

NHS Board Meeting
18th August 2015

Paper No 15/43

Director of Corporate Planning and Policy

Implementing the Clinical Services Strategy: Changes for 2015/16: Drumchapel Hospital

Recommendation: The Board is asked to:-

- Note the proposed changes to Older People's Services in West Glasgow which reflect the Clinical Service Strategy approved by the Board earlier this year and are included in the 2015/16 Local Delivery Plan
- Approve public, patient and carer engagement on these proposed service changes in agreement with the Scottish Health Council
- Agree to consider the outcome of the engagement process towards the end of 2015 before reaching final decisions

1. Introduction

Board Members will recall that the Local Delivery Plan (LDP) developed within the Framework of the Clinical Service Strategy included proposals for service change. This paper outlines our proposals from the LDP for Older People's Services in West Glasgow.

These service changes will improve quality of care and patient experience as well as achieving more sustainable models of care.

We are working with the Scottish Health Council to shape public, patient and carer engagement on these proposed service changes.

2. Background and Purpose

The Board concluded an extensive Clinical Services Review by approving the Clinical Services Strategy in January 2015. The Strategy provides the basis for future service planning and the development of detailed service change proposals. It also provides the strategic clinical context for working with the Integration Joint Boards and supports the emerging national approach to Clinical Strategy and the delivery of the 2020 vision.

The Clinical Services Strategy sets out the high level service models to shape the service provision and identifies the key approaches to underpin the future service planning for the populations served by NHS Greater Glasgow and Clyde:

- Improving health and prevention of ill health; empowering patients and carers through the development of supported self care
- Developing primary care and community service models; simplification of community models; focus on anticipatory care and risk stratification to prevent crisis
- Improving the interface between the community and hospital to ensure care is provided at the right time in the right place; community and primary care services inward facing and hospital services outward facing; focused on patient and carers needs

- Developing the ambulatory approach to hospital care, with inpatient hospital care focused on those with greatest need ensuring equitable access to specialist care
- Redesign of specialist pathways to establish a consistent service model delivering the agreed clinical standards and good practice guidelines
- Developing the rehabilitation model based on need not age; working across the service within primary and secondary care and with partner organisations to provide rehabilitation in the home setting where clinically appropriate
- Changing how care is delivered - patient centred care; shifting the paradigm to deliver care differently for patients particularly for patients who have multiple conditions; helping patients and the public to develop and understand the new approaches to care

The Strategy establishes a clear framework to redesign, improve and modernise the Board's clinical services and sets key objectives for future service change:

- Care which is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- Sustainable and affordable clinical services can be delivered across NHS Greater Glasgow and Clyde.

These objectives reflect the National 2020 Vision and Quality Strategy and reflects our aim to ensure the best clinical outcomes are achieved for patients and that services are:

- Safe and sustainable;
- Patient centred;
- Integrated between primary and secondary care;
- Efficient making best use of resources;
- Affordable and provided within the funding available;
- Accessible and provided as locally as possible;
- Adaptable achieving change over time.

The Clinical Services Review which underpinned the Clinical Services Strategy included a detailed programme of engagement and involvement activity and it is the principles established in this process that have shaped the proposals within this paper.

The Review undertook wide scale engagement, including specific engagement on older people's services. This involved a range of individuals and organisations including carer's organisations, older people's forums and Public Partnership Forums. All areas of NHS Greater Glasgow and Clyde were represented in this engagement activity including organisations based and/or working within the west of Greater Glasgow.

Initial feedback from this engagement work highlighted the need for greater coordination of services and improvements in planning discharge from hospital. Subsequent engagement helped shape the case for change and new models of service delivery by highlighting:

- The need for the highest quality specialist care in hospital
- A need for changes to current service provision that would better support people to return home from hospital as soon as possible
- The importance of organising services to aid effective communication and coordination of care and reduce fragmentation of care
- Facilitating good links between hospital and community/Primary Care services to better coordinate care

Two of the key recommendations from the Clinical Services Review were the need to improve management of multi-morbidity through better integration of services across specialties within hospital, and focussing inpatient care on the acute episode to ensure return home at the earliest opportunity.

The described proposals for changes to older people's services in west Glasgow will see the consolidation of rehabilitation services into the single Centre of Excellence on the Gartnavel General Hospital site.

3. Proposed Changes: Transfer of Services from Drumchapel Hospital

This section summarises the changes proposed and the expected benefits. The engagement process will enable us to gain further views from patients, carers and the public.

We propose to consolidate all of the Rehabilitation Services for the west sector of Greater Glasgow into a single integrated service at Gartnavel General Hospital (GGH). This will see the transfer of current Drumchapel Hospital rehabilitation activity in to the newly developed Rehabilitation Centre of Excellence in GGH.

This Rehabilitation Centre of Excellence will strengthen the focus on rehabilitation and enhance our ability to transfer patients back into the community. Patients will be able to receive more extensive input from specialists in rehabilitation across the full range of Nursing and Allied Health Professionals using specialist facilities which are located within or close to the wards. Working in this way will enable more effective and efficient links with Health and Social Care Partnership Community Teams than is currently possible within Drumchapel Hospital, assisting rapid discharge back to the community. In addition there will be on site access to a greater range of support services than is available at Drumchapel Hospital, including:

- Lab medicine and phlebotomy
- Imaging and Diagnostic services
- Orthotics
- Pharmacy
- Cardiology
- Liaison from a range of other specialties
- Community outpatient allied health professionals

Following the transfer of the rehabilitation beds to GGH, the 28 NHS Continuing Care beds on the Drumchapel site would not continue to be sustainable. We would therefore reprovide these beds as part of the existing service at Fourhills Care Home. The future of these beds beyond the short term is subject to the review process we have established in the light of the recent Scottish Government guidance which replaced NHS Continuing Care with Hospital Based Complex Clinical Care.

The table below outlines some key factors which were taken into account in developing the proposal and will be considered during the engagement process.

Patient Numbers	<ul style="list-style-type: none"> • 56 rehab beds transfer to GGH. In 2014/5 there were 646 emergency inpatient episodes • 28 continuing care beds transfer to Fourhills Care Home. As at June 2015 there were 16 NHS Continuing Care patients in Drumchapel Hospital • Day Hospital and outpatient services transfer to GGH. In 2014/5 there were 400 new referrals to Day Hospital and 1300 attendances. In addition there were 827 outpatient episodes at Drumchapel Hospital.
Facility Change	Older Peoples Mental Health ambulatory services remain on the Drumchapel site; only older people's services transfer to GGH.
Access Issues	Both Drumchapel and Gartnavel rehabilitation facilities currently serve patients from across west Greater Glasgow. Drumchapel Hospital is just 3 miles from GGH. Both hospitals cover a similar catchment population. Many people from the local area will already travel to GGH to access services/visit inpatients.
Staff Issues	All staff providing inpatient, outpatient and Day Hospital services will transfer to GGH. Staff using office accommodation on the Drumchapel site will have suitable alternative provision if required.
Financial Impact	The estimated saving from the implementation of this scheme will be at least £1.4m.
Equalities Issues	GGH is more accessible from public transport for the majority of residents from the catchment area. The hospital site is currently accessed by patients from all the protected characteristics groups and will compare favourably to Drumchapel Hospital.

These proposed changes to the services located in Drumchapel Hospital may have implications for the GP Out of Hours Service based there. This will need to be considered separately and will be reviewed as part of the wider provision of GP Out of Hours for the west sector.

4. Proposed Engagement

This section describes the proposed approach to engagement which will be developed further with the Scottish Health Council, our Public Partnership Forums and Public Engagement Team.

In terms of engagement there are three dimensions to address in the process:-

- This is a small change of location for patients from across the west sector who are admitted to Drumchapel Hospital; it offers an improved service at the new location;
- For the local community there will be concerns about the changes on the Drumchapel site with which we need to fully engage;
- For patients currently in the NHS Continuing Care beds and their relatives we recognise there will be concerns and issues which we need to address; this will be discussed at individual patient level. Independent Advocacy support will be provided to patients and their family if required.

The Board has a duty of public involvement, we need to involve people in designing, developing and delivering the health care services we provide. In finalising the approach to engagement on these service changes we want to ensure that we enable all interested parties to have their say before the Board reaches decisions. We also recognise the need to ensure the process is accessible to Equality Groups to ensure we have their views.

The guidance which frames requirements for patient public engagement is set out in CEL 4 (2010) and we will fully comply with that guidance. Where service change is considered major there is an additional process required. We have considered the Scottish Health Council guidance which defines whether service change proposals are major. Our assessment is that these proposals would not constitute major service change and we have discussed that assessment with the Scottish Government. In coming to this assessment we have considered the following:

- The changes affect a small volume of patients and the current service is provided to patients across the west sector so access issues should not be significant; therefore the patient numbers and level of impact are both low
- There is no significant or differential impact on patients who might be subject to discrimination of social exclusion, as the service covers the whole catchment area and the new service is more central
- The proposals have no adverse impact on emergency or unscheduled care or the requirements for the Scottish Ambulance Service
- The proposals have a positive impact as bringing together larger numbers of beds it becomes easier to deal with peaks and troughs in activity. In addition placing the older people's rehabilitation beds on a site which will have a wider range of acute services enables greater flexibility to improve flow from our most acute beds, with the potential to reduce delays for emergency patients;
- The proposals are in line with national policy in relation to shifting resources for older people, more intensive rehabilitation and earlier discharge to the community
- Although we expect the local community will have a level of concern, the services at Drumchapel are provided for the whole sector not just the local community. We are not proposing to close the Drumchapel site. Health services will continue to be provided from that location. We will be able to gauge and respond to the level of concern as part of the engagement process
- The model of rehabilitation services we are seeking to put in place is well established, not new or contentious
- There is no impact on other NHS Boards and the impact on Local Authorities is positive, reducing the number of hospital sites social work and related support staff cover in the west of Greater Glasgow
- We have identified the potential for an impact on the GP Out of Hours services; this has already been highlighted for review; the service is accessed via NHS 24 rather than directly by the local community

Although there has not been specific local engagement on these proposals thus far, they reflect the direction established in the Clinical Services Review work on older people's care.

We therefore propose information is shared across the whole of the West area regarding our proposals with more extensive local engagement within the Drumchapel Hospital area including public meetings. It is proposed this will be taken forward over a 12 week period between September and December 2015.

A comprehensive range of resources will be developed to support this engagement process to ensure people have full information about the service changes proposed.

In addition to engaging with patients, carers and the public of the west sector, we also recognise the need to and plan to engage with:-

- **Integration Joint Boards;** these Boards will be in place in September and October. We will engage on these proposals with the Shadow Boards which are operating in all of our Partnerships
- **Staff organisations:** there are currently 106 staff working within inpatient and outpatient older people's services on the Drumchapel site. In addition there are a small number of Facilities staff and also staff using office accommodation on the site.

The proposals have been discussed in Partnership during the development of the Local Delivery Plan. We will agree with the Area Partnership Forum the appropriate further engagement with staff. 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.

5. Conclusion and Next Steps

This paper seeks agreement for the NHS Board to engage on the proposed service changes which are aligned to the implementation of the Board Clinical Services Strategy.

Our proposed timeline is to finalise the detail of the engagement process in dialogue with the Scottish Health Council and conclude the engagement in late Autumn 2015.

Once this engagement is complete we will then comprehensively report back to the Board the outcome of engagement, including the concerns and issues raised in order to enable the Board to reach fully informed final decisions.