APPENDIX 4

Vision for the Vale of Leven Hospital: Public Consultation, 31st October 2008 to 30th January 2009

Summary of Questions Asked and Main Points Made in the Course of Public Meetings

1. This is only a short summary of questions posed and points made by members of the public and staff attending the nine formal meetings run during the consultation period. The summaries are limited to bullet points and grouped under themed headings. The responses given at the time by NHS representatives have not been included.

2. Full transcripts and recordings of the meetings are available on request or by visiting our website www.nhsggc.org.uk/vale of leven

3. The meetings were staged as follows:

Date	Time	Venue	No. of Delegates
Thu 27 Nov 2008	2.30 PM	Commodore Hotel, Helensburgh	33
Thu 27 Nov 2008	6.30 PM	Commodore Hotel, Helensburgh	19
Mon 1 Dec 2008	2.30 PM	Dumbarton Burgh Hall	18
Mon 1 Dec 2008	6.30 PM	Dumbarton Burgh Hall	20
Wed 14 Jan 2009	6.30 PM	Vale of Leven Academy, Bonhill	56
Mon 19 Jan 2009	2.30 PM	Dumbarton Burgh Hall	18
Mon 19 Jan 2009	6.30 PM	Dumbarton Burgh Hall	20
Wed 21 Jan 2009	2.30 PM	Commodore Hotel, Helensburgh	32
Wed 21 Jan 2009	6.30 PM	Commodore Hotel, Helensburgh	12

4. Meeting Summaries

4.1 Commodore Hotel, Helensburgh, 2.30 PM, Thursday 27th November 2008

4.1.1 The GP-led Model of Unscheduled Medical Care

- Do GP practices buy into the proposals?
- There appear still to be many unresolved issues around the role of GPs
- GPs appear to be taking on a huge responsibility; will those issues be resolved with GPs in the area?

4.1.2 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- Impossible to park at the RAH
- Takes a long time to get to the RAH
- You are putting tremendous pressure on the families and friends who support patients – from your own figures 100 patients a week having to go to Paisley, which means at least 200 from friends and family to follow them. It's a long journey and can take up to four and a half hours – a £50 taxi journey
- Whatever argument is made against the proposals, you (the NHS counter it) – our only option is to get another bridge built over the Clyde
- Current public transport arrangements are a shambles - bus services to RAH do not tie in with local service serving the Vale or train departure times
- It is quicker to drive to Oban than use public transport to get to Paisley

- Proposed bus service from Helensburgh to the RAH cannot do the trip in 1 hour 40 minutes (as suggested) – can't be done in a car far less a bus
- Despite promotion of bus services by the Community Council, local clinicians remain unaware of it and it remains 'user unfriendly' – 'use it or lose it' suggestion not tenable in these circumstances
- If you want us to be happy with your clinical arrangements, you have put in place equally excellent public transport
- Transfer of elective services from Glasgow hospitals to the Vale is actually not good for non-drivers as it is easier to get to Glasgow by public transport than the Vale
- It is important to involve Community Councils in any improvements to public transport

4.1.3 Condition and Cleanliness of Vale of Leven Hospital Estate

- The Vision for the Vale is impressive but there is no mention of the building itself – it is very run down and poorly maintained – what proposals are there to make 'this shabby place' fir for purpose?
- As a patient at the Vale I was irritated by the lack of toilets, wash-hand basins and showers – had to be washed in a plastic basin
- All staff need is improved supervision of cleaning

4.1.2 Capacity of Royal Alexandra Hospital to accept more patients from the Vale catchment

- It is a big concern – cannot see how Paisley can expand in the way described

4.1.4 Provision of services 'north of the Clyde'

- Has consideration been seriously given to keeping (services that can't be provided at the Vale) this side of the Clyde?

4.1.5 Mental Health Inpatient Services

- When the option appraisal of (different options for future provision of inpatient mental health services) was undertaken, consideration was not given to the value of friends and relatives being able access the wards easily and so support the recovery of inpatients. This can only be achieved by retaining services at the Vale.
- If inpatient beds are to be diminished, an out of hours crisis service must be provided. Do not want an explanation of how this will be achieved, the service is needed now – experience of 'bed blocking' due to relative being kept in an inpatient bed because no community crisis service was available
- Despite any increase in community-based services, there will always be a need for inpatient care and that is a right for patients
- The level of nursing care is paramount, not the quality of the building
- Having attended previous public meetings, there is absolutely no support for closing the Christie Ward
- Reduction of the number of beds at the Vale is 'unlikely' - appears to be based on restricting admission based on severity of condition and is contrary to the fact that there is unmet need at present. Is it possible to not reduce bed numbers in the Christie Ward?
- How is the projected number of 12 beds at the Christie Ward arrived at?
- Transport and access appears not to have been given the prominence it deserves in the option appraisal process for the future provision of inpatient adult Mental Health services

- Safe and effective care means accessible care
- Will GPs be able to provide the kind of out of hours cover for Mental Health services that has been predicated in the report?
- If there is a need in future for more than 12 beds in the Christie Ward, will there be capacity to react to this?

4.2 **Commodore Hotel, Helensburgh, 6.30 PM, Thursday 27th November 2008**

4.2.1 General Comments about the Proposals

- 'If it isn't broke, don't fix it'
- How was the summary of future activity arrived at?
- The projections 'are not worth a damn'
- Is there any provision to review the plan down the line in case changes are needed?
- How many people on the NHS Board are 'medically qualified?'
- The current situation has arisen at the vale as a result of services being transferred 'bit by bit' from the Vale in the past: this made it inevitable that there would be insufficient volume of 'customers' to allow clinicians to maintain skills
- If the proposals go forward what category of hospital would the Vale be? - a district hospital? – and if not, why not?
- How far can campaigners push the Board to provide more at the Vale?

4.2.2 The GP-led Model of Unscheduled Medical Care

- There is widespread local opposition to reducing the numbers of patients admitted to the Medical Assessment Unit by 20 – 30%
- Real concerns over what will be 250 people bypassing the Vale each week

4.2.3 Inpatient Bed Numbers

- Are the beds being moved from Dumbarton Joint Hospital included in the total indicated if the proposals go ahead? – if so, this means that more beds are being removed from the Vale than indicated in the consultation document
- How many beds are open at the Vale tonight?

4.2.4 Conduct of the Consultation

- This is not a genuine consultation – only one option has been presented

4.2.5 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- Suffered a heart attack and was taken to the Vale – would have been unlikely to survive if taken to Paisley
- The 'Vision is little better than a nightmare'
- People do not want to have to cross the River Clyde for services
- Congestion and road and bridge closures will cause real problems for the emergency transfer of patients to Paisley
- Car park at the RAH was totally full and had to park three-quarters of a mile form the hospital. Is this satisfactory?
- Do not accept the RAH as alternative hospital of choice

4.2.6 Provision of Additional Elective Services at the Vale

- The round trip to Paisley can cost £100 by taxi – would be delighted in hernia operations can be offered at the Vale
- Proposal of additional services results from pressure applied by hospital campaigners
- While welcoming the proposals for 18.350 patient episodes, 4,700 are actually to do with teeth
- The provision of an additional 20 dental chairs seems a lot

4.2.7 Provision of services 'north of the Clyde'

- The natural course of transport is north of the Clyde to Glasgow and so local community rejects all links with Paisley for care that cannot be provided at the Vale

4.2.8 Mental Health Inpatient Services

- The consultation paper issued in the summer of 2008 contains 93 pages but only four pages were written by users and carers – consequently the paper is superficial and des not deal with issues related directly to medication and treatment
- Christie Ward should be closed
- Very concerned at the option of closing the Christie Ward – services moving to Gartnavel would be an 'absolute nightmare'
- Travelling to Glasgow to visit an inpatient relative would have cost a family £1,200 all in

4.3.9 Proposed Alexandria Medical Centre

- This would not be a local service for people living in Helensburgh
- What is the definition of local?

4.3 **Dumbarton Burgh Hall, 2.30 PM, Monday 1st December 2008**

4.3.1 General Comments about the Proposals

- What sort of general surgery is going to be provided at the Vale?
- Do we have a choice as to which hospital we can go to for surgery?
- It is a real disappointment that the creation of the new Greater Glasgow and Clyde Board did not mean a re-shaping of services and strategies: instead the (Paisley-centred) view of Clyde services has continued
- This is not about numbers but patient experience of services

4.3.2 The GP-led Model of Unscheduled Medical Care

- Why do patients suffering neutropenic sepsis have to bypass the Vale?
- Why can't these patients be treated using barrier nursing?
- The proposals are heavily dependent on the acceptance or otherwise of local GPs – is this a given?
- When will the final figure as to how many additional patients will bypass the Vale be known?
- Local people want local provision of A & E services

4.3.3 Provision of Anaesthetics Cover

- The option of rotating anaesthetists from Glasgow and Paisley to cover the Vale has never been properly looked into
- GP-led model of care will be unsafe due to the lack of anaesthetists onsite

- Should be making it clearer that question of anaesthetic cover is about emergency care and not cover for elective procedures (which will be provided at the Vale)

4.3.4 Inpatient Bed Numbers

- Can the composition of the total numbers inpatient beds remaining at the vale under the proposals be clarified?

4.3.5 Conduct of the Consultation

- There are a number of misprints in the consultation newsletter which consequently does not show that a number of services are in fact new services
- Numbers at the meeting are not a true reflection of public interest
- The 'glossy paper' gave the impression that local communities had achieved their goals but this is not true and so turnout does not reflect what would be the real level concern about vital factors
- Are you going to interpret the low numbers attending as apathy or indifference? – what do you consider a representative sample? – 20 at meetings is a 'poor show'

4.3.6 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- Travel to Paisley costs too much and the bus is not convenient
- How do elderly people and visitors get to Paisley?
- Why if you are tool ill to express your wishes and need urgent surgery as you being taken to Paisley instead of the nearest hospital?
- The road to Paisley is bad and it does not make logistical sense to move people
- Currently, how many patient episodes are incurred or transferred to the RAH?
- Why insist on sending people from this area to Paisley? - We don't want to go to Paisley, we have no desire to be treated in Paisley
- Was admitted to the RAH and had to eat words as could not have has better care, although it took two and a half hours to effect an ambulance transfer
- Having been admitted to RAH, contracted an infection in the coronary ward – nobody told at the time what was happening and what the infection was
- Parking at RAH is poor
- Cannot understand why Paisley would be seen as convenient
- There are real, practical problems in accessing Paisley if you are not an emergency case
- It would be helpful to bottom out how many planned care episodes for the Vale catchment will be provided at the RAH in addition to the unplanned cases
- The car park at the RAH is an 'absolute shambles'
- If there is to be an investment in a new Alexandria Medical centre, why cannot there be additional investment that would bring more services back to the Vale?
- No-one has answered the transport questions
- What to be in a position whereby Vale will have sufficient services so that some people living in Paisley will travel to Alexandria for care
- It is not clear that the additional people to be transferred to the RAH will be mostly critically ill and the people who least want to be 'bumped along' when the Erskine Bridge is closed on if there is wind or fog

- Additional journeys will mean more carbon emissions
- There has to be a better transport solution for Helensburgh and outlying communities

4.3.7 Condition and Cleanliness of Vale of Leven Hospital Estate

- The condition of the Medical Assessment Unit at the Vale is a sad state of disrepair

4.3.8 Provision of services 'north of the Clyde'

- '90%' of people would prefer to travel to West Glasgow for care rather than Paisley

4.3.9 Mental Health Inpatient Services

- It is abundantly clear that local community want the existing service at the Vale to remain and be invested in

4.4 **Dumbarton Burgh Hall, 6.30 PM, Monday 1st December 2008**

4.4.1 General Comments about the Proposals

- Is the A & E at the Vale being kept open?
- Will the Minor Injuries Unit close at 6.00 PM as it does now?
- On previously visiting the Minor Injuries Unit, there was no doctor to examine a small child
- Wish to contradict speakers – a thousand houses are being built in Dumbarton and this will mean more people in the locality – this should justify retention of services at the Vale
- Local patient was appreciative of the fact that oncology appointments would still be provided at the Vale
- Local GPs are concerned at possible threat to Vale's haematology service – want to know more about the proposals and make a pleas for retaining this service at the Vale and Oban
- There is no guarantee as to the permanence of services at the Vale if the proposals were taken forward – some goals and objectives appear to be short-term only

4.4.2 The GP-led Model of Unscheduled Medical Care

- Where will you find the GPs if you visit the Vale after 6.00 PM?

4.4.3 Provision of Anaesthetics Cover

- At every meeting I've been to, the problem always seems to be anaesthetists – why can't you recruit more?
- If anaesthetists don't want to work at the vale, why can't you force them to do so?
- Why can't anaesthetists be rotated from other sites to cover the Vale? – cannot grasp how it is not possible to organise this
- Once current locum anaesthetics cover goes from Vale, how does this affect patient safety?
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4.4.4 Inpatient Bed Numbers

- Worried about bed numbers as they seem to be reducing considerably

4.4.5 Conduct of the Consultation

- There are a number of inaccuracies in the centre page diagram of the consultation newsletter about what are and what are not new services
- When is this document going to be clarified?
- Body language of panel is concerning
- 20,000 people turned up at campaigners' event on 15th September 2007 and it was the concerns of the community that drove changes to the NHS Board's original proposals – progress has been made

4.4.6 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- It is only six miles from the Vale of Leven to Paisley as the crow flies – but the cost of a helicopter trip there is £3,750
- OAPs at Cove waited in the cold to travel to Helensburgh and go on to the RAH – an old person could be away from home for seven hours
- Traffic congestion on the 'back roads' to the RAH from the Vale does prevent emergency vehicles getting through – saw a police car stuck unable to move through Milton traffic lights – if the police can't get through, how could an ambulance?
- It can take three hours to get to Paisley if you don't have suitable transport
- 'Totally outrageous' that population from such a wide area is expected to travel to Paisley

4.4.7 Provision of Additional Elective Services at the Vale

- Whilst delighted at the proposals to repatriate care to the Vale, I wondered how you can do that when the Vale was full today and was full most of the previous week?

4.4.8 Condition and Cleanliness of Vale of Leven Hospital Estate

- The site reminded me of Clydebank in the aftermath of the Blitz – boarded up windows, graffiti, peeling paint and roughcast falling off
- No wonder staff are depressed after ten years of neglect
- Why can Ayrshire have state of the art hospitals and yet the Vale is 'falling to bits?'

4.4.9 Capacity of Royal Alexandra Hospital to accept more patients from the Vale catchment

- Can the RAH cope with the workload of additional patients who will be diverted from the Vale?

4.4.10 Provision of services 'north of the Clyde'

- If other alternatives to 'going over the bridge' were offered, the proposals would be more acceptable

4.4.11 Mental Health Inpatient Services

- Inappropriate provision of care by staff based at the Vale
- Can the difference between provision of Mental Healthcare for the Elderly and for Adults be clarified?
- Can there be more comment on proposal for a care home to be developed on the Vale site?

4.4.12 Scottish Ambulance Service Cover

- What investment is there to be in ambulance cover?
- How many vehicles will be provided to ensure 24/7 cover for West Dunbartonshire and Argyll?

4.4.13 Staffing

- Investment in the Vale must be supplemented with the recruitment of additional staff

4.5 **Vale of Leven Academy, Bonhill, Alexandria, 6.30 PM, Wednesday 14th January 2009**

4.5.1 General Comments about the Proposals

- What is proposed (by NHSGGC) and what we get may be very different
- Where is the accountability for the current proposed scenarios?
- If campaigners had not been active, these proposals would not have come forward
- We are getting a 'reduced service' – will not be happy unless all services are restored and extended
- Define the type of hospital the Vale becomes under the proposals
- This is a 'nightmare' not a 'vision'

4.5.2 The GP-led Model of Unscheduled Medical Care

- Was every GP consulted on this model – did they vote on it?
- The GP-led model proposed is not clinically safe without anaesthetic cover
- Is there a long-term commitment by GPs to work in the Vale?
- In a few months will we be told that it is not possible to recruit to the GP-trainee posts?

4.5.3 Provision of Anaesthetics Cover

- We are 'entitled' to anaesthetic cover – the proposals are 'turning the clock back'
- If you could sustain anaesthetic cover before, you can do it again
- If the NHS Board had a vision for a modern hospital, with more elective care there should be more work for anaesthetists and so cover should be sustainable
- The Vale cannot be a fully functional hospital without anaesthetic cover
- Anaesthetists work for the NHS and should be told to spend a proportion of their time at the Vale
- Experience of daughter who had to give birth in Glasgow as Vale CMU can't offer epidural due to lack of anaesthetics cover
- 'Rotational factors' never considered in any of the four previous reviews of anaesthetics – rota would ensure retention of cover at Vale
- There is a recent example of a patient whose life was saved because of anaesthetic cover at Vale and yet had to be transferred to Stobhill because of lack of ITU bed at Vale – due to the lack of cover, relatives visiting patient did not get home until 11.00 PM at night
- Why can't anaesthetists working during the day on elective procedures stay on as part of a rota to cover after 5.00 and 6.00 PM?
- Is the current (locum anaesthetist cover) arrangement unsafe? – if not why change it?

4.5.4 Inpatient Bed Numbers

- There seem to be fewer inpatient medical beds now at the Vale – where do other Clyde hospitals send patients when they are full and have no available beds as has recently been the case?
- The 'exceptional pressures' on beds over the winter are not 'exceptional' – they occur every year and there are currently not enough inpatient beds

4.5.5 Conduct of the Consultation

- Everything proposed is simply a 'money-saving exercise'
- Every consultation meeting is the same – NHS representatives tell us 'smart things', provide documents filled with 'trivia' – people want services and they want the right number of beds, not numbers
- NHS representatives are arrogant and not listening – not interested in proposals – people want the NHS to provide the services they want
- Don't want a bus service, want a hospital
- You have not included the 20,000 people who attended a rally and the thousands who signed petitions in your meeting attendance figures – the campaigners and others here today 'represent over 100,000 people'
- People are sharing their views with campaigners and Vale staff because they have no faith in the NHS Board
- How can 'positive feedback' (at drop-in sessions) have been received? – no-one here has supported any of the proposals
- This is not a true consultation – what is this all about if you can't change your proposals or 'move the clock forward?'
- 'vast majority' of people present have no confidence in what we heard tonight
- NHSGGC is doing exactly the same as NHS Argyll and Clyde

4.5.6 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- Concerned of the effect on the 'golden hour' (in which urgent treatment should be obtained) due to the need to travel to Paisley
- The NHS should bring patients from Paisley to the Vale to ensure Vale services remain sustainable
- Have seen traffic tailbacks of a mile from Milton – the ambulance service would never get past
- Was told of example of wife of patient who would never have been able to travel to Paisley had he been admitted to the RAH
- If an accident – a broken leg – happens at the Rest and Be Thankful, the ambulance would have to travel 18 miles to uplift the patient and travel 36 miles to Paisley to have them admitted to A & E – is anyone happy with that?
- Husband was admitted to RAH – took three hours to visit and placed great stress and strain on family members
- Used up 40 minutes of the 'golden hour' simply trying to park at the RAH
- Have no faith in statements made by Scottish Ambulance Service representatives – they are managers - want to hear views of the drivers

4.5.7 Condition and Cleanliness of the Vale of Leven Hospital Estate

- Vale is run down – derelict wards, graffiti, 'jigsaw wards' with cladding falling off – the NHS Board 'has run the place down'
- The state of the hospital is putting staff off from applying for posts at the Vale
- Where are the proposals to make the Vale fit for purpose?

4.5.8 Provision of Additional Elective Services at the Vale

- The additional 18,000 elective patient episodes will not require anaesthetics cover – this must be made clear

4.5.9 Mental Health Inpatient Services

- The NHS Board has been told 'time and time again' that Mental Health services must remain in Alexandria – 'vast majority' want this – as told by patients and staff
- Why proposing to increase beds in the Fruin Ward when beds elsewhere are being reduced? – Why are different types of vulnerable patients to be 'mixed up' in the Fruin Ward?

4.6 **Dumbarton Burgh Hall, 2.30 PM, Monday 19th January 2009**

4.6.1 General Comments about the Proposals

- Vision is 'good and broad'
- Services were 'stolen' from (communities) and it is time to bring them back

4.6.2 The GP-led Model of Unscheduled Medical Care

- What happened if a person suffering a serious condition self-presents at the Vale – would GPs be able to cope?
- Nurse practitioners in maternity units were previously able to intubate babies – can't GPs with suitable training do this for adults?

4.6.3 Provision of Anaesthetics Cover

- There is a recent example of a patient whose life was saved because of anaesthetic cover at Vale and yet had to be transferred to Stobhill because of lack of ITU bed at Vale
- Why is anaesthesia unsustainable – is it money?
- Surely anaesthetic provision and cover could be split between the Golden Jubilee National Hospital and the Vale?
- Is an anaesthetist qualified as a doctor?
- Does the situation parallel previous problems about consultant obstetrician cover at the Vale maternity unit?
- The numbers of births at the Vale Community Maternity Unit have dropped due to lack of consultant/anaesthetics cover

4.6.4 Stroke Service/Rehabilitation

- What happens to me if I have a stroke?
- What is happening to the Vale's Ward F?

4.6.5 Heart Attacks/ Golden Jubilee National Hospital

- What happens if I have a heart attack?
- What happens to heart attack patients transferred to the Golden Jubilee?

4.6.6 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- This community has no relationship with Paisley – they do not share a travel to work area and there are no public transport connections
- It is impossible to travel to the RAH except by car and the car park there is unsuitable for people who are ill due to the fact it is on a steep hill
- Paisley is a 'gridlock' and a 'disaster' for the community – prophesise that people will die as a result of being transported to the RAH

4.6.7 Scottish Ambulance Service/Patient Transport

- There are significant challenges as the ambulance service and patient transport are not functioning as they should at present
- What is the 'enhanced ambulance service' and is it in place now?
- Do we have a retrieval service/crash team in place now?
- The ambulance service is 'not rising to the occasion' in terms of existing arrangements to transfer patients to the Golden Jubilee National Hospital

4.6.8 Provision of Additional Elective Services at the Vale

- Most people will welcome the additional services
- Welcome in part the new outpatient appointments
- If offered a choice between new dental services and coronary care, 'I know what I'd choose'
- How many of the new dental services are already provided locally?
- The new elective provision does not need additional anaesthetic or out of hours cover
- There are dental services at the Golden Jubilee National Hospital – how do these proposals tie into this?

4.6.9 Provision of services 'north of the Clyde'

- Need to look at this issue again – we expected to be integrated with Greater Glasgow, not remaining in Clyde

4.6.10 Mental Health Inpatient Services

- Do agree with reducing Christie ward to 12 inpatient beds – but not with closure as this would 'knock us back 20 years'
- Would be very distressed if the Christie Ward were shut – 'a disaster for the community'
- Through personal experience of care as inpatient noted that discharge into community took place without clinicians listening to me
- Personal complaint about treatment at Christie Ward
- Which part of the local catchment population would find Gartnavel 'more local than the Vale?'
- Clinicians fail to recognise that Mental Health patients do suffer from medical conditions also
- How many times does the NHS Board have to be told that the local community does not want Mental Health services centralised?

4.6.11 Mental Health Community Services

- Cannot see how community services are being expanded as three local services have been lost in the previous two weeks
- There is insufficient community provision for the Dumbarton area
- The Crisis Team cannot get around everyone in Dumbarton

4.6.12 Proposed Alexandria Medical Centre

- This project has been delayed for two years. Can NHSGGC make a firm commitment to proceed with this?

4.6.13 Laboratory Services

- What is happening to microbiology?
- Do not agree with the proposals
- The proposed changes are not part of the consultation – will they form part of later consultation?
- Will the NHS Board refer to expert opinion that microbiology lab results are not being turned around fast enough?

4.7 **Dumbarton Burgh Hall, 6.30 PM, Monday 19th January 2009**

4.7.1 General Comments about the Proposals

- The vision turns the Vale from district general hospital to effectively a community hospital with a level of specialist staffing less than proposed for rural hospitals
- Give us back our A & E, beds and our hospital
- It is not about numbers – it is about what a hospital provides and what people expect it to provide – what sort of hospital is the Vale to be?
- There is a need to come up for a name for the type of hospital the Vale will be – not happy to call it a cottage hospital – this is important
- The Vale used to be open 24/7, now it will become a hospital that functions only between 9 and 5, Monday to Friday
- More houses are be built across the (Vale catchment) – more people means more patients – provide a new hospital now
- To improve local people's health, the NHS should fund new healthy food shops like butchers and greengrocers in Dumbarton High Street – 33 premises are lying empty and there are only pubs and fast food shops

4.7.2 The GP-led Model of Unscheduled Medical Care

- Reduction in care (represented by the GP-led model) affects those who need the most intensive care and it is they who will lose out by having to travel further
- What are the challenges of sustaining this level of care with a GP-led service?
- How can critical life situations be covered by GPs who do not have training in airway management and other techniques?
- Are more GPs to be put in place at the Vale to make the model work?

4.7.3 Provision of Anaesthetics Cover

- Is the problem that there are not enough anaesthetists in Scotland? – Why, if anaesthetists work for the NHS, can they dictate that they will not come to the Vale and not enter into rotas that would cover the hospital?
- The Royal College of Anaesthetists is the most effective trade union in the world – in no other (employment) sector would employees (not be able) to be told where to work
- If unemployment in the medical sector is to be a problem, will this affect anaesthetists too?
- If anaesthetics cover had not been on site at the Vale, a patient in a recent incident would have died

- The geographical spread (of the Vale catchment) previously required consultant anaesthetic cover to provide services – what has changed given that 100,000 people in the area depend on services at the Vale?

4.7.4 Conduct of the Consultation

- Has the NHS Board taken any account of the various issues raised at meetings by the public?
- What is the point of recording meetings if points of view are not taken into account?
- It is easy to understand what drop-in session participants come away with a positive view of the proposals – they do not hear the (counter) arguments put up by attendees at public meetings

4.7.5 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- Have seen long traffic tailbacks at Milton – ambulances would be delayed
- If a tourist had an accident at Loch Lomond and went to the vale they would see a sign saying 'no A & E' and be told to travel 16 miles to get to the RAH
- Do not believe that the ambulance service has transferred 20,000 patients to the RAH (from the Vale catchment) in five years without 'suffering' – would rather believe the 'moon is a tomato'
- The response and travel time to get a patient to A & E is critical

4.7.6 Condition and Cleanliness of the Vale of Leven Hospital Estate

- The public would have more confidence in the proposals if the Vale did not look if it were falling down
- Disgusted at the state of the Vale – it is a 'Cinderella hospital' and ignored for years

4.7.7 Provision of services 'north of the Clyde'

- The Golden Jubilee National Hospital 'ticks all the boxes' in term of specialist service provision and accessibility but the option of providing service here has been ignored
- The proximity of the RAH's A & E to that in the Southern General is not understood and is nonsensical – the option of providing an A & E at the Golden Jubilee National Hospital makes much more sense

4.7.8 Mental Health Inpatient Services

- Personal complaints about treatment provided in the Christie Ward
- Christie Ward should be closed and investigated by the police

4.7.9 Laboratory Services

- Will there be a separate public consultation on the proposed changes to Laboratory Services – especially microbiology due to public concerns arising from the Clostridium difficile outbreak at the Vale

4.7.10 Scottish Ambulance Service

- When will the issue of the retrieval service be resolved?
- How many extra ambulances and paramedics will there be and where will they be based?

4.8 Commodore Hotel, Helensburgh, 2.30 PM, Monday 21st January 2009

4.8.1 General Comments about the Proposals

- The Vale used to be teaching hospital – there is space there so you could still make it bigger
- There is still a large population in the area and yet we are being 'squeezed' into Glasgow
- There proposed heart, stroke and serious injuries services are not what we require
- The Vale is currently a district general hospital – what will we call it now – what label will be applied?
- The proposals mean the vale will turn from a 24/7 hospital to a Monday to Friday, 9 to 5 hospital, with the balance of care shifting from inpatients to outpatients. Is 'ACAD' (Ambulatory Care and Diagnostic Hospital, like the New Victoria and Stobhill Hospitals in Glasgow) an appropriate description?
- The key issue is the nature of services at the Vale, not the relative numbers of patients
- Despite assertions, the Vale still handles some of the most seriously ill patients – heart attacks are just as serious as knife wounds, for example
- We were told that maternity and mental health services were not sustainable but 'people power' has proven that they are – how much further can we push you?

4.8.2 The GP-led Model of Unscheduled Medical Care

- It is ironic that the NHS Board, which closed down the GP-led Lomond Integrated Care Model as unsafe and stopped patient data being gathered, is now commending and relying upon a new GP-led model of care that we have no information upon, is little known about and presents a real risk to patients

4.8.3 Provision of Anaesthetics Cover

- This is not the starting point we want – our preferred position is to retain anaesthetic services

4.8.4 Inpatient Bed Numbers

- The Vale's heart unit appears to have less beds
- 42 beds are to be placed at the RAH to deal with the extra workload from patients bypassing the Vale – will these beds be 'ring-fenced' only for use by people from the Vale catchment?
- 'Staggered' at the 30% cut in beds at the Vale at a time of an ageing population resulting in increased hospital inpatient admissions irrespective of new community services
- Require the detail of how many beds are actually being moved in from local Dumbarton and Helensburgh facilities – this seems like centralisation

4.8.5 Conduct of the Consultation

- The turnout at events has been low. How many consultation submissions have been received?

4.8.6 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- The road was closed today (due to a fatal accident on the M8) – how can the Scottish Ambulance Service cope with this?
- There are traffic queues back to Luss during the tourist season
- There are no parking spaces at the RAH – therefore need to go by train – old infirm people in the rain
- Will there be an increased ambulance service to make the proposals work?
- The Vale is 'wonderful' for parking and transport links
- Will public transport to Paisley and Gartnavel be improved?
- The Vale is not well-linked by public transport either – welcome new bus services but many people do not own or have access to a car and this is a great worry given that patient transport services are limited
- The Board is carrying out more work on transport, welcome as it is, only because it is requires to have a travel plan as part of its submission to the Cabinet Secretary
- The NHS Board is 'missing the point' – it is working to improve bus services to locations to which we do not want to go
- The RAH is not the hospital of choice for people in the area
- The people of Cove point out that an elderly lady visiting her husband at the RAH is away from home for 7 hours – is that acceptable?
- NHS representatives are invited by the community in Cove to join them and board a bus there and see how long it takes to get to the RAH
- Stroke victims require care within 3 hours – how can this be achieved given that it can take some time for the ambulance to get to the patient in outlying areas before the journey to the RAH even begins?

4.8.7 Provision of Additional Elective Services at the Vale

- Is it true that of the 20 proposed dental chairs at the Vale, 16 are actually being moved from existing local practices?

4.8.8 Provision of services 'north of the Clyde'

- Did not want to be 'bolted –on' to Greater Glasgow and this is what we feel has happened – the relationship is assumed to be with Paisley and there is no discussion about alternatives
- Asking the NHS to look at how different arrangements could be put in place – if there were a catchment of the West End of Glasgow, Bearsden and Clydebank, people from these areas, as well as the vale catchment, would prefer to go to the Golden Jubilee National Hospital for specialist care – it is what the community want
- Welcome NHS Board's commitment to examine the Golden Jubilee option

4.8.9 Mental Health Inpatient Services

- It is important that relatives and friends can visit patients frequently and take them out – the Vale has adjacent parking and better accommodation when compared to Gartnavel, as well as access to the countryside for trips
- Is the proposed investment in the Christie ward comparable with that at Gartnavel?
- It is perfectly clear that service users want local inpatient services at the Vale – it is critical for regular visits by carers and relatives

- It is surprising that the Board wishes to consider the advantages and disadvantages of both options - people have made it perfectly clear that they want option 1 only – retention of the Christie Ward
- Cost is an issue – previous correspondence indicated that the 'priority' of funding the new Southern General Hospital would impact on the availability of funds for other capital projects
- There are examples of inpatient bed shortages causing problems now – patients being transferred to beds all over the country, including a recent example of a local patient being sent to Ayrshire
- Will there be stability for these services?
- Gartnavel is easier to get to by public transport than the Vale
- Welcome new investment in elderly mental health services, although this is not covered in the Vale vision paper

4.8.10 Community Mental Health Services

- Can the divergence in investment in community services between West Dunbartonshire and Argyll and Bute be explained?

4.8.11 Proposed Alexandria Medical Centre

- Welcome this for the people of Alexandria but will not be used by this community

4.8.12 Scottish Ambulance Service

- 'Staggered' that the Scottish Ambulance Service's response to all the problems raised by attendees is that they are a 'challenge'
- There is a need to see the detail of new ambulance cover

4.9 **Commodore Hotel, Helensburgh, 6.30 PM, Monday 21st January 2009**

4.9.1 General Comments about the Proposals

- Staff at the Vale deserve better treatment – morale is low
- Would like to offer Vale staff a thank you for the quality of care offered
- The vision is positive – but where does Argyll and Bute Council fit in? – There is no dedicated social care facility in the area – is a linked service planned?
- Can Helensburgh resident requiring physiotherapy seek treatment at the vale rather than via the local NHS Highland service?
- We have come a long way as a result of people power – the proposals on the table make more sense than those of two years ago
- Panel members have used the word 'challenge' in relation to a number of issues (such as moving patients by ambulance) – what this really means is 'risk' and it is patients who will bear that risk, not the panel members
- You are saying you know better than the community – but you don't
- The panel has quoted from previous reports only selectively to suit its objectives
- The presentation of the vision is much clearer and easier to understand than in previous (engagement) meetings

4.9.2 The GP-led Model of Unscheduled Medical Care

- A public meeting on the Peninsular confirmed that many people were worried and 'put-off' at the prospect of a GP-led service – some people said they would rather travel to other hospitals were consultants were based and would see the vale service as 'second-rate'

- Services at the Vale may 'wither on the vine'

4.9.3 Conduct of the Consultation

- Surprised that new information (such as in relation to public transport) has been introduced at this stage of the consultation – why wasn't this included in the original consultation material?
- The Vale does not just provide services for people in Helensburgh – also provides services to people in the outlying districts
- Helensburgh Community Council only represents 50% of the local population – will at least one another community council get to join local planning groups?

4.9.4 Requirement to travel/be admitted to the Royal Alexandra Hospital in Paisley

- The M8 was closed today due to a fatal, tragic accident. What happens to patients (being moved to the RAH) in these circumstances?
- Concerned that more movement of patients between hospital sites will mean greater spread of hospital acquired infections
- Anyone who lives in Cove would spend all day getting to Paisley
- People do not want to go to Paisley
- The proposals in relation to patients suffering epileptic seizures cause great concern in relation to those with learning disabilities, as there appears to be no support for them

4.9.5 Provision of Additional Elective Services at the Vale

- The proposed location of dental chairs at the vale – is this primary or specialist care and would patients still have to travel to the Dental Hospital and School in Glasgow?

4.9.6 Provision of services 'north of the Clyde'

- Clyde has been 'bolted-on' to Greater Glasgow, not integrated
- Cannot understand why it is not possible for local people to use a facility on their doorstep (the Golden Jubilee National Hospital), even if this means there will be 4 'hot' (A & E) doors
- It is acknowledged that the Golden Jubilee is not currently configured for A & E services but is it not possible to 'think out of the box?'
- In calculating the feasibility of this option, it should be noted that the numbers bypassing the Vale who could instead go to the Golden Jubilee would not just be the 1500 – 2000 extra proposed in the vision but the other 5,000 a year already bypassing the Vale to go to Paisley

4.9.7 Mental Health Inpatient Services

- Is it true that if NHSGGC decided to retain care at the Christie Ward, this would affect the amount of money available to spend on adult community services provided by NHS Highland?
- Gartnavel General was designed for a Glasgow population and not for people from the Vale catchment – it is located in the grounds of a large inner-city hospital. It is very clear that the local preference is for services to be retained at the Vale
- The previous option appraisal process made it very clear that retention of the Christie Ward was the preferred option
- The Christie Ward was designed at the outset with risk assessment as a high priority

- It is essential for patients' recovery that they have as frequent and regular support from friends and relatives as possible
- There are far more opportunities for therapeutic outings from the Vale than Gartnavel
- Why does the Christie Ward need to be improved? – it was purpose designed only a few years ago
- Single rooms (as is the norm at Gartnavel) can actually increase isolation and worsen a patient's condition
- Patients, carers and families need to be involved in the design of services
- Services need to remain at the Vale to ensure people stay in their own environment and community
- Three years ago local Mental Health Services in Argyll and Bute were reviewed and it was indicated there was insufficient funding for investment – has the situation changed?
- If Gartnavel is chosen, is there a risk of people going to other sites when all available beds are full?

4.9.8 Cardiac/Stroke/Rehabilitation Services

- The numbers of discharges are skewed by the patients who leave Glasgow hospitals to go to the Vale to complete their rehabilitation
- Reducing rehabilitation at the Vale will cause patients to have to stay longer in Glasgow
- There is a contradiction in the stroke proposals – patients go to the stroke centre but still have to come back to the Vale for rehabilitation
- There is a current a high risk cardiac group rehabilitation group at the Vale – will this go if the cardiac service closes?
- The proposals regarding rehabilitation seem good but more physiotherapy and occupational therapy cover will be needed to cope with increased follow-up demand for local community-based rehabilitation services
- Staff are not clear what the proposals mean and clearer information could allay fears

4.9.9 Scottish Ambulance Service

- There is ongoing concern at the withdrawal of the ambulance stationed at Arrochar
- It is clear that the ambulance service has not been meeting 999 response targets
- New resources are required – ambulances stationed at Arrochar, Gairlochead and other rural locations

4.9.10 Community Maternity Unit

- There is no mention of what a 'sustainable' birth level at the Vale unit is – what is the target?