled medical care was developed.

In previous consultation and engagement exercises on proposals for changes to individual services at the Vale of Leven it had been identified that the community wanted to see an overall Vision for the Hospital Site before accepting the need for change in any area. This message had been strongly emphasised during the two consultation exercises on Mental Health Services and on Community Maternity Services that had taken place in Spring 2008. For this reason, a decision had been taken to review the proposals that had been consulted upon for North Clyde in relation to mental health and to present new proposals as part of the wider Vision for the Vale. The strategy for Mental Health Services South of the Clyde was approved by the Board in August 2008 and more recently by the Cabinet Secretary for Health and Wellbeing. The Vision for the Vale also included proposals for rehabilitation and older people's services and for the future provision of planned care services on the Hospital site.

2.2 Summary of Consultation Proposals

The key proposals outlined in the Vision document and on which feedback has been received during consultation were:

- The introduction of a GP-led, Consultant Supported model for unscheduled medical care which would have sustained between 70% and 80% of current activity;
- Changes to how rehabilitation services are delivered;
- The retention of elderly acute mental health services currently delivered at the Vale and the transfer of continuing care mental health services from Dumbarton Joint Hospital to the Vale;
- Two options for the provision of adult acute mental health services, one of which saw the retention of inpatient services at the Vale of Leven, the other of which saw them transfer to the new unit at Gartnavel Royal Hospital;
- The repatriation of planned care services for patients from the Vale of Leven who are currently travelling to either Glasgow or Paisley to receive this care. These related both to outpatient clinics and to patients who would require admission to hospital for day treatments or investigations.

The impact that it was identified that these changes would have on patient activity in the hospital is highlighted in the following table which was included in the Vision document and presented at public meetings.

Area	Current Patient Episodes	Proposed 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	6,300	4,410 – 5,292
New Planned Care Services: Diagnostic, Outpatient, Treatments and Daycase Procedures		18,350
Total	**115,300**	**131,760**

The net impact of the proposed changes contained in the Vision was an increase in the number of episodes of care delivered locally at the Vale of Leven of at least 16,440. In relation to inpatient care the proposals were described as meaning that up to two-thirds (88) of inpatient acute services beds would be retained at the site, that elderly mental health beds on the site would increase from 18 to 27 and that there would be either 0 or 12 adult acute mental health beds. The overall impact for the Vale site would therefore be either 115 or 127 beds compared with a current number of 148. The Vision also described that 42 beds would be introduced at the Royal Alexandra Hospital (RAH), thus replacing “bed for bed” the reductions effected at the Vale of Leven.

The Vision also updated on the latest position in relation to Alexandria Medical Centre and described that this would be developed on the Vale of Leven Hospital Site. The full Vision document is attached as Appendix 1.

3. The Consultation Process

3.1 Approach to Consultation

Consultation was launched on the 31st October 2008 and ran until the 30th January 2009. Consultation responses received until Tuesday the 17th February 2009 have been accepted and included within this document. The consultation process has been comprehensive in nature and its parameters were agreed with the Scottish Health Council before the launch date. The consultation arrangements taken forward by NHSGGC are outlined in the table below:

Area	Approach	Number	Involving
Written Documentation: Summary newspaper	Circulated to all households in the catchment area	54,461	All households
Written Documentation: Full Vision document	Published on NHSGGC website. Sent directly on launch to our stakeholders database.	260 sent out on launch. 3,730 downloads during consultation. 8 sent out during consultation.	People who had previously expressed an interest. All interested parties.
Formal Public meetings	Organised formal public meetings in early December and late January. Afternoon and evening meetings held.	**9 in total** 4 in Dumbarton 1 in Alexandria 4 in Helensburgh	Interested members of the general public and other stakeholders.
Drop in sessions	Hold less formal, drop in sessions in a variety of locations across the catchment area.	**11 in total** Held in the hospital, in a medical centre, in a library and in community centres.	General public
Ad-hoc meetings	Organise meetings with stakeholder groups as requested	4 additional meetings arranged and discussions held with council and community groups.	Council and community groups.
Staff meetings	Ensure staff are informed about proposals	Numerous meetings and discussions	Meetings at Ward and Directorate level, Discussions with GPs and Hospital Clinicians, Discussions at medical staff committees, Discussions with trade unions.

3.2 Consultation Participation

The levels of response to consultation are outlined in the table below:

Area	Numbers
Written Responses	**110** in total 71 from members of the general public, 39 from staff / community groups / local authorities / staff groups and committees / elected representatives
Public meetings	**228** in total (191 individuals)
Drop-in Sessions	**221** attendees

4. Consultation Feedback and NHSGGC Response

The NHS Board received 110 responses to its consultation on the Vision for the Vale of Leven Hospital. Each response was acknowledged on receipt and the consultee advised that their comments would be submitted to the NHS Board as part of its consideration of the outcome of its consultation exercise. Each consultee was told that they would be advised of the outcome. Where a consultee raised a question or required any clarification this was provided in writing by the Director of Acute Services Strategy, Implementation and Planning.

An index showing each of the individuals and groups who provided written responses is included as Appendix 2 to this paper and a detailed summary of the content of each of the individual responses is included as Appendix 3.

A copy of the full responses will be available at the NHS Board meeting should any member wish to see a particular response.

Similar themes to those raised in the written responses were also forthcoming during the consultation meetings and the drop-in sessions which are summarised in Appendices 4 and 5. These themes and the feedback received in relation to them are described below. Also included – in italics - are the considered responses of NHSGGC to the issues that have been raised.

4.1 The Vision and Consultation

Most respondents welcome the fact that a Vision has been published for the Vale of Leven Hospital and recognise the comprehensive nature of the consultation process. There is widespread desire for a decision to be made in relation to the Vale and for the uncertainty surrounding its future to end. The drop-in sessions during December were generally attended by people who had not had any previous involvement with the debate relating to the Vale. Much of the feedback at these sessions was positive about the Vision for the Hospital.

4.2 Unscheduled Medical Care

4.2.1 Sustainability of Anaesthetics and Expansion of Services at the Vale

In relation to the sustainability of anaesthetic services there have been different views expressed from different stakeholders. Responses received from medical bodies and other clinical groups recognise that 24 hour anaesthetics provision is not sustainable and reinforce the conclusions reached both by the external reviews that have been undertaken in relation to anaesthetics and by the reviews undertaken by NHSGGC. This view is also shared by NHS Highland and is “reluctantly accepted” by Argyll and Bute Council. Other community and interest groups and West Dumbartonshire Council do not accept that anaesthetics cannot be sustained at the Hospital. They also call for the re-introduction of A&E, Acute Surgery, Trauma and other services and the re-establishment of the Vale as a full district general hospital. Whilst the feedback from members of the public is by no means unanimous – with some supporting the Vision - there are a number of responses which also do not accept that anaesthetics is not sustainable and which call for the development of full A&E services.

There have now been 4 reviews of the sustainability of anaesthetic services at the Vale of Leven Hospital. This includes two reviews by groups of independent experts commissioned by the Government. These have all concluded that anaesthetics cannot be sustained. That reflects the position presented to the Board now following this final period of consultation. We conclude that the majority of the unscheduled medical activity currently delivered at the site can be continued without anaesthetics. In terms of the repatriation of A&E services to the Vale of Leven this is not something that is realistically deliverable. Significant effort was made during the 9 public meetings to describe why this was so. The resource and practicality implications of this are explored below in relation to the GJNH option which assesses the feasibility of such a development with a significantly larger catchment population.

4.2.2 GP led model and level of Consultant Input

A series of meetings has taken place with the Consultant Physicians at the RAH to develop the views which they and the Royal Colleges set out in their responses. It has now been concluded that a consultant-led model of care, in which GP Principals and GP Speciality Trainees will be key partners, represents the best model of care which can be sustained in future, without the requirement for anaesthetic support.

As the feasibility of this option has only recently been confirmed, the final details of the medical staffing arrangements will be worked through in the next three or four weeks. However, the key elements of the model will see a Consultant Physician on site at the Vale throughout the daytime period on Monday to Friday each week, with a post-receiving round of new admissions plus 'troubleshooting' of any other ill patients taking place on a Saturday and Sunday. GP Principals will lead the on-site medical cover provided outwith these periods, and an innovative GP Specialty Training rota will anchor the junior/middle grade medical staff support.

This model moves to address significantly the concerns and issues raised by the Physicians and the two Royal Colleges.

4.2.3 “North of the River” Option

Community groups, elected representatives and some members of the public expressed a view that if A&E and other emergency services are not delivered from the Vale of Leven then they should be delivered from a “North of the River” location. In particular the Golden Jubilee National Hospital in Clydebank was identified by some respondents, both written and at meetings, as being a site which could be developed to provide emergency services.

A piece of work has been undertaken to determine the feasibility of reconfiguring the catchment areas of West Dunbartonshire and some areas of the West of Glasgow (based on travel times) to combine with the catchment population traditionally served by the Vale of Leven Hospital and to develop a new A&E and receiving facility at the Golden Jubilee National Hospital (GJNH). This work has also shown the effect that such a realignment would have on existing A&E activity at sites across Glasgow and Paisley.

In considering this option the following assumptions were made:

- *All of the A&E hospital activity across Glasgow and Clyde from the catchment populations would attend the GJNH.*
- *Activity from the key inpatient specialties required to underpin an A&E department would also transfer. This includes general medicine, general surgery, urology, orthopaedics, anaesthetics and critical care.*
- *Acute Elderly Care services would also require to transfer in line with the acute inpatient medical services.*

This option would mean an additional A&E department, with up to 23,000 patient attendances, would need to be developed at the GJNH.

The impact on the RAH and the New Southern General Hospital is shown below:

- *The RAH would reduce from 67,000 attendances per year to 62,000*
- *The new South Glasgow Hospital would reduce from 121,200 to 110,000 attendances*
- *This model would also see the 6,300 attendances at the Vale of Leven Medical Assessment Unit transfer to the GJNH*

These reductions would decrease the cost effectiveness of the SGH and the RAH A&E departments but are insufficient to allow for the release of any A&E resources from these sites and clearly do not mean that either of the A&E sites could be closed.

The development of the A&E at the GJNH would require an additional medical team at an estimated revenue cost of £1.4 million. In addition accommodation to provide the A&E service would need to be created; this would require 1236.5sq m at a cost of approximately £5.1m.

The inpatient provision for the general medical, general surgical and orthopaedic services was also considered including the implications for other hospital sites. In addition to the A&E activity up to 404 beds would be required on the Golden Jubilee National Hospital site to deliver this option. As with the A&E service this would result in a reduction of activity on a number of sites however it would not be enough on any one site to allow the medical staffing teams to be transferred in full to support the services at the Golden Jubilee National Hospital. The exception to this is the Vale of Leven where all acute inpatient services could be closed.

Significant recurring investment would be required to deliver this additional bed capacity. It would require up to an additional 37 Consultant posts and 62 training grade / middle grade staff at an indicative revenue cost of £9.1m for medical staff alone. This would be a significant challenge and risk at a time when the European Working Time Directive and Modernising Medical Careers is proving challenging within existing departments across the West of Scotland in terms of filling existing posts and rotas. Nursing, AHP, clinical support and domestic and facilities staff requirements would be additional to this. Capital development costs would also be considerable.

It is concluded that this is not a practical or deliverable solution either financially or in staffing resource terms.

4.3 Stroke services and Rehabilitation

There were responses from several members of the public and one from the multidisciplinary stroke team at the Vale of Leven which raised concerns around the future provision of stroke rehabilitation services at the Vale of Leven hospital. The responses recognised that it may be beneficial for the acute element of the stroke to be dealt with in a specialist unit at the RAH or the Western but stated that the rehabilitation of patients should be undertaken at the Vale as soon as is medically appropriate. In relation to palliative care the proposal to develop a service at the Vale of Leven was well received by a number of respondents and in particular by the local clinical community.

Guidelines from NHS QIS and SIGN require us to ensure that patients who have suffered from a stroke are admitted to a stroke unit staffed by a coordinated multidisciplinary team with a special interest in stroke care. Patients should also be considered for thrombolysis if they fit the eligibility criteria. Patients who have suffered from a stroke are often very acutely unwell in the initial stages of their admission and require the back up that a District General Hospital can provide and require more frequent medical assessments and interventions.

However, we recognise the importance and benefits of local rehabilitation and it is our intention to maintain a stroke rehabilitation service at the Vale of Leven to which patients will transfer as soon as is clinically appropriate. In some cases this may mean that the patient transfers back to the Vale of Leven after several days care at the RAH. In other cases they may require to stay in the RAH for a longer period. In all cases the decision to transfer back to the Vale of Leven for ongoing rehabilitation will be made on the basis of what is the most appropriate care for the individual patient and will reflect our belief that it is desirable for rehabilitation to take place as locally as possible as soon as is possible.

This philosophy applies to the wider rehabilitation services as well as to those specifically related to stroke services.

4.4 Mental health services

4.4.1 Elderly Mental Health Services

The proposal for retention of elderly mental health acute beds, co-located with elderly mental health continuing care beds transferring from Dumbarton Joint Hospital, has been welcomed and supported by the local community and other key stakeholders.

There are significant service synergies between elderly mental health acute and continuing care services, and with frail elderly services. It is this combined service model that makes the elderly mental health wards viable and sustainable, despite the relatively small number of beds in each service.

There is a desire to see both of these services provided within new accommodation that is designed in a way that best meets patients' needs. This will be progressed as part of the overall capital planning in relation to the future accommodation needs for the Vale of Leven Hospital.

4.4.2 Adult Mental Health Services

1. Aside from a small minority of views expressed, the feedback from the local community and other stakeholders is clearly in favour of the retention of adult mental health acute beds at Vale of Leven Hospital, within improved accommodation.

This mirrors the feedback arising from the public consultation on Modernising Mental Health Services for Clyde, as reported in detail to the Board in August 2008.

2. Concerns that the continuity of care and timely discharge from inpatient services may be compromised at Gartnavel Royal Hospital (GRH) by the more geographically distant relationship between inpatient and local community services

Multi-disciplinary team working and clear protocols will ensure a smooth transition between inpatient and community services.

3. Concerns over the additional travelling time, inconvenience and expense for family /carers if services were to transfer to GRH, together with the potential detrimental impact that reduced visiting may have on a patient's recovery.

The consultation document highlighted 'access' for visitors as a key issue for consideration and noted this as a significant area of concern arising from the previous consultation. While the Mental Health Partnership (MHP) does not consider GRH to be inaccessible (with good train links and by car), it clearly acknowledges the potential challenges for visitors associated with a transfer of services. (Transport would be provided for patients requiring admission.)

The potential impact that a reduced frequency of visiting by relatives / carers may have on a patient's recovery is difficult to quantify, particularly if there are other quality benefits that may offset this impact. However, clearly the option to retain services at Vale of Leven Hospital compares more favourably on the issues specifically associated with access for relatives / carers visiting.

4. Concerns about the wider environment of a "busy" GRH site on patients' opportunities for therapeutic space

The layout of services at GRH is such that mental health accommodation is on a separate part of the hospital campus from general acute services and therefore avoids the concern of a 'busy' acute hospital environment.

The purpose-built mental health accommodation at GRH has greater opportunities for access to therapeutic activities and support services than could reasonably be expected to be achievable at the location of a small-scale ward, such as would be the case at Vale of Leven Hospital. In addition, the GRH provides immediate on-site access to intensive psychiatric care beds and intensive rehabilitation services.

5. Concerns that if the inpatient service was transferred to GRH there may be occasions when, should wards at this hospital be fully occupied, a patient may have to be transferred further way to another hospital.

There will be occasions when acute mental health beds, whether based at Vale of Leven Hospital or Gartnavel Royal Hospital, are fully occupied and admission to another hospital is necessary. Through our development of specialist community mental health services, we hope to reduce the reliance on inpatient care and therefore anticipate this would be a rare occurrence.

6. GP cover for any retained service should be sufficiently robust and competent to deal with psychiatric emergencies, but overall, support for the proposed GP out-of-hours site rota at Vale of Leven Hospital.

There has been extensive dialogue with GPs preceding and during the consultation. There is satisfaction that the proposed out-of-hours medical cover arrangements by GPs for all services at the Vale of Leven Hospital would, with access to further training as necessary, provide an acceptable level of cover to adult acute mental health services should they be retained at the hospital. This is viewed as the most effective option for providing out-of-hours resident cover to mental health services at the Vale of Leven Hospital in light of the reduced availability of junior medical psychiatry staff as a consequence of Modernising Medical Careers.

7. Investment in community services must not be dependent on the decisions concerning location of inpatient beds

There is a commitment to continue to develop community services regardless of the location of inpatient beds.

8. Community service developments must be in place and robust in advance of further changes to inpatient services.

There is a commitment to ensure community developments are implemented fully before a reduction to inpatient beds or a change of location.

9. Concern over the proposed reduction in acute mental health bed numbers.

Christie ward's current bed capacity of 24 will change as a result of 6 elderly mental health functional beds transferring to an expanded Fruin ward (to address the inappropriate age mix of patients within Christie). In addition, it is considered that 4 patients' needs could be better met in supported accommodation or intensive rehabilitation, enabling a further reduction of 4 beds. Finally, it is considered that the ongoing development of community mental health services will enable 2 further beds to reduce in the short- term and sustain an overall bed capacity of 12.

10. Prominence should have been given to the outcome of the option appraisal exercise carried out prior to the consultation on Modernising Mental Health Services for Clyde, particularly the fact that the option to retain services at Vale of Leven Hospital in improved accommodation scored highest from a 'benefits' perspective and lowest from a 'risk' perspective.

The consultation document refers to the fact that the option to retain services at the Vale of Leven scored highest from a 'benefits' perspective, but that the option to transfer services to GRH scored highest overall when taking 'benefits' and 'finance' into account (which is the accepted methodology for determining the outcome of an option appraisal process).

As acknowledged in consultation feedback to the Board in August 2008, there were concerns expressed about aspects of the previous option appraisal process. Accordingly, the Vale Vision consultation document set out to build upon the feedback from the previous consultation and invite comments on the key issues for consideration. It is also relevant to highlight that the latest option for retaining services at the Vale of Leven differs slightly from those appraised previously, in that it proposes a smaller cohort of beds and involves GP out-of-hours medical cover.

4.5 Repatriation of Planned Care Services

The proposals to repatriate an additional 18,350 episodes of patient care that are currently undertaken in Glasgow or Paisley were broadly welcomed during the consultation period. No additional services which could also be repatriated were identified by any consultee.

4.6 Access and Transport

Community groups, other local stakeholders and members of the public raised concerns in relation to transport and access to the RAH. Appendix 5, which summarises the feedback received at the drop-in sessions, also highlights that this was the most significant area raised during these sessions. This related both to the transfer of patients to the RAH for emergency and unscheduled care and also the provision of public transport for visitors who do not have access to a car. In terms of transport to the RAH for emergency care the concerns related to the capacity of the ambulance service to deal with additional demands from transferring more patients and also their ability to cope with road blockages or bridge closures in an emergency situation. The concerns about public transport provision were raised specifically about access from Helensburgh to the RAH and the linkages between the bus service funded by NHSGGC and Helensburgh.

This consultation feedback should be seen within the context of the current reality which is that since 2004 the most acutely unwell patients have been transferred from the Vale of Leven catchment area to the RAH without adverse effect. The Scottish Ambulance Service work closely with the police and are aware of road conditions. In the event that the Scottish Ambulance Service is transferring a patient in an emergency and there is an incident blocking the road they will either seek police support to travel around the closure or call upon air support to transfer the patient. In the event that the bridge is closed and they need to access a hospital in an emergency the policy would be to take the patient to the most quickly accessible hospital which offers A&E services.

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.

Similarly, the review undertaken by Professor Dodds reported that "The weight of available evidence indicates that the additional transfer time involved to Glasgow hospitals is highly unlikely to significantly affect the outcome in the small number of patients involved."

In relation to the provision of public transport NHSGGC currently invest in a bus service which runs between the Vale of Leven and the RAH Hospitals. In responding to suggestions made by members of the public to improve access to the Royal Alexandra Hospital from the Vale of Leven catchment area we have undertaken a number of pieces of work. A particular issue regarding access from Helensburgh has been raised and we have been working with SPT and local authorities to examine the provision of existing services to determine how they could be improved. As a result we are proposing to change two bus services – the 306, which goes from Helensburgh to the Vale and the 340 – which goes from the Vale to the RAH. These changes will see a direct service from Helensburgh to the RAH at the start of the day, and a direct service from the RAH to Helensburgh at the end of the day after visiting time. There will now be through access from Helensburgh to the Vale and onwards to the RAH at the weekends. For the rest of the time, throughout the day, there will be less waiting time between the 306 arriving at the Vale and the 340 departing the vale for the RAH.

SPT have also suggested changing 305 bus service from Luss so that its timings match the clockface. It is felt that people find this much easier to remember and are more likely therefore to use a service. We have also looked at the network of buses that service the Vale Hospital. We note that there are services entering the Tulliechewan Estate beside the Vale. We are undertaking a scoping exercise to improve the pathway, lighting and signage from the Tulliechewan Estate to the Vale so that these services can be promoted as a way of travelling to the Hospital.

We have also heard in both Argyll and Bute and in West Dumbartonshire that people feel not enough is being done to advertise existing services. We have secured some funding from the Regional "Transport to Health" Project to pay for advertising and marketing of transport services in both areas.

We will also continue to work with community planning partners in an effort improve transport links between West Dunbartonshire and Gartnavel Royal Hospital.

5. NHSGGC Proposals Reflecting Consultation Feedback

5.1 Unscheduled Medical Care

The Vision for unscheduled medical care which was proposed during consultation was developed based on the recommendations from the independent external review team Chaired by Professor Chris Dodds. The Vision saw the retention of the majority of unscheduled medical activity on the Vale of Leven site through the introduction of a GP led, consulted supported service. The detailed work that had been undertaken to assess the data that had been captured as part of the Lomond Integrated Care project identified that the refinement and strict implementation of scoring systems and protocols would underpin the future model of care and that these would minimise the likelihood of inappropriate admission to the Vale of Leven Hospital. Further statistical analysis undertaken during the consultation period by a team from the Robertson Institute at Glasgow University identified that scoring system based protocols could be introduced which would mean that of approximately 4,700 episodes of unscheduled medical activity maintained at the Vale site approximately 12 patients would be admitted to the Hospital who would subsequently require higher dependency or intensive care.

It has now been concluded that a consultant-led model of care, in which GP Principals and GP Speciality Trainees will be key partners, represents the best model of care which can be sustained in future, without the requirement for anaesthetic support. The key elements of the model will see a Consultant Physician on site at the Vale throughout the daytime period on Monday to Friday each week, with a post-receiving round of new admissions plus 'troubleshooting' of any other ill patients taking place on a Saturday and Sunday. GP Principals will lead the on-site medical cover provided outwith these periods, and an innovative GP Specialty Training rota will anchor the junior/middle grade medical staff support.

This model moves to address significantly the concerns and issues raised by the Physicians and the two Royal Colleges. For this reason it is recommended that the Board approve the development of this model of care which retains the majority of the current unscheduled medical care activity at the Vale of Leven Hospital without the provision of 24 hour anaesthetic cover.

5.2 Mental Health Services

The consultation document and the feedback from the consultation, together with the views of the Mental Health Partnership in response to that feedback which are described in section 4, cover the key issues to be considered.

The purpose-built accommodation at GRH has many advantages. In principle, it is possible to replicate most of these, to varying degrees, within new-build accommodation at the Vale of Leven Hospital. While there would undoubtedly be additional capital and revenue costs associated with doing so, there is clearly an expectation from stakeholders that resources should be prioritised and redirected towards retaining local access to adult acute mental health beds at the Vale of Leven Hospital.

Accordingly, from the issues discussed, it is a balance of judgement as to the merits of retaining local access at Vale of Leven Hospital versus the practicalities and efficacy of replicating, as far as possible, the quality of accommodation and access to wider supports that are available at GRH.

However, beyond those issues, it is important to consider the long-term sustainability of retaining a 12 bed adult mental health acute ward at the Vale of Leven Hospital:

5.2.1 Sub-optimal Ward Size and Isolation

A 12 bed adult mental health acute ward is at the cusp of providing a sustainable, efficient service. No other hospital site with the Board's area operates with less that 20 adult acute mental health beds. The isolation and size of a 12 bed ward at Vale of Leven increases the difficulty of responding quickly to additional staffing demands, whether patient related or due to unplanned staff absence.

5.2.2 Reducing Demand for Adult Acute Mental Health Inpatient Beds

As previously indicated, from a starting point of 18 adult acute mental health beds within Christie ward, 4 beds will be replaced by alternative provision/supported accommodation and/or intensive rehabilitation. A further 2 beds are expected to decrease as a consequence of the much improved community and primary care mental health services. In particular Crisis services impact on both admissions and confidence around discharge.

It is envisaged that there will be a periodic requirement to revisit the balance of care (as we do across Greater Glasgow) to further review population trends, needs, models of care and the impact on bed usage.

Agreed community developments for Helensburgh and the Loch side will also have an impact on bed numbers over time. There is a commitment to work with our council partners as part of the overall Clyde Mental Health Strategy to continue to explore the opportunity to redirect resources to the West Dunbartonshire area as we further explore equity of provision.

5.2.3 Mental Health Conclusions and Recommendations

The provision of much improved Community and Primary Care Mental Health Services over the last year and in particular the further extension of the Crisis service from January 2009 has resulted in a significant reduction in the number of admissions to Christie ward. The current level of adult admissions runs at around 12 per month. This level of admissions is under the level anticipated for a 12 bedded ward. When the full impact of the improved community services is delivered the number of admissions will reduce further, lengths of stay will reduce and it is anticipated that within 12 months there will no longer be a viable admission unit.

The Board is asked therefore to approve now the closure of the adult inpatient service provided from Christie Ward recognising that the transfer of this service to the new facilities at Gartnavel Royal Hospital will be effected in 12-18 months time. During the intervening period the utilisation of the community and primary care mental health services and their continuing impact on the level of admissions to Christie Ward will be monitored carefully so that the final timing of the closure of the ward can be demonstrably linked to the continuing reduction in its use.

The Board is also asked to endorse the recommendation for the consolidation of elderly mental health acute beds at the Vale of Leven Hospital.

5.3 Planned Care Services

The proposals in relation to introducing new and expanded planned care services proved uncontroversial during consultation. These will require investment in the Vale of Leven site in terms of equipment and staffing. It is recommended that the repatriation of these services in relation to planned care is approved by the Board of NHSGGC as an essential part of the wider Vision and corresponding recommendations outlined within this paper. Similarly, it is recommended that the proposal to develop palliative care services at the Vale of Leven is approved.

6. Impact of Recommendations

The recommendations outlined within this paper translate the Vision that was consulted upon for the Vale of Leven into a deliverable and realisable opportunity for the future. They would see a large increase in the number of patient episodes delivered on the site. Whilst there would be a reduction in inpatient bed numbers and an associated reduction in overall staffing numbers at the Hospital, NHSGGC organisational change policies would be applied which ensure that there will be no compulsory redundancies required. The developments in relation to planned care will also provide new employment opportunities at the Vale.

If the Board approves the recommendations outlined within this paper they will be subject to a decision by the Cabinet Secretary. If Cabinet Secretary approval is forthcoming the next steps will be to develop a capital investment plan for the Hospital to ensure that services can be delivered from appropriate accommodation on an ongoing basis. It is anticipated that this capital investment plan will be developed within 9 months. As part of this capital plan an overall Vision for the physical layout of the site will be developed and this will incorporate the plans for the New Alexandria Medical Centre.

In relation to timescales for implementing the changes described within this paper a process of implementation would commence from no more than one year after a decision has been taken by the Cabinet Secretary.

7. Recommendations

The Board is asked to:

- Receive the outcome of the consultation process and the responses submitted.

- Approve the conclusion from this consultation and two earlier external reviews that the level of anaesthetic service required to support the current model of unscheduled medical care is not sustainable.

- Approve the development of alternative arrangements for the provision of unscheduled medical care at the Vale of Leven Hospital that will sustain approximately 70% of the current activity without the continued provision of anaesthetic cover.

- Approve alternative arrangements for the provision of local rehabilitation services.

- Approve the retention of elderly acute admission mental health services at the Vale of Leven site and their integration with continuing care mental health services currently housed in Dumbarton Joint Hospital.

- Approve the closure of the acute adult mental health admission service provided from Christie ward with the transfer of this service to Gartnavel Royal Hospital in 12-18 months time. There will be careful monitoring of the use and impact of community and primary care services with regular reporting to the Clyde Modernising Mental Health Programme Board and the Mental Health Partnership Committee and this will inform the ultimate date of transfer.

- Approve the repatriation of 18,350 planned care attendances in relation to Urology, Ophthalmology, Rheumatology, Renal Dialysis and Oral Health services to the Vale of Leven site and the future development of a palliative care service.

- Note that subject to approval, the recommendations will be submitted for decision by the Cabinet Secretary for Health and Wellbeing.

The Board should also note that the plans for the Alexandria Health Centre, which is a capital project, are being taken forward through a separate process for approval by the Scottish Government Capital Investment Group.