APPENDIX 3

NHS GREATER GLASGOW AND CLYDE

Summary of Responses to Consultation on "Vision for the Vale of Leven Hospital

NHS BOARDS

1. **NHS Highland**

- This response reflects significant input from the Argyll and Bute Community Health Partnership (CHP), as well as feedback and comments from NHS Highland Board's governance, management and joint NHS Board and council planning structures.

Vision for Unscheduled and Planned Care

- Acknowledges the significant time and resource that Greater Glasgow and Clyde's team has put into responding to the previous consultations, independent scrutiny boards and public concerns in developing and consulting on these proposals.

Service Model Operation – Unscheduled Care

- Agrees that anaesthetics and the current model of emergency/unscheduled care cannot be maintained at the Vale of Leven Hospital.

- The scale and profile of activity expected at the Vale of Leven Hospital is significantly higher than what is delivered in our community hospitals and would require full time GP input.

- The new model is dependent on critical mass of trained and experienced General Practitioners (GPs) from both primary care, salaried and postgraduate training programmes. The commitment made by local GPs and secondary care consultants will engender confidence from the public and referring clinicians in the quality and safety of the service.

Workforce Planning

- Welcomes the commitment to enhance local primary care capacity.

- Would like clarity/confirmation that NHSGG&C has in place sufficient medical resource to staff the rotas required to ensure a sustainable service – risk that the proposed GP model will affect local primary care provision by simply transferring this resource to provide hospital doctors.

- Welcomes the instigation of the 5 GP training posts in intermediate medicine.

Scottish Ambulance Service (SAS) Resource

- Anxious that appropriate deployment of additional SAS resource to ensure the safe and timely transfer of patients who will bypass the Vale of Leven Hospital into Greater Glasgow & Clyde from its catchment area is not done to the detriment of 999 ambulance provision in Helensburgh & Lomond and the wider Argyll & Bute catchment area.

Elderly Rehabilitation in-patient services

- Recognises the importance of rehabilitation services as part of patient recovery.

- Requests confirmation that the realignment of resources to/from Royal Alexandra Hospital (RAH) has taken this into account, with appropriate enhancement of staff resource in Vale of Leven Hospital and community teams.

Adult Mental Health

- There is a consistent view that there is little support for transferring acute adult mental health in-patient care to Gartnavel.

- Recognises the issue of sustainability of a small 12-bed unit if isolated from specialist support – the retention of an adult mental health unit at the Vale of Leven Hospital should, on balance, be the preferred option.

- Recommends that an ongoing audit and review of this service in 2 years time be undertaken to evidence the impact of the enhanced community and crisis service on in-patient activity.

- Seek clarity over the location of mental health rehabilitation service for Helensburgh and Lomond patients to ensure continuity of patient pathway.

Transport

- Transport and access for patients, relatives and visitors has again consistently featured in feedback to NHS Highland.

- Welcomes the changes to the bus timetable and destinations that NHSGG&C have agreed with Strathclyde Passenger Transport (SPT) to provide a direct transport link to the Royal Alexandra Hospital, Paisley.

Conclusion

- Welcomes this "Vision" from NHSGG&C which clarifies the future role of services at the Vale of Leven Hospital.

- Agrees that the proposals to shape the long-term future of the Vale of Leven Hospital are compatible with National policy.

PROFESSIONAL ADVISORY COMMITTEES/BODIES

1. **Allied Health Professions and Healthcare Scientists Area Advisory Committee**

- Committee has been impressed by the publicity and information available to the public about the proposed changes at the Vale but staff information sessions have been less helpful.

- Welcome the opportunity to support the local delivery of enhanced out-patient and community services.

- Rehabilitation model which is proposed seems to focus on the needs of Older People only. Post-acute rehabilitation for all ages has been successfully provided with positive clinical outcomes. The implication that this model can no longer be delivered without acute medical and anaesthetics cover suggests a lack of awareness of the many successful models of Consultant Allied Health Professions (AHP) and Nurse Led services throughout the United Kingdom (UK). The Committee would be willing to work with the Board in looking at the applicability of these models to deliver more post-acute rehabilitatiuon and prevention of disability within the local community. For AHPs the activity demand in the post unscheduled/acute phase of care is often much greater than during the earlier acute phase of the patient journey.

- Mental Health Services – recognise the need for less acute in-patient beds and the move towards Community Mental Health Services. The Board needs to ensure that sufficient staff development and clinical time is provided to enable generalist services to meet the needs of this complex client group.

2. **Area Dental Committee**

- The references to the development of enhanced and improved dental services on the hospital site are very welcome and the Committee looks forward to seeing the details of the proposals as they are developed towards implementation.

3. **Area Medical Committee**

- The major issue arising from the paper has been the proposed model of care for unscheduled medical admissions – perhaps unfortunate that it has not been able to come to a consensus view on this issue. The arguments for and against the model of care being proposed are finely balanced.

- Is well aware of the broader policy context within which the Board is operating and that the model of care being proposed for medical admissions at the hospital has been the work of an external group appointed by the Scottish Government. The relevant Consultant Physicians were not properly canvassed for their views before the external body published its report.

- It is now universally accepted that any Consultant Anaesthetists required to provide cover will need to be trained to the level of providing Intensive Therapy Unit (ITU) care. There are simply not enough patients coming through the hospital to justify this level of staffing. With patient numbers so low there will be additional problems in retaining recognition for training.

- The Consultant Physicians have expressed grave misgivings about both the long term safety and sustainability of the model of care being proposed. The model is not evidence based. There are concerns that patients will receive an inferior service.

- Should the proposed model of care fail and the work be transferred to the Royal Alexandra Hospital, it will be necessary to resource that hospital to deal with the increase in workload.

- It is recognised that those General Practitioners who have agreed to operate this model of care are confident that there are enough of them to provide a safe and viable service. They are not being asked to provide any services not commensurate with their training and expertise.

- The key issue which remains to be resolved is the level of Consultant Physician support required to make it work successfully. It is understood that the proposed model of care may well be modified to provide much more of a Consultant led service and it is understood that the General Practitioners have welcomed this greater Consultant involvement. Would be prepared to support this modified model of care in principle and trusts that the Board will keep the Committee fully informed of developments.

- Concern has been raised in relation to the continued sustainability of the laboratory services on the hospital site. Noted that the increased levels of activity planned for the hospital will impact significantly on the workload of the local laboratory services.

- Concerns regarding the future of imaging services on the hospital site – detailed response from Dr Allan W Reid, Consultant Radiologist in Charge, NE Sector (summarised below as part of AMC's response).

- **Dr Allan W Reid, Consultant Radiologist in Charge, NE Sector**

  - A full out-patient service will require full imaging provision. What we may be able to offer will to some extent depend on having an effective resuscitation team which will depend upon robust anaesthetic cover.

  - Imaging will continue to support in-patient and theatre requirements. As services are repatriated, it is proposed that there will be a re-alignment of staff to facilitate the delivery of the proposed increase in activity.

  - There could however be no expectation of an on-site Radiology presence out of hours as the on-call service for Clyde is provided electronically over all 3 existing acute sites.

  - It is proposed that Computerised Tomography (CT) provision will move to a protocol led service allowing a more efficient use of this modality, interacting with Picture Archiving and Communications System (PACS) to provide timely specialist reports.

4. **Area Nursing and Midwifery Advisory Committee**

- The document gives clear vision for both health care staff and patients following completion of a thorough review by NHSGGC.

- The range of services proposed and the move towards increasing community mental health services is very positive and we are sure that patients will welcome the retention of these local services.

- The new purpose built health and social care centre will also give patients local access to proposed high quality services.

- Will be crucial that patients, no matter where their care will be delivered, will have access to consistent, safe, optimum care.

- The balance between providing local access to services and a requirement to travel for more specialist services must ensure that communication between all healthcare workers will be crucial.

- Will be happy to support and help develop those proposals where nursing is at the forefront of service delivery.

5. **Area Pharmaceutical Committee**

- Positive step for pharmacy as it fits with both the primary care and acute hospital networks in ensuring that pharmaceutical services remain available for patients living within this geographical area.

- Hospital pharmacy service does not currently envisage any major problems in sustaining the pharmaceutical care service to the hospital under these proposed changes.

- Existing clinical pharmacists, ward based technicians and pharmacy colleagues working in the community well placed to facilitate movement of patients from community to hospital care whilst managing drug related risks.

6. **Dean of Postgraduate Medicine, West of Scotland Region, National Education for Scotland**

- My understanding that the proposals provide the population with a health care facility run by local General Practitioners addressing a range of conditions which have been preselected for management at that site and is worthy of further evaluation both as a means of providing health care and a means of providing postgraduate medical training..

- Placement in this proposed new setting of trainees in General Practice affords substantial opportunities to evaluate the kind of experience and training which they will receive.
- Doctors can only train effectively when they are themselves working within their own sphere of expertise..

- Urge that work continue to secure agreement among those involved about the range of cases that will be managed in the Vale so that we can be assured that the trainees for which I am responsible, are placed in an environment where I can discharge my responsibilities under Domain 1 of Postgraduate Medical Education and Training Board's (PMETB) General Standards for Training. – "the duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care."

- Properly developed, the proposals could provide an exciting and challenging educational environment to train GPs for a role in a future NHS where more care is delivered within the community.

7. **General Practitioner Subcommittee**

- There is a need for change in some aspects of provision of care at the Vale due to the unsustainability of services as they are currently configured. Pleased to note promises to maintain much of the current service provision and indeed to increase some services. Very much in line with trying to keep provision of health services at a local basis and will be welcomed by both patients and doctors alike. Proposals on unscheduled care are also welcome.

- Understand that there is further work to be done to finalise the arrangements around consultant advice and other areas of how the unit will operate, but we believe that with this work, the Vale of Leven Hospital will be able to offer safe and effective management of medical admissions for the majority of patients, with effective triaging to transfer those deemed most at risk to a consultant unit.

<u>Unscheduled Care</u>

- Broad support for the plan to keep services delivered at a local area level where possible and believe that the proposal put forward in the Vision document is a safe, workable alternative. There have been various concerns raised about how such a GP led unit would operate but we believe that these concerns have been addressed, or are being addressed in the ongoing work by the GPs who plan to run the service.

<u>Planned Care Services</u>

- Are pleased to note plans to expand services for local patients. This shows a commitment to providing as much care locally as possible. We also welcome the expansion of local dental services as outlined.

<u>Rehabilitation and Older People's Services</u>

- Agree with the proposals regarding rehabilitation, stroke services and end of life care and would expect that further consideration should be given to maintaining current rehabilitation beds rather than reducing these. Would prefer to see an expansion of

palliative care beds. Provision of palliative care beds is not currently sufficient to meet the needs of the local population.

Acute Mental Health Services

- Maintaining treatment facilities at the Vale is more in line with the principal of keeping treatment as local as possible, and is also in line with public opinion. Have no concerns over the provision of such services at either of the proposed sites, provided out of hours cover is adequately provided and that staff are trained appropriately. Accept that, with increased provision of community based treatment, there will be a reduced need for in-patient beds.

Alexandria Medical Centre and Care Home

- Is a much needed resource and will provide much improved accommodation for a number of services, and is likely to be of benefit to patients.

8. **Greater Glasgow and Clyde Psychiatric Advisory Committee**

- Acknowledged the paper has emerged from a process which has already involved much consultation reflecting the complexity of this issue.

Acute Mental Health Service

- Option 1 – main concern was about providing out of hours medical cover of an adequate quality by the GP resident. Committee presumed that these would be the same GPs that the paper also proposes will have responsibility for unscheduled medical patient care. Committee questioned whether out of hours medical cover of an adequate quality could be ensured, unless of course it is planned to divide up these more specialised functions between different GPs.

- Option 2 – a clear advantage but is obviously counter-balanced by the service having to be moved to a location less convenient for local people.

- The single option for elderly mental health services also depends on option 1 for adult acute mental health services being implemented. Vale of Leven has only one Consultant in elderly mental health and therefore in order to ensure appropriate covering during periods of leave, there would have to be other Consultant Psychiatrists based locally.

- Option 2 would involve all the in-patients of other local Consultant Psychiatrists moving to Gartnavel Royal Hospital, making it more difficult to provide on site cover for the one Consultant in elderly mental health.

9. **Royal College of Physicians and Surgeons of Edinburgh**

- Recognises the need for and welcomes the development of a vision for the Vale of Leven Hospital.

- Believes that the "Independent External Clinical Review of Anaesthetic Services at the Vale of Leven Hospital" exceeded its remit by commenting on acute medical services. The review group had expertise in anaesthetics and accident and emergency, but not in acute medicine.

- Does not believe that the current proposals for acute medical services at Vale of Leven Hospital are safe.

- Would not sanction the placement of trainees in medicine in the Vale of Leven Hospital under the proposed model.

- Believes that further constructive reviews of the acute medical services should be commissioned – expert opinions of Fellows and Members of the Royal Colleges of Physicians should be sought.

- There have been two reviews with disparate recommendations – the ISP did not regard continuance of acute medical cases at Vale of Leven Hospital as acceptable. Anaesthetic Services Report, upon which the current proposals draw heavily, went beyond its remit. It suggested the perceived best options for Unshceduled Medical Admissions, despite the fact that there were no physicians on the review group; we believe this to be unacceptable.

- Does not believe that the proposal should be implemented but, if it were, it must be subject to a prospective high level evaluation to ensure high quality services are provided, and a system put in place to terminate the trial when, and if, evidence of impaired outcome becomes clear.

- Disappointed that neither the acute physicians from the nearest acute hospital in Paisley nor from the national arena have been fully consulted earlier than this.

10. **Royal College of Physicians and Surgeons of Glasgow**

- Quality of patient care, patient safety and quality of medical postgraduate training are our primary concerns – several Physician Fellows have expressed to us their deep concerns about the proposals.

- Concerned about the competencies of the doctors who will have responsibility for the medical patients in the service in the Vale of Leven Hospital – the hospital will continue to admit unselected acute medical emergencies.

- The doctors with accountability for the delivery and supervision of care should have the same competencies as the current physicians in the hospital as required for every other acute admitting hospital in the UK. Level 2 competencies require multiple assessments of competency over a 4-year period of training and the completion of a specialist diploma in medicine.

- Unlikely that the suggested training programme for general practitioners, who would be accountable for this service, would achieve such a level of competency. Patients would be receiving a less safe and poorer quality of care than currently exists in the Vale of Leven Hospital and is present in the rest of the Board area. In the era of revalidation, the Royal Colleges and the General Medical Council (GMC) would demand continuing evidence-based demonstration of this level of competency. Unless the responsible doctors had this certificated competency, Colleges would not sanction them to supervise trainees in general medicine.

- Have doubts that the supporting infrastructure would be sufficient to ensure a sustainable and safe service, including immediate access to other specialties and imaging.

- Recommend to NHSGG&C that they assure themselves and reassure the public and profession alike that these criteria will be satisfied, otherwise a safe and sustainable service is unlikely to be delivered.

11. **West Dunbartonshire Community Health Partnership (CHP) Professional Executive Group (PEG)**

- Unanimously wishes to support the developed model to deliver services to the people of West Dunbartonshire from the Vale of Leven Hospital.

- Welcomes the extensive and comprehensive work which has gone into developing a model of care which we think will meet both the needs and wishes of the local population.

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

1. **Argyll and Bute Council**

- Welcomes the extensive consultation undertaken, inclusive of local residents.

- Previous planning and consultation processes did not allow for the development of a strategic plan for the hospital.

- Welcomes the intention of NHSGG&C to commit itself to a future of providing services at the Vale of Leven on the basis of serving the local community.

Unscheduled Care

- Acknowledges the conclusions of the two independent reviews on this matter and reluctantly accepts, on the basis of the detail supplied that, in the long term, anaesthetic services cannot be sustained to support emergency/unscheduled care, 24/7, but regrets that it appears to the Council that NHSGG&C have failed to convince a not insignificant number of service users and carers of the clinical effectiveness of the GP led model and believes that further work is required to consider a north of the river solution.

- Asks for greater detail on how this will be organised, how sustainable the proposal is and an analysis on the possible impact on general GP services.

- The Council would wish to see evidence of the targets being met and that a follow up report is provided on the progress the first year of the implementation.

- Is encouraged by the commitment to provide the necessary extra funding to the Scottish Ambulance Service and welcomes the assurances that there will be extra paramedic staffed accident and emergency ambulance resources introduced to serve the Vale catchment area. Acknowledges that there are no significant issues around transporting patients from the Vale of Leven to the Royal Alexandra Hospital in Paisley. Would appreciate further detail on the capacity of the Scottish Ambulance Service and how the operatiuonal arrangements will be applied to support the proposed redesign of services. Would welcome being involved in further discussions around the development of this service and in monitoring this service in future years.

Planned Care Services

- Welcomes NHSGG&C's commitment to maintaining and enhancing planned care services at the Vale - providing local out-patient care and assisting in the strategic plan to sustain the Vale and would encourage further work to investigate the provision of additional services.

- Notes the development of a 20 surgery dental complex – unclear from the consultation document whether clients from the Helensburgh & Lomond area will be able to access this facility or whether it is specific to those patients resident within the NHSGG&C catchments area.

Rehabilitation and Older People's Services

- Welcomes the proposals for rehabilitation, day hospital, stroke and end of life care. However, discussions with the CHP would suggest that the matter will be progressed to the exclusion of Argyll & Bute Council and the Argyll & Bute CHP. The Council would seek clarity on its role within this issue. The Council would highlight the concerns regarding the inappropriate facilities and lack of detail on capital investment and request that future Older People's Services be developed in an integrated way, having regard to existing and planned services by local Councils.

Elderly Mental Health Services

- Supports the proposal to co-locate elderly mental health acute services and elderly mental health continuing care services in improved accommodation at the Vale of Leven.

Adult Mental Health Services

- It remains evident that NHSGG&C has failed to convince service users and carers of the benefits of the proposal and their views appear to continue to support the retention of the service at the Vale of Leven.

- Would support the proposal for investment in a new adult acute mental health unit at the Vale and the retention of the Christie Ward. Has concerns about capacity and availability of beds under these proposals.

- If the Gartnavel Royal proposal was to be implemented patients from West Dunbartonshire and Argyll & Bute Council catchment areas would hope not to find themselves admitted to hospitals outwith Gartnavel Royal at times when bed capacity becomes an issue.

Alexandria Medical Centre and Care Home

- Would give general support for the proposals, in particular the integrated approach in developing services both within the Medical Centre and the building of a care home on the hospital site.

- Would recommend the Progressive Care model as an alternative to the traditional care home model proposed for the Vale.

Maternity Unit

- There is little detail as to how the model of supporting women to use the Community Maternity Unit will be implemented.

- Some detailed planning is required to shift the balance of maternity care away from admission to the RAH in Paisley to the Community Maternity Unit at the Vale.

- Would welcome further discussion on the implementation and development of this service.

Access to the Hospital: Public Transport Provision

- Encourages NHSGG&C to discuss such matters with Argyll & Bute Council as well as West Dunbartonshire Council towards a joined-up approach to transport with multi-agency working.

Staffing

- Welcomes the assurance by NHSGG&C that there will be no compulsory redundancies as a result of the implementation of the proposals.

- NHSGG&C should as a matter of urgency convert the commitment of local GPs willing to support the proposals into service agreements. The Council would wish to be involved as discussions develop further as progress is made on this matter.

Conclusion

- The Council looks forward to receiving more detail as the process evolves. Further, the Council would be happy to assist and participate in future discussions on this.

2. **Argyll & Bute Council - Liberal Democrat Group of Councillors**

- Welcome the commitment NHSGG&C Board has demonstrated in conducting this exercise but conclude that the proposals put forward lack clarity and detail and fail to address the needs of the communities.

- Our clear view is that as many clinical services as can be safely and sustainably delivered at the Vale of Leven Hospital should be retained there. Those that cannot be should then be provided north of the river.

- Despite the confusion caused by different medical opinions, the view of the community remains - the retention of a full "blue light" hospital at the Vale. If forced to accept the conclusion of the two independent reviews that the retention of anaesthetics is not sustainable at the Vale, then a north of the river solution must be found.

- A combination of provision at the Vale of Leven, the Golden Jubilee and Gartnavel would provide good clinical care and good accessibility.

- Adult Mental Health – it is the clear view of the community that these services should be provided at the Vale of Leven with the retention of the Christie Ward.

3. **Balloch & Haldane Community Council**

- Plans and proposals have used a base year of 2004 – and not as a general hospital operated prior to the changes imposed by the former NHS Argyll & Clyde Health Board.

- Vision appears to be for a clinic/health centre to replace our former general hospital.

- No presentation of convincing evidence that the provision envisaged will be better for patients than that currently and previously provided.

- No attempt made to allay fears that lives will be lost or unnecessary patient deterioration incurred due to the distant location of emergency medical facilities.

- Justification for the need for the close proximity of acute care facilities – RAH and Southern General and Western Infirmary – thus leaving Dumbarton, Vale of Leven and Helensburgh and the landward areas beyond in a position which reduces their 'Golden hour' to a few minutes.

- Have studies been carried out to determine the advantages and disadvantages of having acute medical facilities available at distances varying from within 10 miles, 20 miles and beyond 20 miles?

- Have any studies been carried out to determine the mortality rates and recovery rates of patients over distances and time from the RAH?

- Seeks contingency plans for road closure between Milton and Dunglass or of the Erskine Bridge.

- Why can't the Golden Jubilee Hospital be equipped to provide acute/A&E services?

- Where will the GPs for the acute unit be drawn from - how many will be on site during office hours, evenings, weekends and nights – what was the planned staff numbers and specialties? Will staff levels, including nursing, ancillary and GP be maintained as appropriate without the need to have any staff on call? Who will be responsible for the unplanned care; who will be on site in charge of the hospital; who will manage or be in charge of unplanned care on an hour-to-hour basis; will the supporting consultants have a TV link to GPs and patients; how many fully emergency equipped and paramedic crewed ambulances will be available to transfer patients requiring acute care and how many of these ambulances will be based at Alexandria?

- Has consideration been given to the use of helicopters to transport patients and transport medical teams; why is the provision of a fully equipped theatre not considered to be necessary in terms of a contingency measure in the event of the RAH being subject to a terrorist attack?

- Why is the Vale and Maternity being reduced to a clinic when we hear that health spending has exceeded the rate of inflation?

- Non-sustainability of anaesthetists posts – appendix refers to further reports from reviews conducted which we have been unable to access; sustainability of anaesthetics depends on elective surgery as well as emergencies and its withdrawal probably has made these posts unsustainable.

- Immediate care and early specialist management – either a trip by ambulance manned by a paramedic direct to the RAH from Balloch/Garlochhead or via the Vale for assessment does not meet the requirement envisaged.

- The NHS Board does not appear to have entered the process with an open mind on the subject of emergency treatment – anaesthetists' posts have been sustained for over 30 years therefore if the NHS Board had a will to provide with the service, a way would be found.

- Wish to ensure that the Board are made aware of the fear within our community regarding possible unnecessary loss of life, resulting from the lack of hospitals.

4. **Cove & Kilcreggan Community Council**

- Grateful that there has been a consultation process to which we are able to contribute - relieved that the Vale of Leven Hospital does still have a future.

- The Vision document does not state in clear terms what status of hospital the Vale of Leven is to be.

<u>Unscheduled Medical Care</u>

- The proposed GP-led model is viewed with some concern – such a model has not been tried on this scale before.

- A fully resourced 24-hour Consultant-led service is our firmly preferred option. The shortage of anaesthetists prepared to work at the Vale is understood to currently preclude this – could the necessary specialists be rostered from elsewhere.

Mental Health Services

- Our preference is to retain this as a local facility and we would prefer it to be retained at its present size.

Geography

- The proposal to move services to hospitals south of the Clyde presents considerable transport challenges to those in this area hoping to visit patients, particularly the elderly using public transport.

- Where services cannot be provided at the Vale then referral to hospitals in central Glasgow is a better option.

- There was universal admiration for the NHS staff serving at the Vale of Leven – the hospital is in need of investment to complement the endeavours of a dedicated team but the run-down infrastructure looks in need of a bit of attention.

5. **West Dunbartonshire Council**

- Agrees that the consultation document is a major positive shift in direction for the Vale Hospital. Provides a glimmer of hope for securing the future of services at the Vale. The Vision offers a starting point for the return of services to the Vale site, rather than the centralist policies the board pushed for many years. It has to be acknowledged that through direct intervention by the Health Secretary, centralisation policies will no longer be rubber stamped.

- The Vision provides a future and a foundation for the Vale on which to rebuild the services lost over the last 12 years. Accept that it is not possible to replace all the services lost at the Vale overnight. Efforts must be made by the board to ensure parity of care and services throughout its area.

- A huge planned capital investment at the Vale site is welcomed.

- The consultation has failed to address that the population of this area resoundingly voted against patients being sent to Paisley yet does not offer alternatives or break that link. Anaesthetics and "blue light" emergency services must return to the Vale as soon as practicable – consider the impact of the proposed removal of A&E at the Western in 2012 when planning future provision.

- There is a considerable lack of trust both within this Council and in our communities that the Health Board will deliver on the positive aspects of the document.

- The Council agrees
  - to strive for the return and expansion of services at the Vale.
  - that a Mental Health facility at the Vale is essential
  - that an elderly receiving unit at the Vale is essential.
  - to welcome the potential of new services being delivered at the Vale
  - to continue to campaign for an alternative to Paisley.
  - to establish a Health Service Monitoring group to scrutinise the implementation of whatever is finally agreed.

- Fully supports the retention of adult mental health in-patient beds at the Christie Ward or on the Vale site if improved ward conditions can be provided at the Vale. There was no support to move any mental health services to the Gartnavel facilities.

6. **West Dunbartonshire Council – Leader of the SNP Councillors**

- Over the past ten years there has been unanimous support to safeguard local services and a consistently strong opposition to proposed NHS plans. The struggle to sustain locally based services has been defined by historical neglect which culminated in the removal of Accident and Emergency in October 2004 to the RAH in Paisley. The planning blight created by the NHS plans has had a detrimental effect on the area both medically and economically. The wishes of local people and communities have not been respected within strategic plans. There is a strong belief that Paisley is not an acceptable place to locate services for North of the Clyde communities. Local people have not trusted successive NHS Boards. The existing Board's initial proposals for VoL were constrained by the Board's existing model and highlighted the financial difficulties of the inherited deficit from the former Board.

- Welcome the Board's Vision of the VoL as a welcome and refreshing change of direction in its struggle to regain credibility amongst local people. In broad terms the Board's proposals are supported recognising the shift in the Board's position which attracts new planned case services. The proposals show that the Board is being pro-active in proposing these services when they were not the focus of any local campaign.

- The Board's commitment to a new build medical centre at VoL is recognised as an important development in taking forward service integration with Social work and Health Services.

- The Board has been energetic, inclusive and committed in this current process of consultation. Local opinion is still disappointed that anaesthetic cover and full-blown A&E services are not viable at VoL. However, recognises that the journey the Board has made is substantial and that clinical safety is paramount. Notes with regret that none of the health campaign groups has managed to identify a clinician to support the retention of anaesthetic cover. Noted that the Board has committed investment to develop a consultant supported GP led acute unit for unscheduled care.

- The Board must set out clearly how it counteracts the challenge by many clinicians that any unscheduled medical admissions should not be handled where there is no immediately available anaesthetic cover and critical care. Both reviews referred to the possibility of other options most notably a potential expansion of the Golden Jubilee Hospital to include A&E. While sharing this view, is conscious that the Golden Jubilee has been a stunning success and would not want anything to compromise the work already done and the further enhancement of the critical services already provided.

- Urges the Board to undertake work to examine the desirability and need of A&E services in the light of the proposed closure of A&E services at the Western Infirmary in 2012. The Board should make a commitment to constantly steward the patient experience of these changes. Would not wish further development of VoL to be undermined by the enhancement of services at the Golden Jubilee.

- Looks to the Board to monitor and publish on a quarterly basis the episodes and to commit to invest more resources in VoL to ensure that these targets are met.

- Adult acute mental health in-patient services – supports the retention of these services locally at VoL either at the Christie Ward or on VoL site if improved ward conditions can be provided at VoL but recognises that the superb facilities at Gartnavel Royal and their immediate access to a wide range of additional services has a certain attraction.

- Investment in community-based services should be accepted as a Board-wide responsibility . Parity of care throughout the Board's area must be a given.

- The new medical centre and the proposals for Rehabilitation and Older People's Services/Stroke Services/End of Life Care along with the supported housing developments will present opportunities and challenges in which West Dunbartonshire Council (WDC) is ready to engage with the Board.

- Recognises that all WDC's major services and the Board have a pivotal role to play in winning the battle of having the lowest life expectancy of Western Europe suffered by our local communities. The Board must engage through its staff and local GPs and health workers to regain public confidence and take nothing for granted.

- Recommends that a joint working party accountable to the Board, Argyll & Bute and West Dunbartonshire Councils be established to engage local partners to monitor the effective delivery of this work.

MSPs/MPs

1. **Mr Alan Reid MP**

Unscheduled Medical Care

- Should have a consultant-led accident and emergency unit.

- Oppose the proposal to remove anaesthetics cover from the Medical Assessment Unit at the Vale.

- Patients should not be sent to Paisley, they should instead be treated at a hospital north of the river.

- If the Board remove anaesthetics cover, hope a GP-led consultant-supported acute unit can be safely and sustainably implemented – not the preferred option but is far superior option than transferring all unscheduled medical care to Paisley.

- Concerned by the comments of the Royal Alexandra Hospital physicians about the safety of the proposal – I understand a large majority of local GPs and consultants at hospitals in Glasgow believe that this option can be safely and sustainably delivered.

Planned Care Services

- Welcomes these proposals.

Acute Mental Health Services

- Supports the proposal to co-locate elderly mental health acute services and elderly mental health continuing care services in improved accommodation at the Vale.

Microbiology Laboratories

- Not mentioned in the consultatioin document: however, the Board is considering closing these laboratories – keep these laboratories at the Vale as they are an integral part of the hospital. If closed, this would inevitably involve a delay in samples taken from patients having to go to another hospital to be tested.

OTHER COMMUNITY GROUPS

1. East Esplanade Protection Group

- Vision document very positive – but great concern in relation to Helensburgh people who do not own a car and have to get to appointments or visit the Vale of Leven.

- It is far easier for a non-driver to reach Gartnavel by train and would like their concerns bedded into the foundations of future plans, particularly with an aging population and an increasing number of those who will require to attend the Vale of Leven and rely on public transport.

- They understand there is a bus running from Helensburgh to the Vale but it is possibly not well patronised and people may feel that they will arrive too early or wait too long after their appointment. People would need to rely on a friend or a volunteer driver to get to and from hospital.

2. Helensburgh & Lomond Planning Group

- General consensus that the proposals to expand services delivered from the Vale are welcomed. However, the loss of a significant proportion of coronary care, treatment for strokes, gastro-intestinal bleeds, epileptic seizures is of critical concern to the lay, public and political members of the group.

- The removal of anaesthetic cover from all but planned operations remains an issue of extreme contention despite outcome of 4 independent reviews and continue to exercise the lay, public and political members of the Group.

- Transport challenges are clearly a major worry for much of the population. Lay, political and public members of the group continue to have concerns relating to the challenges that the Scottish Ambulance Service currently face in trying to achieve the targets relating to response times within the Rosneath Peninsula area. The particular awkwardness of accessing the RAH, for the elderly, those without cars or in emergency is a predominant feature at public consultations.

- A major issue of discussion has also been the potential to explore the relationship between the Helensburgh & Lomond & Dumbarton community with Clydebank and Glasgow as an alternative to Paisley. Some further work on aspects of service possibilities provided from the North West would be explored.

- Recently the initiation of NHS Highland's consultation on its proposals to reorganise and modernise mental health services for 3 localities in the Argyll & Bute CHP has been the subject of criticism by lay, public and political members in terms of its timing against the perception and confusion that it might have a bearing on the fate of Christie Ward.

- Questions about the future of laboratories have been asked concerning integration of laboratory services between Glasgow & Clyde. Reassurances have been given that potential changes to the service, as a result of the review will ensure no detriment to the current services. Given the public interest in Health Acquired Infections (HAIs) it is essential that this proposal is subject to public consultation.

- Lay, public and political members have expressed concern and sought clarification about the role of local GPs in the new configuration. Clear reassurance that there is equal commitment from both NHS Boards and the proposed new system will be sustainable and not require revisiting soon after its establishment is sought.

- For the model to succeed it relies on support from Consultant Physicians at the RAH. Noted that Consultant Physicians at the RAH have unanimously rejected the proposed model of care and 3 of the 4 Consultant Physicians at the Vale of Leven Hospital will be leaving in the near future and lay, public and political members are therefore greatly concerned about the future sustainability of the model.

- Lay, public and political members of the group have raised a number of issues about commitment to the level of capital investment to deliver the refurbishment of the Vale. A specific commitment is sought from the Board that capital investment will be made from 2010-2011 onwards as well as an indication of the resources required, and the scope and content of any proposed upgrading/refurbishment.

- Have requested more specific information and detail on the implementation of the Vision to give confidence that the proposals can be delivered and sustained.

- Sustaining and enhancing of elderly mental health in-patient services through services transferred from Dumbarton Joint Hospital is welcomed.

- Proposed development of the new Alexandria Medical Centre is welcomed.

- A strong view that services should be provided on the basis of a north west corridor, taking in Clydebank, Bearsden, Milngavie and West Glasgow to create a remodelled catchment area using the Golden Jubilee rather than the RAH to provide services, including emergency care. Lay, public and political members of the group wish it recorded that despite reassurances from NHS Greater Glasgow & Clyde, the concerns articulated throughout the process are undiminished.

3. **Hospitalwatch**

- Timing of the consultation in mid-winter with inappropriate times was rather cynical and deliberate. Glossy magazine did not fool the Public, those who managed to attend the meetings continually savaged the Health Board for their failure to listen to the voice of the Public.

- They have been told repeatedly by angry voices that an answer on Anaesthetists must be found, even rotational – will not accept betrayal in this area, shall face life critical situations and demand protection.

<u>Anaesthetics</u>

- The Public are totally convinced fatalities will occur without Consultant Anaesthetists on site under the proposed GP model serious risks will arise.

- With the proposed closure of the Western Infirmary A&E facility there will be none left north of the river except the Royal Infirmary for the West Coast of Scotland. – prime opportunity to return a full blown A&E facility with the Consultant Anaesthetists.

- A population of approximately 100,000 within our communities – catchment area is seriously underestimated along with our transport congestion.

- Ambulance cover is subject to even more serious challenges depending on location within our geographical area.

RA & H Physicians

- Recent report by the Physicians at the RAH highlighted fundamental flaws within the proposals – a complete breakdown in communication/consultation and networking by both parties. The GP model of care which they clearly state is flawed and unsafe cannot proceed. They were not consulted and are not prepared to support a project which puts life at risk.

- Serious concern over heavily burdened GP Practices within the West Dunbartonshire and Argyll & Bute areas – could very well spread the risk amongst local patient care due to long hours and over stretched. Our communities will not be subject to a guinea pig health care state that being if we get it wrong the first time we will be better next time.

Mental Health Services

- Has been subject to public discussion on more than a dozen occasions in one format or another – services must remain at local level given the communities support. Totally opposed to Gartnavel centralisation – creates massive problems for families' relatives, carers, and in the view of the family places those receiving treatment in an environment which is alien to what they are accustomed to.

- It's just a normal human reaction of fear and concern. If communities support in place years ago we would not have to deal with this issue.

Medical Centre

- Welcome the authorisation to complete the new Medical Centre at Alexandria along with the Dental facilities.

RAH, Paisley

- The communities will be consistent in their opposition in having to receive 21st Century health care at Paisley. Sustained commitment to the services at Alexandria – the hospital can maintain its excellent 50-year record of attending to the public.

- This would be the most cost effective means of the NHS performing its moral obligations to ensure that their patients receive absolute first class attention at a time of need.

- Should be in a position to assist other hospitals as opposed to being reduced to a Cottage hospital level which is the express fear long term of the communities.

- Repeated attempts by the Board to ignore the voices of the public on the twenty consultation meetings over the last year resulted in extreme anger. We wish our services to be maximised and not to be subject to any decay – must include Consultant Anaesthetists to protect the long term viability and protection of our health care for the population.

4. **Lomond Patients Group**

- Many of the more contentious issues stem from the decision by your predecessor board to close the A&E Unit at the Vale.

Integrated Care and Anaesthetics

- The Board's current proposals are predicated on the assumption of the complete withdrawal of anaesthetics, a withdrawal with which we cannot agree. The process of consultation that led to that particular conclusion was seriously flawed and that alternative conclusions could have been reached.

- The views of Professor Kerr, in Building a Health Service Fit for the Future, 2005 should have been recognised.

- Note that it is the policy of the current Scottish Government to operate a presumption against the centralisation of core hospital services, the development of the Integrated Care Pilot should have been pursued to chime with that presumption.

Transport

- Continue to have great difficulty in appreciating the need for patients and their relatives to travel to RAH Paisley where the degree of specialisation may be only marginally greater than that which could be available at VoL.

- Appreciate that efforts have been made to improve public transport but it seems that achieving convenient timings, frequencies and routes remains an apparently insurmountable problem from Helensburgh and Lomond.

Mental Health

- Make clear our dismay (and puzzlement) at the way in which consultation on the provision of Mental Health Services in our area is being handled. The Board is making decisions affecting the fate of the Christie Ward at Vo L at exactly the same time the Highland Health Board is staging a consultation exercise in Helensubrgh, at which the main issue will inevitably be the future of the Christie Ward. To avoid charges of presumption or incompetence, your Board should delay a decision on the Christie Ward until after NHS Highland has completed its exercise.

- Very concerned that the closure of the Christie Ward would have a greater impact on its particular patient population than on perhaps any other in the VoL catchment. Option Appraisal process concluded that retaining services in the Christie Ward is strongly preferred by the great majority of mental health service users and their carers.

- Gartnavel was designed and built for the purpose of providing services for the population of Greater Glasgow, not for the population in the catchment area of the VoL.

- A move towards better community-centred care should not be seen as a reason to reduce bed numbers. Decreasing bed numbers locally under volatile circumstances would be short-sighted.

- Pressing need to enhance facilities for Elderly Mental Health care. It is a long-standing scandal that elderly patients with a functional mental illness have shared a ward with adult acute mental health patients.

The Vision

- Warmly welcome the introduction of new services such as in dentistry, and the extension of existing services.

- Concerned at the suggestion of a reductiuon of laboratory facilities at VoL.

- Ask for the implementation of the 'Vision' as soon as possible after due regard to the comments from the public as a aresult of the consultation exercise. We are sensitive to the state of staff morale which has been depressed by indecision for a long time now.

Communication with the Public

- There is a particular need to achieve public understanding of what is meant by a 'minor injuries unit'. A major publicity campaign will be needed to explain to the population of this area exactly what can be dealt with at VoL, emphasising that the VoL remains 'their' hospital and almost always the place of first recourse.

5. **Vale Hospitalwatch**

- It is to be welcomed that we now have, however flawed, a vehicle for discussion. The true potential of the Vale hospital is still being sacrificed on the altar of NHS Greater Glasgow and Clyde's acute services strategy and the inheritance of a hospital in the wrong place, namely Paisley.

- NHSGGC did not welcome the introduction of VoLH into its portfolio. It did not fit with its strategy of centralisation of services – it is unfortunate that the lead role in North Clyde strategic planning has been allocated to NHSGGC. A West of Scotland regional planning group, with NHS Highland given its place, would have been preferable.

- It is the policy of the current Scottish Government to operate a presumption against the centralisation of core hospital services. The VoLH has lost core services relatively recently, arguably on cost cutting grounds and to fit with the strategy of a new parent Board intent on centralisation, it should be seen as a special case. It should be "Vision for the Vale of Leven Community Hospital" as this plan will see the end of the hospital as the people of the area knew it.

<u>Unscheduled medical care</u>

- At the heart of this matter is the dogmatic insistence of NHSGGC that 24/7 anaesthetic cover is not sustainable. A superficial exercise on anaesthetic cover, by authors not familiar with the area and who failed to recognise the traditional delivery of services for the population to the west of the hospital, has been used by a grateful NHSGGC to dismiss any further appraisal of the Integrated Care model.

- Disappointing to note that both reports from Professor Mackay's Independent Scrutiny Panels have disappeared into what one member of the ISP panel described as a "black hole" with none of their recommendations being taken forward.

- Professor Kerr's report "Building a Health Service Fit for the Future" said that the Integrated Care model at VoLH resulted from a situation of potential crisis where the lack of sustainability of services under existing models of care came face to face with public insistence that services should be maintained at the local level.

- NHSGGC's vision for the VoLH is a wasted opportunity. It sacrifices innovative developments on the altar of centralisation.

- The Vision document refers only to the 6000 patients currently accessing Medical Assessment Unit (MAU) and does not refer to the 5000 patients already bypassing the Vale hospital. The document has no mention of options for other models to sustain anaesthetic service such as a rotation scheme and the document overstates the necessity for full time provision and does not review the possibility of a Receiving Team enhanced by upskilling and training of other medical staff to intubate, ventilate and oxygenate, supported by a Retrieval Team. Concern that patients are being transported to the consultants rather than the consultants being provided in the Vale of Leven Hospital where there is clearly an identified need.

- Grave reservations of the merits of a GP led model – concerns are shared by ten consultants from the RAH, declaring it "seriously flawed" and "not a service in which we would be proud to serve nor would we wish any of our relatives to be cared for under these circumstances".

- Ironic that the GP led Integrated Care model was discontinued yet great emphasis is now being placed on the GPs being pivotal to the sustainability of the hospital.

- Concerns have been raised that the public will not accept a GP led unit covering such a large population base and will opt for a consultant led unit thus threatening the sustainability of the hospital over the long term.

- Anger over the assumption that the Royal Alexandra Hospital is the hospital of choice for patients north of the river Clyde and the Vision document is predicated on this unsafe assumption. The community will not accept that they must travel to Paisley for any of their health services. The north of the river model which would receive public support has never been explored.

- The Vision – there is a lack of underpinning information in the document, no mention of staff training, development and on cost analysis comparators.

- The community is clear on the point that only patients requiring "centre of excellence" care should be transferred and that all efforts must be made to provide safe and effective care on site at the Vale to deal with the majority of patients.

- The Vision attempts to confuse patient numbers with patient episodes to deflect from the facts of what role the Vale will fulfil next year and in years to come.

- Further concern at no discussion of the capacity of the RAH to support transfers from the Vale and the detail presented by the Scottish Ambulance Service does not allow the public to evaluate the organisation's ability to sustain the redesign suggested. Scottish Ambulance Service response is "That it will be a challenge" is totally unacceptable as it asks the patients to absorb the risk of travel time to the RAH.

- Issues of patient and carer transport, commented on at length by the community for years, has not been addressed in the Vision.

- The question of interdependency of services must be clarified to ensure that if any service is removed in future years, such as the (Community Maternity Unit (CMU), then the sustainability of other services is not at risk.

Planned Care

- An increase is welcomed and further work should be undertaken to investigate what other services could be provided.

Rehabilitation and older people's services

- More patients will receive acute services off site. Any improvements to care for older people are to be welcomed but there is no detail on how the essential improvements to the estate, long since condemned by many external bodies and reviews, are to be financed and over what timescale. There is no firm commitment in the document to capital investment. What is meant by end of life, or palliative care but again the development of such services locally is to be welcomed.

Mental Health Services

- Professor Mackay found insufficient evidence that the Gartnavel option had been evaluated for patient-centredness and envisaged the possibility of an increase in the need for mental health beds.

- The Vision omits any reference to the option appraisal process (of Adult Mental Health Admissions and Elderly Psychiatric Admissions for West Dunbartonshire) nor to its outcome. It might be concluded that NHSGG&C is being very selective in the facts it chooses to put before the public in its consultation exercise.

- The option of retaining and enhancing mental health services on the Vale site, with new build wards to deal with ward environment and functionality issues, emerged as being superior to the Gartnavel option from every point of view except that of cost. Enhanced services at the Vale were appraised as superior to Gartnavel. For NHSGGC to choose the Gartnavel option as preferred under these circumstances would be questionable.

- It might be concluded that the Board's original intentions have not changed, and that their proposed reduction in the Christie Ward beds is part of a process which will see the ward's closure.

- Evasion of issues raised in the Independent Scrutiny Report, and their suppression of any reference to the Option Appraisal Process. Current thinking is set out in language which takes care to be non-committal. Proposals made in the document are qualified and conditional on a range of circumstances.

- Dangerous to say that there is less likelihood that beds will be required. It can be argued that society is entering a period when it is likely that the pressure on mental health service delivery will increase in deprived areas. Decreasing bed numbers under these volatile circumstances would be shortsighted.

- The Board's Vision is a clouded one, in comparison with that which emerged from the Option Appraisal process. Hospitalwatch firmly supports the retention of the Christie Ward.

6. **West Dunbartonshire Mental Health Forum**

- Supports the retention and enhancement of mental health in-patient services at the Vale.

- Option appraisal process – non-financial benefits criteria are of crucial importance – those criteria on which the Vale scored higher than Gartnavel have not been clearly put before the public. No explanation has been given of what is meant so the public is kept unaware of the significance of the option appraisal's outcome. The only reference to a "benefits perspective" is qualified by the word "perceived". The consultation document does not make any reference to the fact that the option appraisal process scored the Gartnavel option as carrying a higher level of risk associated with its implementation than retaining and enhancing services at the Vale.

- The proposal to retain elderly acute mental health services in the Vale is in line with the Forum's view – note, however, that the beds from the first floor Christie Ward are being re-provided at the top of a tower block. Preferred options from the option appraisal both involved new-build wards to deal with issues of ward environment and function. The NHS Board refers only to the potential for a proportion of the beds developed in the care home to be allocated to the NHS for the ongoing provision of care to elderly mental health patients.

- Retaining adult mental health acute services is in line with the Forum's view – these should be available within the community where service users, their families, friends and carers live. There is no indication that if all Gartnavel beds are occupied, local people requiring in-patient admission would need to go to another hospital within Greater Glasgow or considerably further away. The preferred option involved new-build wards – not mere refurbishment and did not envisage any reduction in the number of beds.

- Welcomes the Board's assurance that they have already committed funding to introducing new community services and to expanding existing ones. Where funding is concerned, the Forum supports investment in community services not being dependent on decisions concerning location of in-patient beds.

- Has any provision been made to include patients currently receiving in-patient and community services and their families and carers during the consultation exercise.

- The Vale/Gartnavel choice must be made in the light of what is any health service's prime duty – to deliver safe and effective care – this would be best achieved by retaining and enhancing in-patient mental health services at the Vale.

STAFF/STAFF GROUPS

1. **Combined Orthopaedic Departments – Royal Alexandra Hospital and Vale of Leven Hospital**

- Welcomes the move towards a sustainable solution for the Vale of Leven Hospital.

- Are pleased to see that the document contains no reference to making the surgical ward a 23-hour stay unit and commits to retaining the 5.5 day in-patient unit.

- Note the reduction in beds from 14 to 8 and hope that this will still be sufficient for these procedures along with those of other specialties.

- Note the emphasis on increasing day surgery usage in a number of specialties but would wish to stress that the current limiting factors on patients being able to have their operations at the Vale of Leven are fitness, as assessed by the anaesthetist at the pre-assessment clinic and willingness of patients residing in Renfrewshire to have their operation at the Vale of Leven. In the short term, their ability to do day surgery at the Vale of Leven is limited by factors other than capacity and in the longer term, as day surgery returns to the RAH for Renfrewshire patients, the number of patients needing surgery at the Vale of Leven may reduce. We plan to continue to offer orthopaedic day surgery and short stay surgery at the Vale of Leven Hospital for patients residing in Argyll.

- Note the reduction of rehabilitation beds from 59 to 37, primarily because of relocation of various specialist facilities in general medicine but remain concerned about the capacity of the new unit to cope with peak demand as timely transfer of elderly patients to the Vale of Leven for rehabilitation after fractured neck of femur is essential to our ability to cope within our bed capacity at the RAH.

- Wish it to be noted that we are already providing a comprehensive local service for the population of West Dunbartonshire. The orthopaedic unit regards the Vale of Leven Hospital as essential to its ability to provide a service to all the populations it serves and welcomes the Board's commitment to its long term survival.

2. **Consultant Physicians in Elderly Medicine, Royal Alexandra Hospital**

<u>Safety of a "no anaesthetic service"</u>

- The Vale of Leven is too close to the larger centres at Glasgow and Paisley to be sustained as a district general hospital, yet not sufficiently remote to be able to function as a remore and rural hospital

- Having an acute medical receiving unit without anaesthetic back-up is akin to moving backwards in time in the development of acute care by some 25 years.

- The remaining patients will receive a lower standard of acute medical care than that offered to every other member of the population in Scotland.

Ability of General Practitioners to run an Acute Medicine and Medicine for the Elderly Service

- The vision says that Consultant support will be given but none of the staff at the RAH support this model.

- There is no provision for ongoing Consultant or sub-specialty care for these patients.

- The proposed standard of care is unacceptable and the implications for other unscheduled medical services in Scotland are enormous.

Transfer to Medicine for the Elderly Acute Assessment and Rehabilitation Service

- Glasgow has had a policy of closing inefficient peripheral rehabilitation units – it is extremely unlikely that a stand-alone unit like this would be able to admit other than very stable and slow-stream patients requiring local discharge planning.

- Patients referred to Medicine for the Elderly with any acute illness would need to be transferred to the acute assessment wards in Paisley until sufficiently stable to consider transfer back.

- Care patheways will be very fragmented and prolonged, lengths of stay will increase, and throughput will decrease.

- We conclude that the proposed model of GP-led unscheduled care at the Vale of Leven Hospital is fundamentally flawed and cannot offer appropriate and safe care to acutely ill medical medicine for the elderly patients.

3. **General Practitioners (most of) in Dumbarton, Helensburgh and Alexandria**

- We are committed to supporting a safe, sustainable model of care for Unscheduled Medical Admissions at the Vale. It is important the Vale continues to function as an acute unscheduled care receiving hospital because this is what the local community wants and needs.

- We have considered many models over the last 3 years. The model supported is the best and possibly only local solution in the current circumstances. It builds on the experience we have gained through the Integrated Care pilot.

- It would be preferable to admit low-to-medium risk patients (who represent the majority of admissions), as identified by local protocols, to a Consultant-supported GP-led Unit at the Vale.

- Criteria for success of the Vision document – the key elements below are essential criteria:

- Consultant support and on-site presence 7-days-a-week, for 1 session per day.
- Providing ward rounds of all patients who would benefit from Consultant review.
- All admissions seen by consultant within 24 hours of admission.
- Adequate medical staffing levels to provide safe care.
- Adequate training provision with protected time and funding.
- Job description and links to GP Practice to be such that retention of staff is not compromised.
- Retrieval service for any patients requiring transfer who would benefit from expert stabilisation prior to transfer.
- GP led service requires time and resource for leadership and Clinical Governance.
- Service although GP led will be in partnership with Consultant Physician colleagues and a new and innovative way of working to design a service to meet local needs.

- Support the retention of Adult Psychiatry in-patients at the Vale.

- Plans to develop in-patient Palliative Care beds at the Hospital as a significant opportunity.

- We will have more experienced GP doctors than the many training staff currently in post. We have no wish whatsoever to do without Consultant Input. We fully value the skills, knowledge and expertise that they would bring to what we see as an exciting and innovative partnership.

- We are trying to fulfil a local service. "As local as possible … as specialised as necessary" rather than a one size fits all urban model of care insensitive to local needs.

- Exciting opportunity where improved discharge planning with GPs with intimate community and locality knowledge in partnership with consultants planning discharge in an efficient and co-operative manner.

- We value Consultant Physician input to the developing model of care at the Vale and are keen to engage and discuss how we can provide an innovative local safe, sustainable service where patients are seen locally when appropriate. To succeed it will require a continuation of the ethos of patient-centred, team-working across professional boundaries to extend across to the wider clinical community.

4. **Ms S Kydd**

- There has been a Stroke Unit at the Vale for many years delivering a local specialist service. People should return to Stork Unit at the Vale once medically stable; units like Drumchapel are successful.

- In the past 11 years, the Vale has had some kind of 'threat' hanging over it.

- Some of the consultation paper is short-sighted.

- It was my belief that people would be blue-lighted to Paisley, then, once medically stable, would return to the Stroke Unit at the Vale, for continuing rehabilitation.

- The Vale has a Stroke Unit, which has highly specialised professionals running it successfully, and they have done so for very many years; or am I very much mistaken?

- Out-patient clinic – the Vale provides a successful and busy clinic for people who are suspected of having had a (Transient Ischaemic Attacks) (TIA) or Stroke with follow up from the Stroke Outreach Rehabilitation Team – is this acknowledged anywhere?

- What of the SNP's 'Healthcare where I need it, when I need it, on my doorstep' – I believe the Stroke Unit at the Vale provides specialist services locally; why change the rehabilitation element of that?

- Some patients require prolonged specialist rehabilitation, in familiar surroundings, where family friends can visit – their support is so important, to keep mood lifted. They learn essential techniques from the rehabilitation team to aid enablement, heading towards the goal of home.

- Has anyone seriously thought about the extra stresses for the Carers? What of the extra financial costs of visiting? For the relatives and friends, equally as important as to the patient, is that the Vale Stroke Unit should stay.

5. **J R S McDowell, Senior Lecturer, Division of Nursing & Health Care, University of Glasgow**

- It is encouraging that the Vale of Leven Hospital is to remain open and that there is to be increased support and development to ensure that it meets the needs of the people in the area. This is very good news for the local area, its economy and its health care. However, it needs a validated methodology for implementation and associated action plan with full costings.

Adults Requiring Hospital-based Mental Health Care

- For adults requiring hospital-based mental health care, there are strengths and weaknesses in both options. A compromise may be for staff at the Vale of Leven to have a service level agreement with staff at Gartnavel Hospital whereby a system of rotation of staff between the units is commenced and monitored to ensure that all staff's skills and expertise are developed, maintained and enhanced so that patients in the Vale of leven will receive the most up to date patient care.

New Model for Unscheduled Care

- The new model for unscheduled care will enhance the service provided for individuals and is welcomed. There needs to be a triage system to determine if an individual needs GP care or Consultant care. If GPs are open to extending their scope of practice, it will provide a higher level of locally delivered service that must suit the people. There needs to be great investment made into both GPs and Nurse Practitioners . Overall the medical care proposed is controversial and needs further development.

- The governance arrangements for this complex delivery of care appear to be robust.

Expanded Services

- The development of dental services at a local level is excellent.

- Will there be a requirement for more anaesthetic cover due to the planned increase of service provision at a local level?

Rehabilitation & Services for Older People

The proposed plans are welcome - it is hoped that the exploration into palliative care services demonstrates the need to develop this locally.

Health & Social Care Centre

- The co-location of care can only be advantageous to individuals and is to be welcomed.

6. **Medical Division of Psychiatry, West Glasgow**

Elderly Mental Health Services

- Concerns that if all the adult acute beds come to Gartnavel Royal Hospital (GRH), then this leads the one remaining old age psychiatrist isolated with problems with consultant colleague cover for sick days and holidays.

Junior Doctors

- As of August 2009, the Junior Doctor rota at the Vale of Leven will become European Time Directive Incompatible, requiring cover from GPs both during the day and night. If adult acute beds come to GRH, then this would solve this problem.

Addictions Services

- Any development of the Addiction services should marry in with all other services, e.g. forensic, learning disability and general mental health and have appropriate staffing.

GP Cover

- Concerns about whether the GP cover can be increased and sustained in the long term.

GRH Services

- Concerns about the effects on services at GRH should the adult acute beds come to GRH – could add additional pressure to the service in view of the timescales involved and whether they are compatible with other changes proposed.

- Would the Vale of Leven patients be offered a stand-alone ward which would not then be part of the new GRH.

- Concerns about Vale of Leven patients also being subjected to "boarding out" as all patients are, which could take them even further from their homes.

7. **Medical Staff Association – Vale of Leven Hospital**

- A new analysis of data accumulated primarily in the prospective phase of the Lomond Integrated Care(LIC) Pilot has now been used to refine the scores. This analysis indicates that, by selecting approximately 20% of ambulance transfers, 90% of those ambulance patients that require ITU care would be included. This 20% can therefore be by-passed to RAH.

- Opinions amongst VOL consultants vary as to whether this triage process would represent adequate patient safety in the absence of on-site anaesthetic cover.

- The new triage tools arose as a response to a contingency situation and should be validated in a new patient population. They have arisen as an aid to clinical decision taking by physicians and have a narrow perspective in relation to the totality of patient care.

- The anaesthetic safety net should continue until any new model is shown to be operating safely and an adequate retrieval mechanism has been put in place.

- LIC data do not impinge on the question of whether the patients retained at VoL can be adequately managed by GPs. The daily input of a consultant physician ward round to advise GPs on management issues for their patients, along with a presence at ward level of GP trainees with acute medicine experience, should provide a safe level of care at this level.

- VoL consultants support the involvement of consultant physicians as proposed for the new structure and the current VoL physicians would anticipate that their posts would be included in the arrangements – some considerable concern as to whether the required additional colleagues to cover this can be identified at RAH.

- Support for the Vision amongst Medical Staff Association (MSA) members was highly qualified and by no means unanimous.

8. **Rev. I Miller, Hospital Chaplain**

- The Vision is not what the community wish to see. They have witnessed the systematic dismantling of a whole range of services over the past decade. The removal of emergency anaesthetic cover and its impact on unscheduled services was viewed as the last nail in the coffin.

- Has no great faith in those who drive these changes and has never been convinced that their motivation is always patient centred. NHSGG&C initial foray into interfacing with the public in this area was fairly disastrous.

- There have been changes. Meetings attended have in the main been well run and the approach of the "top table" has been at times both patient and personable – very tiny seeds of trust beginning to grow.

- Possible misplaced trust has again been shaken by the letter sent by the ten RAH physicians in which they condemn the Board's proposals as unsafe. These are the folk we were going to be relying on to help provide the quality service that the Board has promised Their comments were born out of anger and an obviously staggering lack of consultation has shaken my faith in the proposals and the faith of the community.

- The public deserve a public meeting to explain why such a divergence of views when we were led to believe that the main players were signed up for this.

- Where does it leave the public of West Dumbarton, confused, disturbed, shaken and unsure as to who to believe – whether the Health Board were duplicitous in keeping some information from us or inept at not getting some of the main players aligned.

- The letter of the RAH consultants is so completely damning that there seems no room at all for manoeuvre.

- I do think it's back to the drawing board. NHSGG&C has consistently quoted medical opinion at us to tell us the current service is safe. The Board cannot sweep the comments of the ten highly qualified and respected physicians under the carpet – re-think must now be imperative.

<u>Christie Ward</u>

- The community's voice is pretty well unanimous that the Christie Ward for acute mentally ill adult patients must be retained. We cannot get to grips with the argument on centring the service at Gartnavel and would urge the retention of acute mental health services at the Vale. If the Board decides to ignore local opinion and proceed with the Gartnavel option, patients from our area should not be admitted to hospitals where travel issues become an even greater problem.

<u>Stroke Patients</u>

- After speaking to the staff I understand that they do accept the evidence that acute stroke patients should be admitted to the Western or RAH but do feel that as soon as possible, such patients should be returned to Ward F for assessment, rehab and discharge planning.

- I am quite convinced that patients benefit immensely when they are able to receive regular visits in a familiar environment that is close to home.

<u>Transport</u>

- Transport issues have been raised so often and dismissed but it is a problem – try to get to the RAH by public transport from Dumbarton, the Vale or Helensburgh. The infrequent bus service is no answer. There are just no natural links except by car.

Ambulance Services

- At the Dumbarton consultation meeting we were promised an "enhanced ambulance service". We would hope that this "enhanced service" will be a reality and not an empty promise. If the GP supported scheme for unscheduled admissions does proceed then the GPs would hope for the establishment of a special retrieval service to take patients who had deteriorated quickly to the appropriate centre.

9. **Physicians of the Royal Alexandra Hospital, Paisley**

- The current vision for acute unscheduled medical care is seriously flawed – the key principle to provide "high quality and safe services" is not attainable in the proposed format. Professor Dodds' Vale of Leven Independent External Review concluded that the anaesthetic service was not viable at the VoL, but suggested 6 alternative models of care for unscheduled medical care – no evidence was provided for their conclusions.

Safety

- Do not believe it is safe to admit medical patients who require unscheduled care to a facility without full anaesthetic cover – the current proposed model is no safer than the Integrated Care Pilot.

Non CST medical staffing

- New consultants in acute medicine will have had at least 4 years rigorous, supervised training within hospital medicine – do not believe the GPs who will provide care at the Vale have the same training or skills to provide comparable care to consultant physician-led care.

- The Royal College of Physicians 2007 paper "Acute Medical Care – the right person in the right setting – first time" states that the clinical team in the acute medical unit should be consultant-led and recommends twice-daily consultant-led ward round/review of all patients 7 days per week.

Specialty care

- This type of care relies on a team of specialists. The proposed GP acute unit can never have committed specialty support and this is fundamental to the principle of high quality care.

Remote/Rural Hospital

- Review of Anaesthetic Services took the view that the Vale was not a rural and remote hospital. We cannot justify depriving a population with very significant health needs contemporary care in an appropriate setting at a nearby general hospital.

Equity of care

- Proposal runs counter to the premise of equity of care and indeed they are proposing a two-tiered standard of care. Vale patients will receive an inferior standard of care whilst residing within 15 to 45 minutes of a centre where more expert care can be provided.

Patient length of stay

- Fear that patient length of stay will be longer when less experienced clinicians are in charge of care. This will result in acute and chronic bed pressures at the Vale with knock-on effects for rehabilitation services and medical wards.

Continuity of care

- Concerned that the GP-led model will lack continuity of care and will represent sub-standard care and a clinical governance risk - likely outcome is that the visiting consultant will wish to transfer the patient to a more appropriate environment.

Recruitment and retention of both GPs and Consultants

- No indication of how many GPs will be required to staff the Vale nor do we know if sufficient posts can be filled - retention of these GPs will be problematic. Envisage similar problems recruiting to consultant physician posts at the RAH. The VoL vision suggests the future role of the physician in unscheduled medical care will be in providing a third-rate, unsatisfactory service fraught with clinical governance and inter-disciplinary problems.

- This vision, like other recent VoL reports, was commissioned and written in six weeks. There was minimal consultation with the physician body despite being heavily involved with the VoL problems over many years. What advice we gave was ignored.

- Professor Dodds' Vale of Leven Independent External Review was written by clinicians from Accident and Emergency and Intensive Care but no independent physician was involved. The report came to the conclusion that the anaesthetic service was not viable but that it might be possible to admit between 30 and 70% of medical admissions to the Vale. This was not in their initial remit and not surprisingly they produced only anecdotal evidence to say how this conclusion was reached.

- The vision's main emphasis is on the "safety" of patients. The bulk of the document concerns audits carried out often retrospectively with the use of a complicated scoring system. This scoring system is unique to the VoL and is as yet unproven and has not been subject to peer review. Accept that it might be possible to identify those patients who might die without critical care and to transfer them out of the VoL to a place of safety.

- The vision fails to take into consideration 25 years of advances in management of the acute medical patient and to understand what the modern physician does. It propagates a view of the care of medical patients that is 25 years out of date.

- The vision is flawed, unworkable in an urban setting and provides a two-tier service for patients from the VoL catchment. We fail to see how acute medical care will gain by removal, of anaesthetists, physicians and doctors in training and replacement by GPs who have not had the years of training required to carry out the job. We do not feel that this would be a service in which we would be proud to serve nor would we wish any of our relatives to be cared for under these circumstances.

- The most disappointing aspect of this vision is that no alternatives have been suggested. We can see many opportunities that would sustain the VoL but have had no opportunity to discuss these or influence the current vision.

10. Rheumatology Consultants Group at the Vale of Leven Hospital

- Currently there are a substantial number of patients from Alexandria, Dumbarton and Helensburgh who attend Rheumatology clinics predominately at Gartnavel General Hospital and at Inverclyde.

- A service offered to patients at the Vale of Leven should be at least as good as, and preferably better than, the service they currently receive.

- Patients attending hospitals in Greater Glasgow and Clyde, with an established Rheumatology service, have access to subspecialty clinics. This type of service on a small scale is unlikely to be practical and the specialist patients we believe should continue to travel in the Health Board area to receive subspecialty expertise and care.

- Those patients whose diagnosis and treatment plan can be delivered predominately by Allied Health Professionals would with the appropriate investment be viable at the Vale of Leven Hospital. Investment in staffing will be substantial – we recognise therefore to replicate the quality of service on other sites at the Vale of Leven would have substantial financial implications.

- Expect that there will be in offering satellite services additional consultant costs as well as those costs involved with multi-disciplinary support services.

- Informal discussions with patients who currently travel for Rheumatology services lead us to believe that there may be limited demand from patients currently attending in Greater Glasgow and Clyde.

- Believe that the provision of a local Rheumatology service for the patients served by the Vale of Leven Hospital would require substantial financial ongoing investment to make sure those who used the service would have equivalent opportunities to those in other parts of the board.

11. **Senior Nurse Staff – Vale of Leven Hospital**

- Concerns around the lack of information contained within the 'Vision' document relating to the emergency admission of patients - are by no means against a GP-led service based at the hospital but need to have considerably more information available. Our concerns are based on patient safety.

- What proposals for the development of ambulance services have been put forward? The SAS must physically have the resources to undertake this additional workload. Can the Board confirm that the SAS will fully implement and train their staff in the scoring system and that all the local GPs will commit to implementing this also.

- Once the patient has presented, concerns then focus on the availability of medical staff to assess, diagnose and prescribe treatment – what is the proposed staffing complement for Medical staff? What research or audit information has been used to determine these numbers? Concerns that there will be inadequate numbers of doctors to cover both the wards and the Medical Assessment Unit (MAU). What level of Consultant support will be available and from where? Physicians at RAH publicly stated that they will not work with the GPs within the model. How does the Board plan to address this?

- Can the Board indicate how Cardiology input will be given for these beds and services since there will be no Consultants on site?

- The final major concern - the patient who deteriorates rapidly and unexpectedly – a service with a greatly reduced medical complement, possibly Nursing staff upskilled but no retrieval team. This is totally unacceptable. Without the provision of a retrieval team, any patients who need urgent transfer are at the mercy of unavailable ambulances, no paramedic crews and because of the proposed limited services at the hospital, no staff available for escort putting the patient in even more danger – this is totally unsafe and should not occur.

- Despite our desire to maintain localised care for our community, we do not wish to be party to political pressures that result in a second class and potentially unsafe service. Patient safety and a safe service for the community is our main concern – we are more than happy to be consulted and to be active in investigating alternative care models if the above concerns dictate that the GP-led model should not be implemented.

12. **Ms S Steel**

- Delighted Audiology service identified for new Alexandria Medical Centre.
- Essential Audiology links with Acorn Paediatric Centre and Ear, Nose & Throat (ENT) service to provide a cohesive rather than a fragmented service.
- Excellent opportunity to make best use of existing Audiology resources.

13. **Stroke Multidisciplinary Team, Vale of Leven Hospital**

- Wish to express their concerns for the future of stroke services as laid out in The Vale Vision.
- As a well-established team of experienced stroke practitioners comprising physiotherapists, occupational therapists, speech and language therapists, nurses, stroke liaison nurse, stroke consultant, pharmacist, dietician, social worker and clinical psychologist – see the need for acute stroke patients to be admitted to the Western Infirmary or the RAH for their immediate care but feel that once the patient is medically fit, they should return to the Vale of Leven Stroke Unit for their ongoing assessment, rehabilitation and discharge planning, as is the practice in other areas (e.g. Drumchapel, Lightburn, Dunoon).
- Many stroke patients spend a considerable length of time in hospital, which places a burden on relatives, particularly if they are elderly and without transport. The journey from home to the RAH on a regular basis would be impossible, leading to increase carer stress. Depression is well documented after stroke but this can be lessened if patients are cared for in a familiar environment, close to home with regular visits from family and friends.
- Discharge planning, access to local services and continuity of care are more effective and timely when carried out in a local supportive setting.
- Hope and trust that the Board and Government will see the Stroke Unit at the Vale of Leven Hospital as 'Healthcare where the stroke survivor needs it, when he needs it, on his doorstep'.

14. **Dr A G Woodburn, GP**

- Cannot support the Vale Vision document.
- The traditional model of acute medical in-patient care places a consultant in full clinical charge until that patient is discharged.
- The Consultants at RAH have very forcibly disagreed with this GP model of care.
- The GP model suggests a shift system which will result in a lack of continued responsibility for patient care.
- GPs who will staff this service will have less input to their community commitment and will be split too many ways. Hospitals require clinical leadership as does general practice. Attempts to aspire to excellent practice in both seems daunting.
- The Vale is not an isolated rural hospital. Major General Hospitals are within reasonable reach.

- The Vale site should be developed and used for increased out-patient services, including CT scanning and endoscopy, palliative care and rehabilitation services.

- In-patient care is required infrequently but requires greater expertise and hence some travelling may be required.

GENERAL PUBLIC

1. **Mrs M Abercorn**

- Oppose removing anaesthetics cover from the Hospital – people need to be treated locally, and in no way is RAH Paisley 'local' (Clydebank much preferable).

- Similar need for local treatment in mental health beds needed, as well as community services.

- Fail to see why microbiology labs should be re-located.

2. **Mr A Begg**

- Consultation document did not end my uncertainty about the future of the hospital.

- Anaesthetic services – if the facility at the Vale is under-used then would it not be equally valid to transfer patients from the RAH to there, especially as the NHS Board does not see transportation as a problem. Anaesthetic patients from the Vale can be absorbed by the RAH but rather suggests that the facility at the RAH is also currently under-used.

- Transport and access – a very worrying section of the paper – emergency patients, including those that are seriously unwell, are currently forced to travel the extra distance from the Vale to the RAH and the NHS Board seeks to justify this arrangement by saying in effect "we have got away with it so far so it must be all right" – the argument would never be accepted in any proper safety assessment; the NHS Board is making the most sick patients travel the greatest distance.

- Ambulance Service will require a resource base which is sufficiently developed – there is no indication as to what extra resources are required and whether that funding will be provided.

- Real question is whether patients would be better of attending a fully equipped local hospital or being forced to travel an extra 20 or more miles over busy roads and a bridge subject to closure.

- NHS Board seem to be set on removing vital facilities and obscuring this by statistics and vagueness – asks for the Board to remove no more services from the Vale and return A&E services as soon as practical.

3. **Ms M Black**

- Not sure if she agrees with the Vision or not.

- Has relatives who live in Arrochar and the Royal Alexandra Hospital is too far away to be reached in time to save people in areas like Arrochar – they can only make it to the Vale in time to be saved.

4. **Rev. F Booth**

- The perception of staff is that the Vale is being phased into a hospital for the elderly people – my visits to general wards confirm this perception.

- The Vale's medical services should once again retain that comprehensive coverage which such a widespread catchment area requires. To remove expert anaesthetic provision and possibly relocate its critically-needed Christie Ward, has left many of us wondering whether the Vale has a future.

- Urges restoration of the Vale to once again being there for accidents and emergencies, for acute and long term mental health care, and for general surgery.

5. **Mr G Bradburn**

- Very happy - Vale stays open

- People want services locally

- Would prefer refurbishment of Vale Mental Health Unit – Gartnavel is too far

6. **Mr W Brown**

- The Vale Vision is very good – request more car parking areas.

7. **Ms A Cameron**

- Unhappy that the services proposed will not be extended to provide full A&E cover – going to the Royal Alexandra Hospital in Paisley only adds to a stressful situation.

- Limited services outlined in the consultation document do not constitute a comprehensive service.

- Paisley is far too far away especially by public transport – a comprehensive level of service should be provided at the Vale of Leven

- Urological day surgery is listed as being carried out at the Vale but having to go to Paisley for a cystoscopy – would have preferred this being carried out at the Vale.

8. **Mr P Charnley**

- Welcomes the proposal to bring new services to the Vale but has difficulty in believing that no adverse clinical outcomes have been identified from the closure of the Erskine Bridge or local roads.

- It is a geographical absurdity to have the main A&E services for much of West Dunbartonshire, including some fairly isolated rural areas, situated in Renfrewshire. If the Vale of Leven and its catchment is to be deprived of its own A&E services a better alternative to travelling to Paisley would be the Western Infirmary or Gartnavel General which are much more accessible by public transport (rail and road) to the residents of Dumbarton and the Vale.

9. **Mr C Charters**

- Supports the refurbishment of accommodation for in-patient mental health services at the Vale of Leven.

10. **Ms U Craig**

- Essential that mental health services are as close to the community they serve as possible.
- Best option would be refurbished accommodation at the Vale of Leven – as long as it was adequately staffed by psychiatrists, psychiatric nursing staff and ancillary support staff.
- Consultation document does not specify what type of hospital Vale of Leven will be.
- Preference is for Consultant-led services from Vale of Leven Hospital with anaesthetic out of hours services.
- Glasgow hospitals have Consultants, they could be rotated to Vale of Leven Hospital where they will get experience of patients from a more rural setting so increasing their understanding and skills. The more category of patients sent to RAH the less skills will be gained from VoL. This is a pattern of downward spiralling.
- The model of GP-led out of hours services for unscheduled medical care is an interesting but poor second choice. I understand that GPs will be upskilled. Consultant-led unscheduled medical care is the only option I want considered.
- Mental health services must be retained at VoL and extended to include teenagers therefore more beds would be required.
- It is good that a new Alexandria Medical Centre and Care Home is planned to be built in the grounds of the VoL.
- The situation at present with regard to public transport links between the community served by VoL and RAH is appalling. If the VoL has Consultant-led services 24/7 then public transport would not be an issue and indeed the cost of the ambulance service could be reduced as well as lives saved.
- I hope this area is listened to and that the Health Board is not undertaking an expensive consultatiuon exercise where the outcome is pre-determined.
- I want VoL Hospital to be upgraded to provide 24/7 Consultant with anaesthetics services available.

11. **Mr M Currie**

- Pleased to see rheumatology department at the Vale.
- Want as many services at the Vale of Leven Hospital as possible.
- Mental health services as much as possible should be at the Vale.

12. **Mr R Darroch**

- Ten years of debate and uncertainty about the hospital's future – too much.

- Recent visit to the hospital reminded him of being bombed during the Clydebank Blitz – damaged and boarded up buildings.

- Ten years of neglect, ten years of blind vision – now blurred vision.

- For the elderly to visit relatives at the Royal Alexandra Hospital using public transport, they would be away from home for seven hours.

- Costed a low income couple going to visit the Southern General Hospital - £23 return - £644 over a month.

- During visits, impressed by the cheery and helpful healing and administrative staff – dedicated staff - patients, relatives and visitors deserve better.

- The Vision for the hospital should be one which is able to care for an heal all patients; ready to deal with increases in the future and end patients going to hospitals miles away and end visitors' expenses for that travel.

- Having been in traffic tailback from the Milton Junction to the Abbotsford Hotel on Great Western Road and on the low road to the Co-op shop at Dumbarton East traffic lights, ambulances arriving at the end of a tailback would be delayed.

- Who in their right mind would apply to leave a modern hospital to go to the derelict, depressing, damaged Vale of Leven Hospital?

- I have seen houses being built near Dumbarton East station at the Diamond Power site in Renton, Jamestown, Balloch, Cardross, Helensburgh, Roseneath, Kilcreggan at The Haldane's, Dalreoch and at the Faslane Naval Base – the people's vision is an end to treatment in any hospitals miles away replaced by one hospital for all.

13. **Mr A Day**

- Found the document well presented and easy to follow.

- Generally accepts the conclusions but the lack of A&E is worrying - on two previous occasions was referred on to the Western and RAH – condition worsened due to enforced journey and the subsequent two hours plus waiting time.

14. **Mr D Day**

- Recent experience as an emergency patient where following assessment at the Vale was immediately transferred to the Royal Alexandra Hospital in Paisley – cannot praise staff enough in both locations, especially the nurses. Ambulance transfer went smoothly.

- Concern was for his wife, as a non-driver, having to rely on public transport or friends to visit him in Paisley. The shuttle bus was running and the fare was reasonable but he was anxious of his wife being dropped off alone in the dark and getting home.

- One of the reasons for choosing to live in Alexandria was the excellent hospital facility on the doorstep: now alarmed and disgusted with the constant cutting of services. If the population was decreasing then more of a case for rationalisation but new building is going on and the population is increasing – simply defies logic.

- Transport is difficult – the A82 is very busy, all the flashing blue lights in the world will make no difference in gridlock; Erskine Bridge is occasionally closed due to weather or maintenance and the NHS Board must have factored in the possibility of deaths in transit.

- The care should be available locally – this is a substantial community. The Vale must survive – the format you suggest is better than nothing but full restoration will always be on the agenda of a population who have used the services for so long.

15. **Mr B Dougan**

- It was my understanding that elective surgery was to continue with appropriate anaesthetic cover provided by RAH – sadly disillusioned to find that this would appear not to be true.

- Cancellation of recent operation suggests that the elective surgery element is being eroded due to lack of anaesthetist cover.

- All these promises look good on paper but the reality falls far short of local public expectations. Action by the RAH anaesthetists is a stitch up to further their argument, i.e. that they cannot, or will not, support the Vale of Leven Hospital

- We in the Dunbartonshire area are not being served well by the Greater Glasgow and Clyde NHS.

16. **Mrs N Ferguson**

- Glad to see that services will be maintained and, in some cases, expanded.

- Would have been very traumatic to go for recent treatment to the Royal Alexandra Hospital in Paisley.

- Out-patient and Oncology services are vital for the area and must be maintained.

- Greater local asset must not be lost – real feeling of the staff working as a team and creates a family atmosphere.

17. **Mr R Findlay**

- Like all you write. All strength to your elbow!

18. **Mr I Fisher**

- NHSGG&C and their predecessors have badly let down and misled those who use the Vale of Leven Hospital – years of under-funding and mismanagement have had a negative effect on both patients and staff.

- The proposal to reduce in-patient mental health beds from 18 down to 12 is just ridiculous – it should be an increase, not a reduction. The Vale of Leven facility must be retained and upgraded – any transfer to Gartnavel would not enable visiting – it is too far away and simply not practical or sensible.

- The more journeys and longer the journeys the more pollution and global warming – where possible, services must be retained at the Vale of Leven.

19. **Mr E Fraser**

- Do not believe that there is enough ambulance cover to this area as the cover is regularly at full stretch transporting emergency patients across every day leaving the area with no cover – how many people lose their lives in the journey from the Vale/Dumbarton area to the RAH? Is there a contingency plan for the closure of the Erskine Bridge?

- The public transport solution was nothing but a joke – do you know how long it would take to get there? Try it and see if you would do it.

20. **Mr G S Freeman**

- There is no criticism of the consultation process which has been open and transparent and has allowed any individual or organisation the opportunity to input to the process.

- It is essential that details relating to the future of the VoLH are confirmed as soon as possible so as to reassure the public and staff over the long term commitment to the future of the VoLH.

- The proposal to remove anaesthetic cover is not supported. I see no reason why anaesthetics cannot continue to be delivered 24 hours a day, 7 days a week using a rota system.

- Those who do not have their own transport have difficulties in travelling to the VoLH. A 10 minute appointment at the RAH can take an individual away from their home for most of the day. This is unacceptable and the number of people experiencing these problems will increase if the proposals within the Vision document are accepted. One of the issues that would required to be addressed is the public transport services from the Helensburgh & Lomond area communities (Rhu, Garelochhead, Rosneath, Clynder, Kilcreggan, Cove, Portincaple, Luss, Arrochar and Tarbet) to the VoL and the RAH.

- Studies I have carried out on the response times by the Scottish Ambulance Services (SAS) to the rural communities confirm that the SAS are failing by very wide margins to achieve the required targets set down for that service. If the proposals are accepted, these should only be implemented when the resources have been put in place to ensure that the SAS targets are achieved.

- Mental health services should continue to be delivered from the VoLH. Any suggestion that the Christie Ward should be closed is rejected. The quality of the patients' care and their prospects for recovery will be reduced greatly if they are to be moved from their local environment to Gartnavel Hospital in Glasgow.

- GP led service with consultant support is not supported. This could be seen as a second rate service – with patient choice, they will decide to be treated at a hospital with full time consultant cover rather than choosing to be treated under the proposed GP led service at the VoLH. This could result in much reduced patient numbers at the VoL which could eventually lead to the VoLH "withering on the vine". The views of the 10 Consultant Physicians at the RAH on the Vision raise serious concerns.

21. **Ms C Gibson**

- Concerned that NHSGG&C appear to view the future of the hospital as more of a cottage hospital rather than a general hospital.

- Therefore we need anaesthetic services – doctors and nurses want to expand their knowledge and skills to enable them to be involved with more complex and challenging cases – this won't happen if the hospital is mainly for minor injuries/surgery/out-patient clinics.

- Purpose-built health and social centre – local community have been hearing for a number of years about these plans – a start date and a completion date would be an advantage.

- Mental health services for 18 – 65 should be provided within local area to have the support from family and friends and access to mental health staff with rehabilitation/accessing local services and amenities.

- Refurbished accommodation within the Vale Hospital site would be the best option.

- Intensive rehabilitation accommodation for mental health service users would also be of great benefit as there appears to be a lack of provision for intensive rehabilitation and supported accommodation for younger age males and females within mental health services.

- Concerned that more and more people from the Vale area being taken to the Royal Alexandra Hospital and negative experiences of users using this hospital would be exacerbated – it would highlight the pressure the staff are working under and the volume of patients they are receiving

- Travelling would be another issue especially having to travel to Paisley on a regular basis.

- I hope investment at the Vale, expansion of services and attracting more clinical staff to apply for jobs will allow local people to access more health service provision within their local hospital.

22. **Ms E Glendinning**

- Pleased to read about the proposed rheumatology services at the Vale. Lives in Helensburgh - much more convenient to go to the Vale.

- Very reassured by the high standard of care that I have received in Scotland and hopes this would not be compromised in any way.

- Do you plan to appoint more medical staff for this initiative?

23. **Ms F Hall**

- Has lived locally and worked at the Vale and has witnessed the long-term under-funding of the Vale of Leven Hospital. The hospital was thrown into bed with the two hospitals south of the river and is now suffering because of their huge deficit. It has been heart-breaking to watch Argyll and Clyde and now NHSGGC try to force an artificial bond between Alexandria and Paisley – there is a very large river between us not to mention the memories of injustice. It has always been a one-sided relationship – they refuse to help us with zero physician or anaesthetist cover.

- We were proud of our very low MRSA levels. We met daily in the doctors' coffee room – it is inconceivable that the Clostridium difficile (C.diff) outbreak would not have been picked up when this communication was in place. There is now no consultant microbiologist and many senior medical and laboratory staff travel to RAH with no time for hospital meetings at the Vale of Leven.

- Suggests closing RAH when the new Southern General Hospital (SGH) is built. Patients could be split between Golden Jubilee, SGH and Inverclyde – none would have to travel more than a couple of miles. Money saved could be used for the appointment of 4 staff grade anaesthetists at the Vale of Leven and 4 staff grade physicians to cover the hospital.

- We need a sustainable, safe hospital for our population. Someone needs to manage consultants – they got a huge pay rise under their new contract, what was it for?

24. **Mr D Henderson**

- Appalled at the lack of an A&E facility at the Vale – it serves a large part of Argyll – previously it was a problem getting emergency cases to the Vale within the 'Golden Hour', now virtually impossible. Please reinstate A&E cover at the Vale.

25. **Mr J Izatt**

- It is encouraging to read about services being retained and (re)introduced at the Vale and this is to be welcomed.

- Due to 10 years of neglect and lack of investment at the Vale, you continue to fail to achieve the NHS mission of providing a top quality service at the point of need. The Board's proposal is to continue to provide a second class service at the Vale or a remote service at RAH which should come with a health warning viz "attending these hospitals can seriously damage your health".

- Sickness or injury should attract care, sympathy and assistance, the Board offers anxiety and inconvenience – is it right that there is no 'Golden Hour' for peninsula dwellers and is it right that people from Cove using public transport have to spend a fortune and be away from home for seven hours to spend one hour at the RAH?

- If the Board were a private business and people could opt out of paying for our service, is quite sure we would have gone out of business years ago.

26. **Dr P Johnson**

- With regard to the Board's intention to transfer Stroke Rehabilitation Services to the Royal Alexandra Hospital, the excellent rehabilitation provided by the team of physiotherapists and occupational therapists is not dependent on 'high-tech' equipment, diagnostic or laboratory staffing. Day to day physical management does not require the input of specialised consultants or nursing staff.

- My impression is that the unit is busy and by no means under-used. The patients receiving the benefits are naturally of an older age group and the transfer to Paisley would considerable inconvenience and increased travelling time often for a long rehabilitation.

- Cannot understand the rationale in the transfer of a low-tech, well run and well used service to the high-tech district general hospital.

27. **Ms J M Kilpatrick**

- Helensburgh and areas need a local hospital, A&E, medical anaesthetists and maternity.

- Paisley is too far to travel – can't cope with extra appointment time.

- Ridiculous that someone from Lochgilphead/Oban has to travel all the way to VoL or Paisley.

- Do everything possible to keep the Vale of Leven open.

28. **Mr/s Klaus**

- Unscheduled Emergency Care – do not agree.

29. **Mr & Mrs D E Leckie**

- Concern is continuing and increased use of the RAH in Paisley – this is geographically unsuitable.

- Public transport across to Paisley – seven hours on the round trip – is this acceptable?

- Proposed out-of-hours GP-led service is an untried system. What is the plan if it proves to be inadequate?

- No label of definition for the VoL Hospital, therefore, there is no guarantee of what services can be required of it.

- Welcome the proposed additional services in planned care: however, the new Medical Centre and Care Home will benefit only residents of the Alexandria area.

- Please consider the implications for the existing staff of the Vale of Leven Hospital.

30. **Mrs K Liston**

- Only too well aware of the tremendous amount of work behind the vision.

- Any contacts with the hospital have produced only grateful feelings of praise.

- Very said to see how the Vale was being treated – such a terrible waste.

- Most encouraging to learn of the rescue package – new planned services sound excellent – less travelling to Paisley; pity the retention of the Vale with the size of population is not possible.

- Mental health services – refurbished accommodation at the Vale is preferable to new purpose-built accommodation at Gartnavel Royal – difficulties with driving on Great Western Road and difficulties parking.

- Appreciation to all those working hard behind the scenes – terrible, ridiculous waste to downgrade the Vale.

31. **Ms C Macdonald**

- When will work start on the new purpose-built Health and Social Care Centre – when can we start using it at the Vale of Leven Hospital.

32. **Ms V McIntyre**

- Would just like to thank the army of people who fought to save the Vale.

- Salvation is not quite complete but we have come a long way.

33. **Mr R MacKay**

- The proposals seem to be a well thought out response to concerns expressed at previous public meeting.

- Family have used the services at the Vale many times – we are comfortable at the Vale, we know where we are – to travel elsewhere would add to the stress of an already stressful situation.

- Cost of travelling to Paisley would be increased substantially.

- Fully supports the decision to retain the Vale and very much hopes that the plans for the Vale will be implemented in full.

34. **Mrs M McGowan**

- It is wonderful to be able to use the Vale of Leven Hospital having had nothing but wonderful care and attention – long may the Vale of Leven Hospital continue for years to come.

35. **Mr J Mair**

- The Board's proposals for the Vale may have some merit from a purely medical point of view, they fail to take account of the larger picture and they don't provide an adequate service for the people of Helensburgh. Access to that care has been so poorly planned that it would still be unacceptable.

- Transport is a problem – coming from Helensburgh, there is no easy, direct access to the Royal Alexandra Hospital in Paisley. Residents of Helensburgh want to keep the Vale because it can be reached fairly easily by car although for worried, anxious, often elderly patients, relatives or visitors, the mere thought of having to find the way to the Royal Alexandra Hospital is a nightmare. A short journey is preferable to the marathon of trying to find their way through traffic on unfamiliar roads to the RAH. The bus service to the RAH from Helensburgh is even more inconvenient than going by car. It doesn't even pick up passengers from Helensburgh. The old, the sick, the worried would have to find their way to Dumbarton and hope that they will be picked up there. The only satisfactory alternative is for a bus to pick up patients and visitors at an agreed time from their own doorstep and then return them to their own homes. The service must be frequent, utterly reliable and the journey time short. Paislay is the problem not the solution.

- The only hospital which can be easily accessed by public transport from Helensburgh is Gartnavel. If they can't go the Vale, it's Gartnavel, not the RAH Paisley, to which Helensburgh patients should be sent. If the Vale could be restored to being a good, safe hospital, it would be the choice of most Helensburgh car owners.

- Cobbled together, solutions involving other bodies such as STP and the volunatary sector aren't robust enough to be worth even considering.

- There is a viable alternative – why not bring the hospital to the patients? There is plenty of space on the Vale site to expand the hospital to full acute status: to provide A&E and a range of specialties to complement Gartnavel. Patients from the Gartnavel catchment area would have easy access to the Vale by road and there is even a good rail link should that be needed.

36. **Mrs A Marshall**

- The proposals for the Vale of Leven Hospital are necessary – key roads/routes can be closed because of accidents.

- Anyone living beyond Old Kilpatrick and Argyll – for them keep the Vale of Leven open – make it a Gartnavel or even better.

37. **Mr G Martin**

- Anything which prevents patients having to travel to Paisley is most welcome.

- If the Vale needs to transfer patients – it is much easier for them to get to the Western Infirmary than travel to Paisley by public transport.

38. **Ms I Martin**

- Medical services to stay and improve at the Vale – believes that Peninsular residents are more vulnerable than in remoter parts of Argyll because of accessibility by ambulance and helicopter.

Psychiatric Wards

- Beds have been over-stretched in Gartnavel so adolescents have been admitted to the A&B Hospital and the Vale where they have received exceptional care and support.

- Reduction of the Christie Ward capacity will add to the pressure with these patients increasingly being sent to Dundee or even England.

- Recovery is directly influenced by accessibility to appropriate families and friends and Gartnavel will not be able to meet demands.

- Out-patient service to these young people is also located at the Vale of Leven and provides an effective and flexible accessible service.

- Young patients value accessibility to services – there is a growing incidence of acute and chronic mental health problems amongst the younger population so the Vale of Leven is crucial for them.

39. **Mr D Mayer**

- Vale essential for life saving treatment.

- Do what it takes to find a viable service.

- Everyone must realise Paisley offers a second degree service due to its distance and inaccessible location.

40. **Mr J Merton**

- If the Dental Surgery at the Joint Hospital were to close it would be more than a tragic loss.

- Here, already created is a Drug and Alcohol Addiction Service combined with a great dental service which could be housed in empty buildings in the grounds of the Joint Hospital.

- The area of Dumbarton and the Vale of Leven is just too large to have only one Dental unit.

- Please keep this Dental and Drug Addiction Unit open.

41. **Mr & Mrs J Miller**

- Agree with Jackie Baillie's "Sustaining Emergency Services at the Vale of Leven Hospital" motion in Holyrood.

- The hospital should have a consultant-led accident and emergency unit. Oppose the proposal to remove anaesthetics cover from the medical assessment unit.

- Support proposals for investment in a new adult acute mental health unit and the retention of the Christie Ward and for the microbiology labs to be saved.

42. **Ms E Montgomery**

- The route taken by ambulance transport goes through heavily populated areas with several pedestrian crossings and the high potential for accidents to happen.

- Alternative route described; difference between the two routes is approximately one mile and it is only a matter of time before the current practice causes an accident.

43. **Mr J Morton**

- Staff and services are the best I have had the pleasure to be involved with – especially staff on Ward 5, porters, CT Department and X-Ray Department

- Hope that with all financially influenced proposed changes that the services and staff do not change.

44. **Mr A Muir**

- Strongly in favour of transferring Christie Ward to Gartnavel Royal – this puts the patients' needs first.

- Facilities are arguably far superior at Gartnavel – give them the best, give them Gartnavel.

- I think the Vale of Leven Hospital is a very uncaring place – the Christie Ward is even more uncaring. They have no respect at all for human rights.

45. **Ms J Mustarde**

- Cannot praise the staff at the hospital enough – feel sad that they have had so much uncertainty hanging over them.

- Pleased that the Vale is not going to be closed.

- Concerned, however, that it is being turned into mainly an out-patient hospital – although it is good these services are being kept local rather than having to travel to Glasgow or Paisley.

- Maternity service along with a Consultant theatre team and special care baby unit should be reinstated at the Vale.

- With the A82 and A83 listed among the worst roads in Scotland – it is appalling that those in need of A&E services are taken to Paisley.

- Return A&E services to the Vale – it seems mad that the nearest A&E services for many in Argyll to Campbeltown have to travel to Paisley for treatment.

- Saving lives and patient care should be at the top of the list – the Vale does this in abundance and is a facility with potential, not one to be turned into a local clinic.

46. **Mr C Narrainen**

- Proposals for unscheduled emergency care – not sure whether agrees with proposals or not.

47. **Mr J Newcome**

- Commonsense dictates that coronary care should be in the heart of the community. Heart attack victims having to travel to Paisley is crazy.
- Maternity services should also be localised.
- Travelling adds to the time taken and is unfair on older visitors already worried about their relatives.
- The consultation document has now raised people's expectations - the proposals should be put into practice as soon as possible.
- If services cannot be provided at the Vale, then the Jubilee should be expanded to meet the need for coronary care, maternity care or emergency treatment.

48. **Mr and Mrs E Nichol**

- Support the "Refurbished accommodation at the Vale of Leven Hospital" option as set out in the Vale Vision.
- The Vale is very convenient for both patient and relatives – the patient is used to the staff and procedures in the ward.
- The patient knows that is relatively easy to contact staff for assistance or request admittance.
- The patient can easily get to the Vale using local transport.
- Keep mental health services in the local community.

49. **Mr and Mrs I Nicolson**

- We ask you to look favourably on:

    1. continuing all current services and departments at the Vale of Leven Hospital;
    2. expanding existing services;
    3. bringing in new services.

- Everyone on the Rosneath Peninsular is extremely worried about the time it takes to get to the Royal Alexandra in Paisley.
- Going by car is not an option for many people and for old people who do drive, the journey is long and complex.
- Going by public transport involves four different buses each way.
- Thank you and your team for all your work on behalf of the NHS.

50. **Mr S Noble**

- A nonsense that people living on the north bank of the Clyde should be expected to go to Paisley for some of their medical treatment.

- If any services at the Vale are to be reduced the replacement must be located on the north bank of the Clyde – these hospitals may not currently have the capacity but plans should be drawn up to ensure that the capacity is there. The Vale Vision should be talking about a gradual elimination of the need to go to Paisley but fails to do this.

- Transport and access – better practice to have addressed the issue of whether better medical outcomes could be achieved by sending patients to hospitals on the north bank of the Clyde – providers of health care should be looking for improvements at all times rather than just arguing that things have not got worse.

- Rehabilitation and services for older people – no different from the age structure for the rest of the Scottish population therefore hard to understand how a reduction in the number of rehabilitation beds is likely to contribute to an improved service in the face of an ageing population.

51. **Mr and Mrs O'Donnell**

- Dismayed to see that a proposal to remove stroke patients in the future to either the RAH or the Western Infirmary is at odds with the provision of rehabilitation which should be delivered as close to patients' homes and families as possible.

- Visiting has a beneficial effect on condition – knows the staff as they live locally. If change were to go through this could have a profound effect on the rehabilitation of patients and increase the anxiety of families who could not visit when they wanted.

- This service should not be changed.

52. **Mr A Paterson**

- Transport and access – ambulance service has not identified any adverse clinical outcomes as the result of transferring these patients – the statement is curious – how did they assess this alleged fact and adverse clinical outcome is open to various degrees of interpretation.

- The Vale facilities have been steadily run down over the last decade – the Vale Vision highlights a slight increase in expected patient episodes but there would still be a lot of transfers and other journeys required to the RAH and elsewhere.

53. **Ms M Paxton**

- Wish the NHS Board well in setting out the plans to achieve high quality care locally.

- Recent experience of a relative in the Vale of Leven with concerns about the treatment – if the local care provided is not of the highest standard, it is not worth having.

54. **Mrs Phillips**

- Essential that there is a local emergency service available this side of the water. The Health Board do not realise just how much of a worry this is for many people, especially older people - they have to travel to Paisley for Alexandria Hospital.

Dental

- The dental proposals are not really helping those people who have difficulty accessing dental treatment – namely, homeless, drug/alcohol addiction, learning disability, mental health and geriatrics.

- With these new dental proposals also would come the closure of the dental clinic in Dumbarton Joint Hospital and Dumbarton Health Centre Clinic (Dental).

- What a shame that this dental clinic would no longer exist.

- I really think closing the dental community clinics in Dumbarton is a truly bad decision.

- Pray that GGHB do not close these special dental surgeries in Dumbarton – there are already empty buildings lying at the Joint Hospital.

55. **Mr A Potter**

- Does not like the way the information is presented showing examples of how the proposed changes affect different patients – new services in yellow in both Unplanned Care and Planned Care but do not use the same rule, for example, if no change.

- Records his objection to the proposed reduction of between 20% to 30% in Unscheduled Care Service.

56. **Mr D Price**

- Support the NHS Board's proposals – recognise the increasingly sophisticated medical treatment, and the need to focus increasingly stretched resources in the appropriate centres of excellence.

- Considers the hygiene levels at the Vale to be deplorable – either due to overworked staff or institutionalised hierarchical mindset of 'it's not my job'.

- The NHS Board is very wise to move more acute cases to A&E in Paisley.

- Diagnostic tests – strongly supports the NHS Board's proposals to invest in and extend these services.

- The extra risk involved in transporting emergency patients to Paisley is probably exaggerated: sympathise, however, with transport difficulties that patients, relatives and friends have in visiting patients in Paisley – welcomes the transport initiatives the NHS Board are taking to alleviate this problem for visitors.

- Wishes the NHS Board success with its balanced proposals.

57. **Mr I Reynard**

- As many services as possible should be provided by the Vale of Leven which has a substantial population to serve but any that can't, should be provided by a hospital in Glasgow.

- It is impractical for many patients, and ambulances, to travel to the south side of the Clyde as there is no regular public transport service and no alternate route to the A814 at Milton.

- Where sophisticated medical services can only be provided at a few centres, these should only be done at hospitals which are convenient to public transport.

- Urge you to take a long term broad view of the issues involved, rather than concentrating on the medical issues alone.

58. **Ms S Rio**

- Would like to see services stay at the Vale – relative was a patient in Fruin Ward. Care received by dedicated staff was fantastic – important for patients to stay local during very difficult times for them and their families.

59. **Ms S Russell**

- Vision makes sense and it is clear a lot of thought and planning has been directed as to how best to deliver services.

- Mental health services – proposal to transfer continuing care beds for the elderly mental health patients from Dumbarton Joint Hospital to Vale of Leven – care for these patients is best delivered in an environment which is as close to a home setting as possible, with easy access to gardens, to therapeutic facilities for maintaining skills and activities and also in a layout which allows for free and safe movement of patients. Do not believe that a hospital setting can provide these facilities adequately.

- Fruin Ward – difficult to provide a therapeutic environment in what is essentially a traditional ward with no access to kitchen or garden.

- Service at Ardmore, while not ideal, would be better than what would be provided at the Vale of Leven without considerable cost implications. Moving continuing care beds into a hospital setting is a backward step and not in the interests of patients.

60. **Mrs A Speed**

- Mental Health Services – should be retained at the Vale – better chance of recovery if patients treated in their own area; visiting by relatives and friends is much easier. Any transfer to Gartnavel or elsewhere would be unacceptable.

- Reported that there is a shortage of anaesthetists – if this is so, and if this is the reason for proposing to discontinue cover at the Vale, then the Board should recruit more, spending more money if necessary. If this is medically necessary, this should be done at Gartnavel, the Western or Clydebank – all of which are more accessible from Helensburgh than Paisley.

- Many patients and their families live outside the immediate area of Alexandria – many already have to travel considerable distances to the Vale – to travel to Paisley is extremely difficult and problematical.

- There is no public transport from Helensburgh – as we get older car journeys become more difficult – it would be comparatively easy for us to take the much shorter and more convenient journey by train from Helensburgh to Gartnavel. Paisley can easily be made impossible by the closure of the Erskine Bridge and Clyde Tunnel.

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62. **Tom and Jess**

- Preference for refurbished accommodation in the Vale of Leven as opposed to Gartnavel Royal.

63. **Dr P Trust**

- Consensus document from the local GP community reflects my professional views – am fully supportive of the proposed model although it was never my vision to have a GP-led hospital.

- Secretary of State for Health has been assured of the current safety of the model – have heard no pronouncement from the Medical Director supporting the proposed model.

- With three recent special learning events and a detailed explanation of the triage scoring system, a majority of GPs are now happy with the proposed vision.

- Essential that a walk-in service is maintained thus avoiding delays in obtaining treatment.

64. **Mrs B Vogt**

- RAH administration has horrified me. Patient records mislaid, appointments not being made and operations not scheduled. At the Vale of Leven the appointment system has worked like clockwork. The pressure on the RAH is palpable. It is hanging in there on a thread. How the medical staff cope with this administrative chaos amazes me.

- At the RAH A&E a ceiling panel had been dislodged. Three weeks later at the same cubicle the same panel was still sitting on the floor – who maintains your buildings?

- The flush in the toilet in both A&E and in the public space is via a pull string – I thought pull strings had gone out years ago. The ward bathroom had no hooks for dressing gowns or towels.

- The access route to the RAH is via one narrow road – it gets completely corked at times. The access to the car park was blocked, people waiting to park blocked the access to the hospital.

- Maintaining and improving the services at the Vale of Leven is vital.

- The promotion of the RAH was a great mistake. Glasgow hospitals with strategic positions and space to expand are targeted for specialised treatment.

- 24-hour anaesthetic cover – can anyone explain to me why 24 hour cover is not a possibility. All we need is rotation and "limited experience" will no longer be a problem.

- The 10 RAH consultants say that they can see many opportunities that would sustain the Vale of Leven, but have had no opportunity to discuss these or influence the current vision. This is the time for the Executive to start consulting with the professionals.

- We want a sensible, functional, accessible service that takes our medical needs seriously.

65. **Mr K White**

- Unscheduled emergency care – not sure if he supports this or not.

- Proposals appear to be pragmatic and sensible but concerns over the increased provision of planned care – particularly surgical services, cancer care and diagnostics at the Vale.

- The best possible outcomes for patients can only be delivered by highly experienced, often inter-disciplinary, teams with full access to the latest technology and equipment – are the NHS Board certain that if their proposals are adopted, all patients receiving "planned care" at the Vale will receive treatment that will result in outcomes as good as those that could be expected if they were diagnosed and treated at the Royal Alexandra in Paisley.

- Main concern is to ensure the maximisation of the probability of successful diagnosis and treatment – the location of the hospital providing the service is a secondary issue. Primary test for increasing or even maintaining services at the Vale should be whether or not the NHS Board is certain the outcome in terms of successful diagnosis and treatment will not be inferior to those at the Royal Alexandra.

66. **Mr & Mrs J Williams**

- Extremely impressed by the work which is being done in the hospital currently, i.e. new wash-hand basins, sinks, kitchens and presume that the actual fabric of the building will at last be attended to.

- As pensioners, having to travel to Paisley is one of our biggest worries. Travelling to Glasgow is not such a worry but keeping and improving the Vale's services is the obvious answer.

- Our dream is a new fully functioning General Hospital with an A&E department.

- We require, expect and demand our health service as local as possible and as specialist as necessary.

- The public participation meetings organised by NHSGG&C appeared to be box ticking exercises only and attention should be focused on the public support, petitions, campaigning and the fact that 18,000 people marched in the protest rally.

67. **Ms R M D…..-Woolley**

- Great news for young mothers – I go to Gartnavel so have no complaints.

68. **Mr A Young**

- Paisley is not a suitable site for A&E and unplanned treatment – should be Gartnavel and the Western.
- Insufficient information.
- More use should be made of Golden Jubilee.

69. **Anon - 1**

- The Dental Vision is the one area that concerns me greatly – with this will come the closure of several other dental community units in Dumbarton, namely, the Dumbarton Joint Dental Unit and Dumbarton Health Centre Dental Surgery. They have a fantastic dental service which helps the drug and alcohol addiction services covering Dumbarton, Alexandria and Clydebank.
- It would be unforgivable if this service was withdrawn or worse, ceased to exist.
- As part of the "Student Out-reach", students can only be allowed to treat certain categories of patients and a limited number per day.
- Sedation for anxious patients - but patients who will be offered this service already attend dental practitioners/community service.
- There is mention of creating a new Endodontic, Conservation and Orthodontic Clinic for patients who already attend an outside dentist. There will not be many, if any, surgeries left to treat the following category of patients whom the very community dental should be treating in the first place – drug/alcohol addiction, learning disability/homeless.
- It would be of great benefit to local communities in Dumbarton and Alexandria to have one dental unit (be that in the Vale) but also another smaller dental unit in Dumbarton. There are plenty of empty units in Dumbarton Joint Hospital which could be used for this purpose.
- It is time people opened up their eyes to what is happening in Dumbarton – are these "extra posher dental services" really required? The reason for a community/salaried dental service is to reach those who cannot, or have problems, be that through drug/alcohol addiction, disabilities, mental health, homeless or our aging population.
- Please look into the Vale Dental Vision a bit closer.

70. **Anon – 2**

- The government has a duty of care. The argument that anaesthetic cover is not required in this hospital is wrong, in that if it saves a single life in any one year then it has a reason to be there.
- Would be interested in the reasons why someone would even come to such a belief that this hospital could do without it – are the reasons more in line with degrading and deteriorating the services it offers, so as to eventually make the hospital more readily redundant and easier to close.
- In retaining anaesthetic cover, stroke, rehabilitation and medicine at this location, does this not benefit NHS Greater Glasgow and Clyde – there have been a shortage of beds Clydeside. By continued investment in this hospital and a continued service provision, this maintains safety and quality in the NHS in this area.

71. **Anon – 3**

- Very well known that hospital grounds provide a safe and therapeutic environment for patients to get better. This vision is a farce all in the name of privatisation – it's all in the name of money. Patients should have the choice of where they receive care as it is those people who it affects.

John C Hamilton
Head of Board Administration
February 2009