

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 20th December 2011

Board Paper No. 2011/57

Director of Corporate Planning and Policy

THE FUTURE OF CONTINUING CARE IN THE WEST AREA OF NHS GREATER GLASGOW AND CLYDE AND THE BLAWARTHILL HOSPITAL SITE

Recommendation:

The Board is asked to note:

- **the current position on the process to conclude the future provision of continuing care in West Glasgow and the future of Blawarthill Hospital.**

1. BACKGROUND

- 1.1 Following our review and stakeholder engagement on the future of continuing care in West Glasgow and the future of Blawarthill Hospital we reported back to the Board in August and October on discussions with the Scottish Health Council on next steps.
- 1.2 We now have agreement that the changes we propose are not major service change and therefore full public consultation is not required. We have therefore embarked upon a final loop of process to inform and engage stakeholders through the paper at Attachment One. This process will be concluded during the early part of the New Year enabling the Acute Division to plan the appropriate timing for the transfer of the service.

2. FUTURE OF THE SITE

- 2.1 We have had a series of discussions with Glasgow City Council about their interest in the future of the site for the provision of a planned care home. We recently made a final offer to the Council to enable them to secure the site on reasonable terms which will also meet the requirements for NHS property transactions.

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1. INTRODUCTION

- 1.1 I am writing to you because you expressed an interest in the work we were doing earlier this year to look at the future of continuing care in West Glasgow.
- 1.2 As well as getting written views we ran an open stakeholder event in June and we reported back to the NHS Board on the views of expressed.
- 1.3 The purpose of this paper is to communicate with stakeholders the consideration we have given to those views and issues raised. We also want to let stakeholders know that we have concluded that Blawarthill Hospital should close next spring and to offer a final opportunity for comment on that conclusion.
- 1.4 The issues raised in the stakeholder engagement are set out below with our commentary on each point shown **in bold**.

2. STAKEHOLDER EVENT

2.1 Bed Numbers

There is a strong view from the public that the NHS should have a much greater role in the provision of long stay care for older people. This view is reinforced by the financial challenges which are faced by Councils and concerns about private sector provision of care. **However, within the current legislative framework the NHS has a very tightly defined role in the provision of long term care only for the most complex and unstable patients. The direction of policy is to further shift the balance of care from NHS to community care provision through improved and extended services being available both in the community and independent sector.**

There is a high degree of doubt about the likelihood of delayed discharges being addressed and of this either enabling the NHS to close beds or of that being a desirable objective. **There has been a major new policy to reduce delayed discharges including new funding. The additional resources associated with the Change Fund and the shift in key indicators for delayed discharge to focus on delayed bed days have provided a new impetus to reduce the impact of delayed discharge, currently consuming 90,000 bed days across NHS GGC. We have an agreed target with Local Authorities to reduce delayed discharge beds days lost by almost 45,000 bed days this year. In addition, the Scottish Government have reduced the maximum delay allowed from six to four weeks, with a further reduction to two weeks to follow. Delivery of progress on delayed discharge is now overseen by the national ministerial steering group. We have extensive processes with each Local Authority to deliver this improvement and in Glasgow City this work is overseen by the Joint Committee.**

There were a number of challenges to the proposition about actual use of continuing care beds at Blawarthill **but the most recent information indicates that only around 13 beds are occupied by continuing care patients.**

There was a view that patients were waiting for access to beds. **However, the small number of patient waiting for continuing care are as a result of continuing care beds being occupied by patients who are awaiting discharge to social care.**

In addition to these points a detailed paper was prepared by the relative of a patient challenging our beds analysis. This included the points above and has been separately shared with Board members with our commentary.

2.2 Location of Continuing Care Beds

We currently have NHS continuing care beds at Blawarthill and at St Margaret's Hospice. Such beds should ideally be provided in single rooms with en suite facilities. There continues to be strong support for the provision of the service at St Margaret's and for the quality of care delivered at Blawarthill; although the issues with the current facilities on that site are understood and accepted, the clear view from the staff and public is that the Blawarthill site should simply be redeveloped. **This is partly related to the strong affinity and support of the local community but also to the related issues addressed above about the role of the NHS in long stay care, delayed discharges and access to continuing care. We have vacant beds on other hospital sites, including at Drumchapel Hospital which need to be included in our consideration of the future locations for continuing care in West Glasgow. Drumchapel Hospital provides rehabilitation for older people: the site has inpatient beds; a dining room; therapy staff and day hospital; and outpatient services for older people with associated nursing and medical staff. A 30 bed ward at Drumchapel Hospital has two double rooms, two single rooms and the balance in shared bed bays. In the longer term we would want to further improve accommodation to deliver single room en suite facilities and that longer term planning will be part of the wider review of our acute services which will begin early in the New Year.**

2.3 Financing a Development at Blawarthill

The stakeholder view is unequivocally that the original package of development should proceed, financed either by the NHS or Scottish Government. **There are two challenges to this approach. Firstly the financial pressures on the public sector have significantly reduced the availability of capital to build new NHS facilities. Secondly, to justify using money for new buildings we need to be confident that they will be needed for at least the next 25 years. That means that even if we could access funding for building we would need to be certain that a new, small, stand alone hospital on the Blawarthill site would be used by the NHS until at least 2036. We cannot be certain that this will be the position.**

2.4 Issues Raised by Patients and their Relatives

Patients and relatives were very concerned about the potential impact of a move of service and particularly emphasised their very high opinion of the quality of care delivered by the Blawarthill staff and the caring and commitment of those staff. **The tightly defined role for the NHS in long stay older people's care and the definition for access to continuing care are set nationally. Staff have security of employment and we would look to redeploy them within older peoples services.**

3. CONCLUSIONS AND NEXT STEPS

3.1 On the basis of this appraisal of the issues raised, the Board recognised the support for Blawarthill and, in particular, the very positive views on the care delivered by the staff at the

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Hospital. However, the Board concluded that the West continuing care review process had not brought forward any substantive challenge to the appraisal that:

- a maximum of 30 continuing care beds would be required on the Blawarthill site;
- there is a real clinical and service delivery issue about a single stand alone ward;
- there is very limited prospect of accessing capital for a site redevelopment and there is not the required certainty about continuing care bed numbers and models for long term capital investment;
- there are beds immediately available at Drumchapel which would offer a short-term improvement in the quality of facilities while medium and longer term planning on the model and number of beds takes place;
- redevelopment is not possible in terms of available capital funding and is not required in terms of the number of beds needed and the availability of alternative beds.

- 3.2 It is clear, and generally accepted, that the option of the status quo is not viable given the condition of the site infrastructure and the quality of environment. We have concluded that a move of the beds to Drumchapel, will offer a better quality environment on the same site as supportive clinical services and modern site infrastructure. A move to Drumchapel would also retain the service in the west of the Board area and enable more extended consideration of the future model and number of continuing care beds as part of the Board's acute service review and the further development of the change fund process.
- 3.3 While we have concluded that the site does not appear to have a future for NHS continuing care our preference remains that the site is redeveloped for care services if that is possible. We reaffirmed our commitment to the Yoker Housing Association development. We have made Glasgow City Council an offer to secure the site for the development of a 120 bed care home which they have planned for West Glasgow.
- 3.4 In order to progress the outcome of this review we made a submission to the Scottish Health Council about the proposed shift of the beds to Drumchapel Hospital. In our view the change did not constitute "major service change" which requires full public consultation as it affected a relatively small number of patients and the alternative service is close to the Blawarthill site. The Scottish Health Council accepted this appraisal and the Scottish Government Health Directorate accepted that advice.
- 3.5 We do not propose therefore to run a full public consultation exercise but rather to share this outcome with interested parties and enable them to have a final opportunity to comment on our proposals.
- 3.6 There will be discussion with relatives of patients in the hospital and they will be fully involved in planning the timing of the change.

If you have any comments or views please submit them by 31st January 2012:

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