Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 17th August 2010 **Board Paper No. 10/37**

Re-Design of Rehabilitation Services - Consultation on the closure of Lightburn Hospital

Recommendation:

The Board is asked to:

- **note the proposed service changes to Department of Elderly Medicine inpatient services in East Glasgow and**
- **approve, subject to Scottish Health Council approval, the launch of a formal three month public consultation on the transfer of rehabilitation beds to Stobhill and possible closure of the Lightburn Hospital site**

1. BACKGROUND

1.1 The Department for Medicine for the Elderly (DME) in north and east Glasgow provides comprehensive multi professional assessment and rehabilitation for people over 65 years within the following settings:

- Inpatient Services – assessment and rehabilitation wards at three hospitals – Glasgow Royal Infirmary (GRI), Stobhill Hospital and Lightburn Hospital
- Outpatient Clinics – a range of consultant, nurse and Allied Health Profession (AHP) led clinics at all three hospitals
- Day Hospital at Stobhill Hospital and Lightburn Hospital

1.2 Lightburn Hospital has four wards , one of which is not used for patient care, a Day Hospital, an outpatient clinic area, a WRVS cafe, and training and office areas for staff.

1.3 In 2000 the long term strategy for acute services in Glasgow was the subject of public consultation and subsequently approved in 2002. This set out a long term programme of hospital modernisation that would see high quality patient services provided through new ways of working in modern fit for purpose hospital buildings.

1.4 The integration of acute inpatient services at Stobhill Hospital into GRI was a key part of this strategy, and in early 2011 all emergency, receiving and acute assessment beds will move from Stobhill Hospital into refurbished facilities at GRI. For people in

north and east Glasgow requiring DME inpatient assessment, it will mean all patients will be admitted into DME assessment wards at GRI providing excellent on-site access to a wide range of other medical specialties, diagnostic investigations and specialist care.

1.5 In October 2008 the Board approved the building of 60 new beds at the Stobhill Ambulatory Hospital. 48 of these beds were designated for elderly rehabilitation to significantly improve accommodation for this specialist area of service.

1.6 The current redesign of DME services in north and east Glasgow is part of this same overall Acute Services Review programme.

2. Policy Context and Population

2.1 There are a range of national policy documents which help inform our approach to the delivery of services for older people. These include Better Health, Better Care (2007); Equally Well (2008); Living and Dying Well (2008); Gaun Yersel (2008); Improving Outcome by Shifting the Balance of Care (2009); Improving the Health and Wellbeing of People with Long-term Conditions (2009); Towards a Mentally Flourishing Scotland (2009); and the National Dementia Strategy (2010).

2.2 The main emphasis of these documents is prevention and anticipatory care, early intervention, rehabilitation and enablement, partnership working with Local Authorities, Community Health (and Care) Partnerships and the independent sector, reducing delays in discharge from hospital, and involving people in decisions about their own care and support. The work around the redesign of DME services in north and east Glasgow is firmly set within this policy framework.

2.3 The populations of north and east Glasgow include the areas of East Glasgow CHCP, North Glasgow CHCP and East Dunbartonshire CHP. The East and North Glasgow CHCPs have populations with large concentrations of poverty and disadvantage.

2.4 Whilst across Scotland by 2016 the over 65yr population is expected to increase by approximately 9% in north and east Glasgow the trend is expected to be different with an overall reduction in the over 65yr population by 2016 (see table 1 below).

Table 1: Population of people over 65yrs in north and east Glasgow

CHCP	2006	2016	% change
North	14,582	13,979	4% decrease
East	19,612	19,511	0.5% decrease

3. Redesigning DME Inpatient Services in north and east Glasgow

3.1 As outlined at 1.1 the DME provides comprehensive assessment and rehabilitation for people over 65 years of age. Typically older people are not admitted directly from home to a DME ward, but are transferred from another inpatient ward area (eg

general medicine, orthopaedics) when their needs are felt to indicate a period of comprehensive and holistic assessment and rehabilitation would be beneficial.

3.2 People admitted to a DME assessment ward undergo assessment from a multi professional team including doctors, nursing staff and allied health professionals (eg physiotherapy, occupational therapy). This assessment involves a range of investigations, nursing care and rehabilitation approaches. In 2009/10 there were approximately 3000 discharges/transfers from the DME assessment wards in north and east Glasgow, with the average length of stay 10-14 days.

3.3 A number of people are not fit to be discharged at this point and require a longer period of rehabilitation in hospital. These people will be transferred to a DME rehabilitation ward for further rehabilitation before being ready for discharge. In 2009/10 there were 523 people discharged from the rehabilitation wards at Lightburn Hospital and 644 people discharged from the rehabilitation wards at Stobhill Hospital. Our data shows that for approximately 20% of these patients their length of stay in a rehabilitation ward was less than 2 weeks, however for 10% of these patients it was in excess of 3 months. The average length of stay in a rehabilitation ward is 5-6 weeks.

3.4 Integrating assessment beds onto one single site for north and east Glasgow (see 1.4) provides the service with significant opportunity to develop new ways of working that will deliver the following benefits for patients:

- A stronger focus on early rehabilitation
- Opportunity to address delays during a person's stay in hospital that result in people staying in hospital longer then they need to;
- Fewer people requiring transfer to a rehabilitation ward with the subsequent inevitable impact of interruption to their rehabilitation that arises from a transfer between wards

3.5 Recent work in NHS Greater Glasgow and Clyde has shown that adopting new ways of working can have a positive impact on reducing length of stay in hospital. This includes changes to the timing and frequency of consultant ward rounds; extending pilot work around physiotherapy staff working at weekends; intensified discharge planning and goal setting during rehabilitation. People will therefore be fit for discharge earlier allowing a reduced time in hospital but not requiring increased support in the community.

3.6 This will lead to a rebalancing between rehabilitation beds and assessment beds. The overall number of beds will remain consistent but the balance will change

	Current	**Future**	**% change**	**Actual bed no. change**
DME assessment beds	156	185	Increase of 18%	+29
DME rehabilitation beds	135	106	Decrease of 21%	-29
TOTAL	291	291	No change	0

3.7 The service recognises the importance of having the best possible assessment and rehabilitation elements to the inpatient service. The change to assessment beds has therefore given the opportunity to review the location of rehabilitation beds in north and east Glasgow.

4. Reviewing the Location of Rehabilitation Beds

4.1 The 135 rehabilitation beds are currently located at Lightburn Hospital (75 beds) and Stobhill Hospital (60 beds). In 2011 this will reduce to 106 beds to accommodate the increase in assessment beds.

4.2 The following factors have been taken into account in the review of rehabilitation beds in addition to national and local policy direction:

- A need to deliver high standards of care to all DME patients, both inpatients and outpatients
- A need to deliver improved DME ward facilities
- A need to deliver cost savings that support the overall delivery of the Acute Services Review

4.3 There are a number of clinical issues that impact on patient care associated with delivering this element of the service across two hospital sites:

- Maintaining Effective Cover Across All Inpatient Sites:

  Each hospital site has doctors in training working there during the day and providing an on-call service in the evenings and at weekends. Following changes to the way doctors are trained there are now fewer doctors available to cover all the required duties, and in addition the introduction of European Working Time Directives reduces the total number of hours that a doctor can work each week. This means that if the number of sites covered by doctors can be reduced, it increases the overall amount of time that doctors can spend on the wards enabling faster access to medical care and thus improving overall quality of clinical care.

  Some specialist AHP staff , such as those in stroke rehabilitation also work across both sites and a single site would allow increased flexibility in staffing and reduce time spent in travel.

- Access to Diagnostic Investigations:

  The Stobhill Ambulatory Care Hospital (ACH) provides modern diagnostic facilities in a new fit for purpose building, including x-ray, CT scanner, MRI scanner and ultrasound as well as a cardiology department, a respiratory department and an endoscopy unit. All inpatient areas on the Stobhill site have ready access to these diagnostic facilities, and in addition the new inpatient beds currently being built at the ACH (see 1.5) are adjacent to all the ACH diagnostic and therapy facilities.

Lightburn Hospital has part-time x-ray facilities which are currently in need of upgrade to maintain the equipment to expected standards. There are limited cardiology investigations available on site, but no access to CT or endoscopy. Patients in rehabilitation wards may still require investigations during their stay in hospital that are not available at Lightburn. In 2009/10 there were 567 journeys taking patients from Lightburn to GRI to access other diagnostic facilities. This journey means the patient is away from the ward for a number of hours with the subsequent impact on their rehabilitation. There is also a reduction in the ward nurse staffing levels as each patient requires an escort for the journey.

- Quality of Accommodation:

  Existing rehabilitation wards at both Stobhill Hospital and Lightburn Hospital are in need of refurbishment to bring them up to expected standards in terms of number of single rooms and overall space and facilities. Both hospitals have access to therapy areas adjacent to the wards.

  In early 2011 the 48 rehabilitation beds will become available in the new purpose built accommodation at the Stobhill ACH. This will have 24 single rooms with en-suite facilities and six four bedded rooms each with a shower and toilet. There will be areas for therapy and in addition ready access to the therapy and diagnostic facilities at the ACH.

- Impact on the Wider Hospital Site:

  The existing rehabilitation wards at Stobhill Hospital are only a small part of the overall site located away from the acute facilities to be vacated in early 2011and any change to the wards would have minimal impact on the rest of the hospital site.

  Lightburn Hospital is a small hospital site. There are four wards , one of which is not used for patient care, a Day Hospital, an outpatient clinic area, a WRVS cafe, and training and office areas for staff. Any change that removed the wards at Lightburn Hospital would have a significant impact on the hospital site giving two potential options for the Board to consider:

  - Relocating outpatient and Day Hospital activity, and identifying alternative office and training accommodation enabling closure of the hospital site; or
  - Identifying other services that could make use of the ward areas, for example as refurbished office accommodation, and maintaining the site for Day Hospital and outpatient activity

5. Involvement and Engagement Processes

5.1 In February 2010 the Scottish Government issued guidance from the Scottish Health Council on Informing, Engaging and Consulting People in Developing Health and Community Care Services. The guidance aims to ensure a consistent and robust approach is adopted when Boards consider and propose new services or changes to existing services.

5.2 The NHS Greater Glasgow and Clyde Community Engagement Team and managers from the Rehabilitation and Assessment Directorate have worked with the Scottish Health Council to develop a process that facilitates the participation of a range of non-clinical stakeholders in the discussions concerning the future location of rehabilitation beds in north and east Glasgow.

5.3 The programme of engagement has sought to:

- Build relationships with interested groups
- Ensure that all aspects of engagement are conducted in an inclusive, sensitive and values-based manner
- Ensure that patient and carer input is considered in all aspects of the review
- Ensure compliance with 'Fair For All' in promoting equality of participation and considering the specific impacts of engagement on any communities or equalities groups

5.4 This work has been carried out between June and August 2010. The work commenced in June with a general overview presentation to the Acute Operating Division's Patients' Panel. The programme of engagement also included:

- A presentation to the East Glasgow CHCP Public Partnership Forum
- Twenty-Three one-to-one semi-structured interviews with patients from inpatients, outpatients and Day Hospital at Lightburn Hospital exploring their experience in hospital and their views on the location of their treatment and rehabilitation
- Two focus groups – one for local Patient & Carers' (10 attendees) and one for representatives from local community organisations/groups (9 attendees). The focus groups aimed to:
    - Provide information on the issues and possible changes to the location of rehabilitation beds in north and east Glasgow
    - Offer opportunity for discussion and clarification
    - Develop possible options for the future location of rehabilitation beds; and
    - Agree criteria that are relevant and important to patients and carers in measuring the options

An option appraisal exercise involving members of the focus groups, a small number of selected staff from Lightburn Hospital and Unison staff –side representatives (in total 27 attendees). This exercise appraised the options developed in the focus groups and outlined the next steps in the review of the location of rehabilitation beds and associated engagement programme

5.5 The new government guidance has been carefully followed at each stage of the engagement process. The guidance is clear in stating that patients, carers and the public can play an important role in the assessment of non-financial costs and benefits in options for service change. It advises that financial issues should be considered separately from the non-financial benefits of any service change. As such whilst the need to provide cost effective services was highlighted to focus group participants, it was not until the option appraisal process was completed that

participants were briefed on the Board financial position and the potential costs and savings from elements of each of the options.

6. Options for Service Change

6.1 The interviews with patients outlined at 5.4 explored their general experiences of Lightburn Hospital and their thoughts on receiving their care from a different location (hospital site). The opinions gathered from these interviews provide valuable information for consideration.

6.2 There were a number of common themes arising from the interviews:

- Patients clearly valued the service they were receiving
- Staff were praised for their care, friendliness and attention
- Most inpatients were not concerned where they were transferred for rehabilitation as long as the care was good
- Most inpatients were concerned for their visitor's ability to access the hospital if they were at a different hospital site. This comment was not dependent on whether their visitors used a car or public transport
- People attending outpatients or Day Hospital showed less concern about the location of their appointment as long as transport continued to be provided

6.3 Work with the focus groups outlined at 5.4 identified both a long list and short list of options for the future location of rehabilitation beds. These options were similar to those explored by the clinical management team within DME services. The following three options were short listed :

Option 1: Service provision over three sites - GRI, Stobhill Hospital and Lightburn Hospital

Under this option all assessment beds are at GRI.

Longer term rehabilitation beds would be split between Stobhill Hospital and Lightburn Hospital. At Stobhill this would be the beds within the new build ACH. At Lightburn this would be within two refurbished wards.

Option 2: Service provision over two sites – GRI and Stobhill Hospital

Under this option all assessment beds are at GRI. Longer term rehabilitation beds would be provided on one single site at Stobhill Hospital. Provision would be the beds within the new build ACH, and further beds within the refurbished existing rehabilitation wards

Under this option all beds at Lightburn Hospital would be closed.

Option 3: Service provision over two sites – GRI and Lightburn Hospital

Under this option all assessment beds are at GRI. Longer term rehabilitation would be provided on one single site at Lightburn Hospital. Provision would be within existing wards.

Under this option the 48 new purpose built beds at Stobhill ACH would remain vacant as no other specialty requires this type of accommodation at the ACH.

6.4 The criteria developed by the focus groups to assess these options were:

- **Quality of Patient Accommodation** (cleanliness, space, toilet facilities, light)
- **Transport for visitors** (public transport, visiting times, car parking)
- **Discharge Planning** (multi-agency, carer or family involvement, timeliness)
- **Quality of care** (person-centred, friendly, respectful, involving)

These were incorporated with the objectives of the redesign:

- **Improve access to required diagnostics**
- **Deliver cost savings/efficiencies**
- **Reduce number of sites to 2**

Although 'saving money' was acknowledged as an important factor, in line with guidance (see 5.5) financial aspects were not included in the scoring process for each of the options.

6.5 As well as these clear criteria, the discussions within the focus groups drew out further valuable opinion to consider. Key points raised from the focus groups discussions were:

- Concern that the decision has already been made to close Lightburn Hospital
- Need to ensure community provision is in place on discharge from hospital; early multi-agency planning for discharge from hospital needs to be improved and family & carers need to be more involved.
- Transport within and from the East End of Glasgow is poor
- Visitors provide a helpful role in supporting people's mental health and overall recovery whilst in hospital, so access for visitors is an important factor

A number of general access and transport issues was raised by patients, carers groups and community group representatives. These include:

- The experience of patient transport could be improved by better time planning and communication with the patients.
- The " East of Glasgow" is a large area and some areas are not readily accessible to residents - it can take two buses to reach the GRI or Lightburn from parts of East Glasgow.
- Stobhill is perceived as being difficult to reach - it can also take two buses to get to Stobhill
- All patient transport for inpatients is provided by the Scottish Ambulance Service.
- A majority of transport for day hospitals and outpatients is provided by the SAS, a minority is provided by relatives or carers who come from a wide area to provide this transport.
- Good or easy to use transport was a concern for many who perceived it as being important in supporting carers or relatives to visit their loved ones whilst in hospital.

- Community groups were aware of the Evening Visitor Scheme and rated it highly, but patients were not aware of it.

6.6 The option appraisal exercise was undertaken with the three groups – carers, community representatives and staff – each separately agreeing on weighted values for each of the criteria, and then each individual within the group scoring each of the three options against the criteria.

6.7 This was only the second time this form of option appraisal has been undertaken within NHS Greater Glasgow and Clyde since the new guidance was issued in February 2010. The process has been helpful to take people through the issues and participants appear to have appreciated the opportunity to understand and discuss the options. However it has been clear that there were issues in undertaking the technical part of the option appraisal. NHSGGC has committed to provide the SHC with their feedback about the process, and the SHC has undertaken their own evaluation with participants the results of which will be shared with the Board.

The results of the option appraisal (Appendix 1) show quite a varied response, re-enforcing the complexity of what people had been asked to participate in, and in some cases fixed viewpoints of individuals.

Analysis of the option appraisal showed no single common favoured option across the three groups. The carers group favoured option 1, the community representatives favoured option 2 and the staff group favoured option 3. When results across all groups were collated, options 1 and 2 are the favoured options.

6.8.1 Patient/Carers	**Option 1**		**Option 2**		**Option 3**	
	Basic	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
Total	316	**5330**	293	4990	302	4960
Median	34	560	30	520	36	565
Mean	35.1	592.2	32.6	554.4	33.6	551.1

Community	**Option 1**		**Option 2**		**Option 3**	
	Basic	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
Total	304	5591	329	**5908**	278	4915
Median	38.5	719	37.5	674	33	573.5
Mean	38	698.9	41.1	738.5	34.8	614.4

Staff	Option 1		Option 2		Option 3	
	Basic	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
Total	248	4955	272	4945	263	**4978**
Median	30.5	632	36	660.5	32	614
Mean	31	619.4	34.0	618.1	32.9	622.3

Collated Weighted Results	Option 1	Option 2	Option 3
Total	**15876**	15843	14853
Median	657	657	590
Mean	635.0	633.7	594.1

7. Finance

7.1 Each of the options provides a similar ward configuration and therefore nurse and other staffing levels and costs would be similar under each of the options. In addition, current medical and AHP staffing levels and costs will be retained under each of these proposals.

7.2 The costs of upgrading existing rehabilitation wards in each of the options are outlined below: In order to meet bed spacing and provide 50% single rooms the current 30 bed wards would only accommodate 26 beds at Stobhill and 24 beds at Lightburn

	Option 1	Option 2	Option 3
Ward refurbishment costs	2 wards at Lightburn £1.3m per ward 10 bed shortfall	2 wards at Stobhill £1.15m per ward 2 bed shortfall	4 wards at Lightburn £1.3 m per ward 10 bed shortfall
Lightburn x-ray upgrade costs	£300k	N/A	£300k

7.3 It is important to note that the new build rehabilitation unit with 24 single rooms with en-suite facilities at Stobhill Hospital forms part of the contract for this hospital and will still incur spend of £1.3 m even if lying vacant (option 3).

7.4 If all services and staff are moved off the Lightburn Hospital site, and the site closed, this could generate savings in the region of £500k. The exact figure would depend on the locations identified for out-patient and day hospital services. The subsequent sale of the site could also generate a capital receipt.

8 Preferred Option

8.1 In recommending a preferred option the following issues have been considered

- The option appraisal process involving staff, patients / carers and other community stakeholders did not produce a clear preferred option.

- It is not practical or cost-effective to leave the newly built beds at Stobhill vacant which therefore removes Option 3 from consideration

- There are clinical benefits to locating all rehabilitation beds on a single site

- There is a potential cost saving to the Board if all services can be relocated from Lightburn. It is likely that the non-inpatient services can be accommodated within existing NHS sites at minimal cost whilst maintaining local access.

- There are transport issues with all hospital sites and most patients use hospital or relatives transport. A transport needs assessment will be undertaken. There is capacity within the evening visitor service which is available for visitors without their own transport and an awareness raising campaign of this in the local communities will be undertaken

8.2 It is therefore recommended that, in view of the savings generated, the preferred option for the Board is to

- locate all rehabilitation beds at Stobhill Hospital ie move 75 beds from Lightburn
- seek to identify either alternative locations for out-patient and day hospital services or alternative services that can move to the site and release savings from other NHS facilities

9. Workforce Implications

9.1 There are currently 118 staff working within the wards at Lightburn and 40 facilities staff on site. There are 11 staff employed within the day hospital and 37 other staff located in offices on the site.

9.2 Key staff side organisations have been involved in the development of this work to date and will continue to be involved as this work progresses. The full implications for all staff will be discussed with them individually and will include partnership and professional representatives. The Organisational Change Policy will apply and the overarching principle in managing change will be security of employment for existing staff.

10. Public Consultation Process

10.1 The process of formal public consultation will build on the involvement and engagement to date described at section 5. In line with statutory requirements on public consultation this will include:

- Public information, including summary leaflets providing clear detailed information on the consultation process, timescales and service options; material will ensure the rationale for our preferred option is clear and the issues regarding the potential closure of Lightburn Hospital are transparent for comment

- This information will be in a design format and language that ensures clarity and accessibility, and will be widely distributed across East Glasgow via our existing database of contacts, Public Partnership Forums, community clinics/health centres and through Local Authority facilities

- Information will carry references in other languages and in large print to the availability of translated, Braille and audio disc format materials

- Work is being planned with NHSGGC Community Engagement Team and Communications Team to hold a public event providing opportunity for public comment and questions

- Board staff will attend meetings of local community stakeholders to allow discussion of the proposals

- Staff will be kept fully informed and involved

- Adverts providing summarised proposals and contact points for additional information will be placed in the relevant local press to launch the consultation period and draw attention to public meeting dates

- All material will be available on the NHSGGC website; a specific consultation response page will be provided

The detail of the consultation process and materials will be agreed with the Scottish Health Council and with members of the public via existing engagement routes

Board officers have been in contact with the Scottish Health Council throughout the recent process and a response is awaited from them to confirm if they are satisfied that the Board's public involvement thus far has been in accordance with the guidance.

A Harkness
Director of Rehabilitation and Assessment
10th August 2010

Appendix 1

Patient/Carers	Option 1		Option 2		Option 3	
Participant	**Basic**	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
1	29	450	30	425	21	325
2	28	535	48	805	37	565
3	32	510	30	470	36	620
4	41	705	34	600	36	640
5	44	735	27	520	48	805
6	44	685	27	455	33	450
7	43	755	35	645	37	655
8	34	560	27	510	24	450
9	21	395	35	560	30	450
10	N/R	N/R	N/R	N/R	N/R	N/R
Total	**316**	**5330**	**293**	**4990**	**302**	**4960**
Median	**34**	**560**	**30**	**520**	**36**	**565**
Mean	**35.1**	**592.2**	**32.6**	**554.4**	**33.6**	**551.1**

Community	Option 1		Option 2		Option 3	
Participant	**Basic**	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
1	45	845	36	630	31	555
2	37	706	34	663	34	660
3	40	773	45	823	44	788
4	43	732	37	673	45	758
5	25	443	36	675	26	455
6	37	654	38	657	32	557
7	35	650	51	887	30	552
8	42	788	52	900	36	590
Total	**304**	**5591**	**329**	**5908**	**278**	**4915**
Median	**38.5**	**719**	**37.5**	**674**	**33**	**573.5**
Mean	**38**	**698.9**	**41.1**	**738.5**	**34.8**	**614.4**

Staff	Option 1		Option 2		Option 3	
Participant	**Basic**	**Weighted**	**Basic**	**Weighted**	**Basic**	**Weighted**
1	32	607	37	691	38	713
2	30	667	38	694	39	721
3	35	657	20	452	27	538
4	31	440	29	506	27	475
5	30	667	38	694	39	721
6	28	568	35	587	32	582
7	26	565	40	664	32	621
8	36	784	35	657	29	607
9	N/R	N/R	N/R	N/R	N/R	N/R
Total	**248**	**4955**	**272**	**4945**	**263**	**4978**
Median	**30.5**	**632**	**36**	**660.5**	**32**	**614**
Mean	**31**	**619.4**	**34.0**	**618.1**	**32.9**	**622.3**