

**NHS Board Meeting**  
**15<sup>th</sup> December 2015**

**Paper No 15/68**

**Director of Planning and Policy**

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

**Recommendation**

The Board is asked to:-

- Note the engagement and public consultation on changes to Older People's Services in North/West Glasgow which reflect the Clinical Services Strategy approved by the Board earlier this year and are included in the 2015/16 Local Delivery Plan.
- Approve the transfer of rehabilitation beds, day hospital and outpatient services to Gartnavel General Hospital from Drumchapel Hospital and the reprovision of NHS continuing care in other suitable locations across North and West Glasgow.

## **1. Background and Context**

**1.1** At the NHS Greater Glasgow and Clyde Board meeting on 18<sup>th</sup> August 2015, the Board approved public engagement and consultation on proposed changes to Older People's services in North/West Glasgow (Appendix1). This paper reports on the outcome of that process and seeks approval to proceed with the proposed service changes.

Older People's Inpatient services for North/West Glasgow are currently provided as follows:-

- **Inpatient/Outpatient/Day Hospital Rehabilitation** – a multi-disciplinary assessment and rehabilitation service led by a Consultant in Geriatric Medicine provided from Gartnavel General Hospital (110 beds) and Drumchapel Hospital (56 beds)
- **NHS Continuing Care** –There is one ward with up to 28 continuing care beds available at Drumchapel Hospital. A change to National Policy means that continuing care will not be provided to any new patients but we need to make arrangements for the care of those already in that service

## **1.2 Drivers for Change**

The Clinical Services Strategy established a clear framework to redesign, improve and modernise the Board's clinical services. It highlighted:-

- The need for greater co-ordination of services and improvements in planning discharge from hospital;
- Rapid commencement of multi-disciplinary assessment and rehabilitation within appropriately resourced rehabilitation facilities that enable fast access to the full range of investigations and specialist advice as required for patients with multi-morbidity;
- 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 co-ordination of care and reduce fragmentation of care;
- The ability to provide modern healthcare that is sustainable and affordable with flexibility to adapt to future requirements;

This approach was designed to ensure an individual's stay in hospital is for the acute period of care only, and people are supported to return to their community as soon as possible.

## 2. Engagement and Consultation Proposal

The proposals on which we have engaged and consulted are:-

- **Rehabilitation:** The development of an additional 54 Rehabilitation beds at Gartnavel General Hospital along with expanded Day Hospital and outpatient services for older people, creating a Rehabilitation Centre of Excellence for the population of North West Glasgow. This 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 from 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.

The majority of North West Glasgow patients will be discharged from their assessment ward directly home without requiring a longer period of rehabilitation in hospital. This will mean for most people there will be no change from these proposals as their inpatient care will be provided from Queen Elizabeth University Hospital or Glasgow Royal Infirmary. However, for around 646 patients per year who require longer term rehabilitation in hospital with length of stay averaging 30 days this would be within Gartnavel Hospital rather than Drumchapel Hospital. This would also impact on 400 new referrals (2 per day) and 1300 attendances (5 per day) to Day Hospital and approximately 827 (3 per day) outpatient episodes, which would be provided from Gartnavel Hospital.

- **NHS Continuing Care -** There is one ward with up to 28 continuing care beds available at Drumchapel Hospital. NHS Continuing Care has been a term used for a package of long term care provided to people that is fully funded by the NHS. Due to the level of specialist treatment required, NHS Continuing Care has been provided in a hospital ward, hospice or a contracted inpatient bed which may be in a care home. The Scottish Government issued new guidance in May 2015 abolishing NHS Continuing Care. There will not be any new continuing care patients but we are responsible for making arrangements for the existing 14 patients at Drumchapel Hospital. We will work individually with each patient and their families to assess their specific needs and agree ongoing care arrangements.

Following approval from the Board In August 2015, the Patient Experience and Public Involvement Team. Service managers and the Planning Team worked with the Scottish Health Council) to develop an engagement and consultation process to facilitate the participation of a range of stakeholders in the discussions concerning the changes to older peoples' services in North West Glasgow.

## 3. Informing and Engagement Process

- 3.1 A Stakeholder Reference Group was established in September 2015. This group was made up of representatives from Community Council, Local Community Groups and representatives from NHS Greater Glasgow and Clyde. The Scottish Health Council was invited to attend in an advisory role. The remit of this group was to advise us on engagement on the proposal and to ensure that people were provided with the information and support they needed by:

- Sharing information on the proposal to transfer services
- Reviewing the options available
- Reviewing materials
- Advising on the development of information for people
- Utilising local knowledge
- Assisting with related processes
- Providing feedback and an evaluation of stakeholder engagement.

**3.3** The informing and engaging process was undertaken during September and October 2015. Engagement resources and process outcomes informed the development and testing of the Consultation process and materials. An EQIA on the engagement plan was completed by representatives from NHS Greater Glasgow and Clyde and a member of the Stakeholder Reference Group on 30<sup>th</sup> September 2015.

**3.4** Information materials on the engagement process were widely distributed across NHS Greater Glasgow and Clyde via the existing database of contacts, voluntary sector databases, Public Partnership Forums, Community Health Care Partnerships and letters were sent to Community Councils and Councillors for Glasgow West and East and West Dunbartonshire. Particular emphasis was placed on targeting organisations and individuals with an interest in Older Peoples' services. All materials were made available via the Board's website and any communications carried references to the availability of accessible formats, such as large print or Braille, or in a community language.

**3.5** The engagement programme included the following face to face sessions:-

- **North West Public Partnership Forum.** The meeting took the form of a presentation and question and answer session, with the questions focussed on capacity at Gartnavel General Hospital; access and transport to both Gartnavel General Hospital and Queen Elizabeth University Hospital and future of GP out of hours service.
- **Open Engagement Event** –The format was a presentation and workshop to discuss the proposals and to get community feedback. 70 people attended this session along with the Scottish Health Council. A number of issues were raised, most related to other hospital services and access to community health and social care.
- **Drumchapel Community Council** – an evening meeting was organised by Drumchapel Community Council which we were invited to attend to discuss the proposals for Older People's Services. 20 members of the public and representative from Scottish Health Council were at this event.
- **Drop In:** In addition to the above public meetings, a series of Drop In sessions have been held at Drumchapel Hospital to speak to carers and relatives.

**3.6** A log of all comments received has been collated – these are themed below :

- Parking at Gartnavel General Hospital;
- The impact on the Gartnavel site of the additional services;
- Quality of accommodation planned;
- Risk to GPOOH service;
- Concern over what would happen to staff;
- Concern about a loss of patient activities;
- Access and Transport to other health and social care facilities;
- Access to home care support;

**3.7** 97 responses were recorded, 92 via public events with a further 3 responses coming via email and 2 via telephone.

39 responses were related to the proposal with 25 being supportive of the changes. 14 were considered as being critical of the proposal, with much of this related to people feeling Drumchapel Hospital was a more intimate environment better suited to the needs of older people.

58 responses were about other matters with 22 about other health services, 13 about access and transport issues in the North West of Glasgow and 12 about community based health and social care services. There was also 5 questions about the proposal, 4 statements and 2 alternative options

**3.8** At the end of the engagement process it was acknowledged by both the Stakeholder Reference Group and the Scottish Health Council that we had engaged widely with the key target communities on the process.

#### **4. Consultation Process**

**4.1** Following the informing and engaging process outline above formal consultation on the proposal began at the beginning of November 2015.

**4.2** Consultation material included both a summary and full consultation document This material was designed in a format that ensures clarity and accessibility and was tested with the Stakeholder Reference Group. The Consultation materials were distributed widely using the same circulation lists as the engagement process.

**4.3** The consultation material was shaped to reflect the issues raised in the informing and engaging phase of work.

**4.4** A public Consultation Event was held on 17<sup>th</sup> November 2015. 20 people attended along with the Scottish Health Council. A presentation was given on the proposal and this was followed by a question and answer session and review of poster presentations. The poster presentations were themed in response to some of the issues which had been raised in the engagement process:-

- Access and Transport – the outcomes of a detailed transport and access audit was presented.
- Gartnavel General accommodation – outline drawings of the proposed redesigned area were presented.
- Social Care – a representative from the Health and Social Care Partnership team attended and was able to respond to issues relating to community health and social care.

**4.5** During the consultation process 3 responses were recorded, 2 via public events with a further 1 response coming via email. These are captured below :

- At the Consultation event two comments were received both said “I like the idea of medical staff and equipment all on one site. I’m all for it.”
- By email : “The Downhill Hyndland and Kelvinside Community Council lies along the eastern boundary of the Gartnavel site, at the Hyndland and Hughenden side. We have considered the proposals presented this consultation - mainly about services for older people, being relocated from Drumchapel to Gartnavel. We have not identified any issues or complaints, and we hope these changes will bring about the planned benefits in the long term, as described in these proposals. Please note our response in your formal records, and acknowledge that you have received.”

**4.6** Alongside the public consultation was an open meeting with staff. This meeting provided staff with information about the proposed service change and gave an opportunity to raise questions with service managers. Staff have also been invited to participate in 1:1 meetings to discuss their individual circumstances. The Organisational Change Policy guides the process and the overarching principle in managing change will be security of employment for existing staff.

## **5. Outcome of Consultation**

**5.1** This section summarises the points made in consultation. All of these should be addressed in implementing the proposal.

- Overall, there was general support for the proposal and in particular support for the shift towards community based care and avoidance of admission to hospital and early discharge home. Where admission was necessary there was general recognition of the need for the service to be delivered on fewer sites where there was improved access to a multi-disciplinary team of clinicians and diagnostic tests which would support early discharge.
- There was agreement that having 24/7 access to medical staff at Gartnavel General Hospital would prevent emergency transfer of some patients to other acute sites by ambulance and enhance the patient stay.
- There was strong agreement that not having to routinely transfer offsite for scans and investigations would enhance the overall patient experience and improve dignity and respect.
- There was recognition that the planned Rehabilitation Centre of Excellence with attached Physiotherapy Gym and Activities of Daily Living Suite at Gartnavel Hospital would contribute to more rapid rehabilitation and allow people to return to their homes and communities quicker.
- There was support and general approval of the initial refurbishment plans for the rehabilitation wards in Gartnavel General Hospital. The mixture of 3 bed and 1 bed rooms with greater access to improved toilet and shower facilities was noted as positive as was areas for people to eat together in the 3 bed rooms.

In terms of concerns raised these were as follows, with a comment on how we can mitigate the issues raised:-

- **In relation to NHS Continuing care, respondents were concerned that the transfer of any patients was handled sensitively and carefully to ensure the impact of their ongoing care was minimised and that people's individual needs were fully addressed.** Future arrangements for these 14 patients will be managed sensitively and individually in discussion with the patient and their relatives or carers and will be based on the clinical needs of the patients.
- **A number of concerns about access were raised. This was in relation to car parking and transport from certain areas in North West Glasgow to Gartnavel General Hospital.** Only 7% of those people using Drumchapel Hospital are from the Drumchapel area with 93% from the other postcode areas of which 22% from East Dunbartonshire catchment area and 26% from West Dunbartonshire. Representatives from Stakeholder Reference Group and Patient and Public Involvement Team undertook a public travel and accessibility assessment. Comparing transport provision and accessibility issues, relating to journeys to Gartnavel Hospital and Drumchapel Hospital, from various points in the catchment areas served by both, the report found that Gartnavel General Hospital was easier to reach by bus and train than Drumchapel Hospital.

- **There were a number of concerns raised about the impact additional services at Gartnavel General Hospital would have on the site and the surrounding area – particular issue in relation to parking.** The overall level of activity on the GGH site is not increasing but we will look again at the balance of car parking between patients and staff.
- **There were a number of concerns raised about the range of social care services available, delays in accessing these services, and concern that our proposal did not include any change to social work services.** The concerns did not directly relate to this proposal but are important and we have raised them with the Partnership which is intending to run engagement session across the North and West Health about its services.
- **There were a number of concerns about the future of the Drumchapel Hospital building.** We will now engage with the City council to discuss the future of the part of the site which will be vacated, there has been support expressed for housing development and we will need to assess that option.
- **Concerns were noted about the future of the GP Out of Hours service, which currently operates out of the Drumchapel Hospital building.** We need to engage on the future of this service, the service is appointment based not walk in.
- **Concern was noted about a potential reduction in the range of patient activities at Gartnavel General Hospital.** Our proposal would maintain and increase the range of patient activities in a large cohort of beds.
- **A number of concerns about staff access and what would happen to them were noted.** Staff will be offered opportunities for redeployment and support with additional transport under the workforce change policy.

Feedback from the Scottish Health Council representative has been received and highlighted the following areas that worked well :

- The Stakeholder Reference Group in supporting the process and commenting on the information materials, and
- The flexible and accessible approach taken by NHS officers and clinicians to engage with people throughout the process.
- SHC also recognized that throughout the process, people welcomed improvements to rehabilitation services for older people in West Glasgow and understood how the proposal had been developed.

## 6. Conclusions

6.1 The engagement and consultation process has enabled us to identify and address a number of issues which are of concern to the local population. It is proposed that we proceed with the proposal to:-

- Create a Rehabilitation Centre of Excellence at Gartnavel General Hospital and transfer rehabilitation inpatient, outpatient and Day Hospital services from Drumchapel Hospital to Gartnavel General Hospital;
- Close NHS Continuing Care beds at Drumchapel Hospital.

In addition to the identified clinical benefits this proposal will generate a saving of £1.4m.

## **7. Recommendation**

That the Board :

- Note the process and outcome of public consultation on changes to Older Peoples' Services in North/West Glasgow;
- Approve the transfer of rehabilitation services to Gartnavel General Hospital and reprovision of NHS continuing care in other suitable locations across North and West Glasgow.

**Catriona Renfrew**  
**Director 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 carers 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	• 56 rehab beds transfer to GGH. In 2014/5 there were 646
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	<p>emergency inpatient episodes</p> <ul style="list-style-type: none"> <li>• 28 continuing care beds transfer to Fourhills Care Home. As at June 2015 there were 16 NHS Continuing Care patients in Drumchapel Hospital</li> <li>• 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.</li> </ul>
Facility Change	Older Peoples Mental Health ambulatory services remain on the Drumchapel site; only older peoples 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.