

# Improving Rehabilitation Services for the Elderly in North East Glasgow

## Summary Note of Public Events

We held two public events on Wednesday 2 November in the Fullarton Park Hotel to talk to people about our thinking on changes to these services, enable people to contribute to developing our proposals and testing other options. The first session took place from 2pm to 4pm and was attended by 23 people including 5 local councillors and 2 representatives from MP/MSPs. The second session took place at 6pm to 8pm and was attended by 13 people including 1 local MSP.

At both sessions Catriona Renfrew, the Board's Director Planning and Policy, presented information about our proposal and how people can help shape our thinking around the options presented during the event. This covered the proposal to:

- Reshape inpatient rehabilitation services in the North East of Glasgow
- Develop services in the hospital and community to enable discharge home or directly from acute hospital care to local facilities
- Modernise day hospital care for older people
- Provide outpatient services as locally as possible

Additional background information about the proposal was also presented and included:

- The current pattern services for inpatients and day cases
- The current pattern of services for outpatients
- A summary of the previous year's activity at Lightburn Hospital
- The strategic direction
- Why the proposal was developed
- The proposed new pathways
- Considering the options for inpatient beds
- Considering the options for day hospital
- Considering the options for general outpatients
- Considering the options for Parkinson's services
- The proposed assessment criteria for options
- Tables for reviewing the options
- The Parkinson's Group
- The current process and next steps

In summary Catriona outlined the current range of rehabilitation services for elderly inpatients, day hospital patients and the outpatient clinics provided in the North East of Glasgow. She explained that all inpatients first attend the Glasgow Royal Infirmary (GRI) where following a period of acute care most don't need further Rehabilitation and return home. It is via the GRI that elderly patients, who come from across the whole of North East Glasgow and East Dunbartonshire, can and currently are accessing further inpatient rehabilitation at Lightburn, Stobhill or Gartnavel Hospitals.

For day hospital and outpatients Catriona described how these had moved towards more medicalised models that aimed to provide a greater range of input and investigation to prevent multiple attendances at different sites. There was information about how community

based beds rehabilitation teams aim to prevent acute hospital admission and keep people at home. She explained that the Scottish Government's plan is for people to stay in acute hospitals only when they require that level of complex care and that interventions happen earlier and in the right setting to get people home or to a more homely setting as quickly as possible. Details were provided of how the proposed changes and new pathways for elderly rehabilitation would meet this by:

- Focussing inpatient acute care on sites with full acute facilities and medical cover
- Developing community beds and rehabilitation teams
- Providing more medically intensive day hospitals with less attendances
- Providing outpatient and Parkinson's services in accessible facilities

Catriona explained how we developed our thinking and set out options for discussion and comment and the criteria that we thought should be used to assess those options. She explained that there would be a further opportunity to question, comment or present alternative options during facilitated tabletop discussions and finished by explaining the process that is being undertaken around the proposal and how feedback, concerns and views help shape the proposal and what is presented to the Board.

Ann Marie Rafferty, Head of Operations, North East Glasgow Health and Social Care Partnership (HSCP) also presented information about community services for older people and the focus on maintaining their independence, health and wellbeing by getting them access to the right service at the right time. There was also information about the HSCP's vision, to invest East End of Glasgow and work with people to develop a new health and social care hub. Through these approaches they want to work more closely with acute services to prevent admission to hospital and to provide single points of contact for more integrated working and more efficient health and social care provision in the East End.

Following both sessions there was question and answer sessions and round table discussion on the options. During these all issues, comments and concerns were captured as part of the process and where possible they were answered by some of the experts available on the day. This included consultant geriatricians who currently provide care across the sites and the area lead for allied health professionals, who are the staff that provide much of the rehabilitation e.g. physio and occupational therapy

The topics discussed during these included:

- The accessibility of Stobhill hospital
- That people don't want to lose another hospital from East End, the Lightburn site should be redeveloped;
- That there needs to be clear information about what services would be in local care homes
- What are the cost implications of the proposal and how will the services be provided
- That social isolation is a big issue
- There are concerns about local social care services including homecare
- How will the beds at Lightburn be reprovided
- Concerns about whether the proposed Parkhead development will happen
- Want to understand why Stobhill Hospital had been chosen
- The proposal should be major service change

In summary over both sessions we heard significant concerns about how visitors who live in parts of East Glasgow will find it very difficult to travel to Stobhill Hospital. There was feedback that Stobhill for many in the East End of Glasgow is not viewed as a local hospital and it is felt to be some distance away. There was a concern about the perception and lack of information about care homes and that both patients and families don't understand the range of services they now provide e.g. NHS rehabilitation in a more homely setting. We heard that there is a lack of information about how modern day hospitals work and that people are unaware of the community based rehabilitation available that can mean elderly people are able to return to or stay in their own home.

However, there was awareness that to meet national and local strategic goals certain types of care need to be delivered in more modern settings with access to a wider range of services. People recognised that this type of care cannot be provided at Lightburn, but were disappointed by what they perceive as a lack of investment in the East End of Glasgow.

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