

# Changes to Rehabilitation Services in North East Glasgow

# Proposal

- 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

# Current Pattern of Services: Inpatients and Day Cases

- Most elderly (>75) patients assessed at GRI are discharged home after a period of acute multidisciplinary care and do not need a longer period of rehabilitation.
- Elderly patients attend the GRI from across Glasgow NE and East Dunbartonshire
- Inpatient elderly rehabilitation is at Lightburn and Stobhill Hospitals covering whole area
- Rehabilitation for orthopaedics at Gartnavel
- Rehabilitation for stroke at Stobhill
- Day Hospital at Lightburn

# Current Pattern of Services: Outpatients

## Consultant led

- Tuesday AM Weekly - Falls
- Wednesday AM weekly - General Geriatric Medicine
- Alternate Thursdays PM - Stroke
- Thursday PM weekly – Movement Disorder

## Nurse led:

- Monday AM weekly – Movement Disorder

# Summary of Lightburn Activity 2015-16

The table below summarises the activity at Lightburn in the year 2015-16

## Lightburn Hospital Activity Data 2016-16

Inpatient Episodes	714
Day Hospital Attendances	3707
Falls OP	287
General Geriatric OP	291
Movement Disorder OP	534

# Strategic Direction

Local and National Clinical Services Strategy set out future models of care for Older People's Services to ensure an individual's stay in hospital is for the period of acute care only. This future model includes:

- Early intervention from specialists in the care of older people focussed on multi-disciplinary assessment of frailty
- Rapid commencement of multi-disciplinary rehabilitation within facilities that enable fast access to the full range of investigations and specialist advice
- Support for people to return to their community as soon as possible

# Why did we develop this proposal?

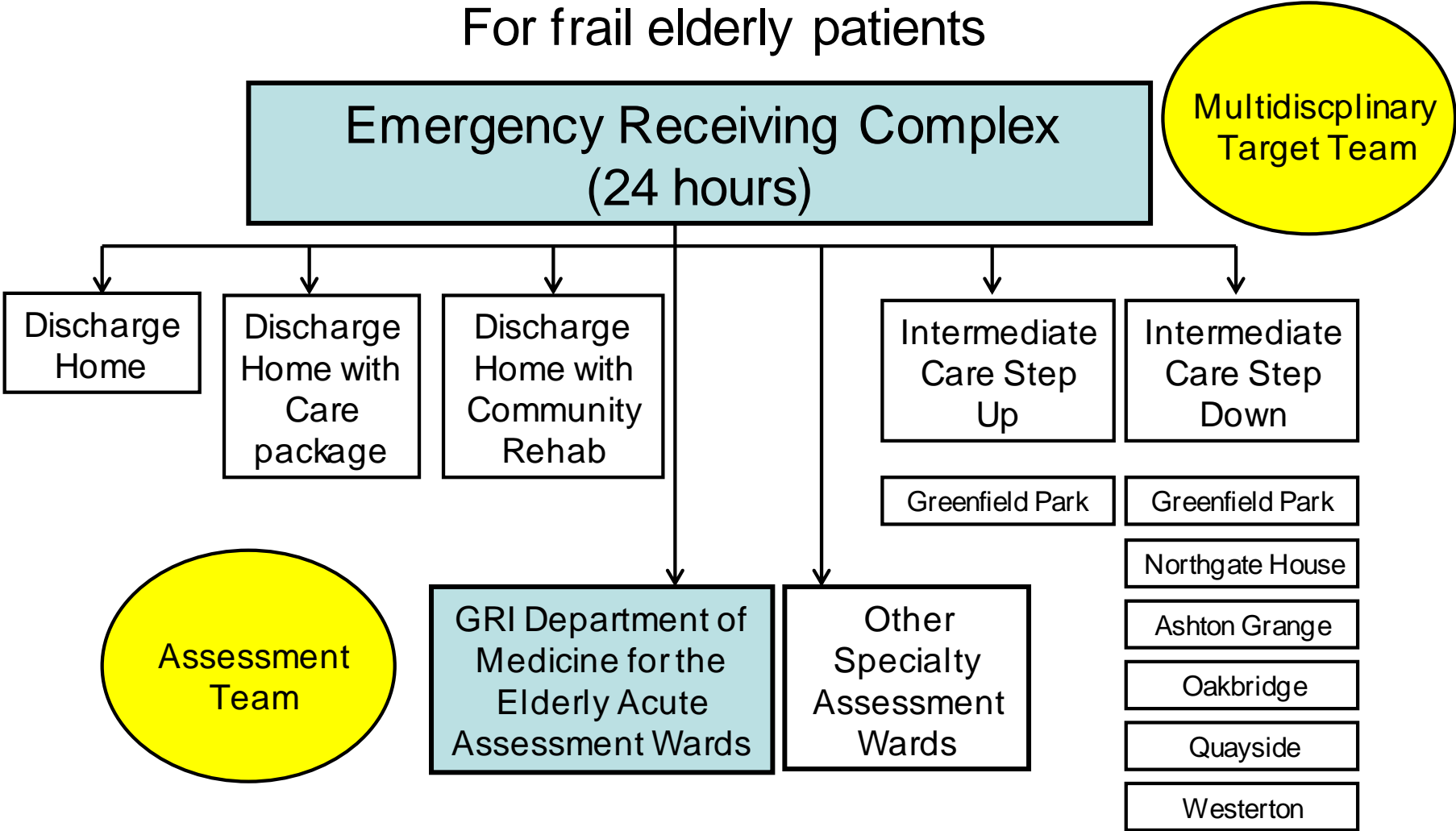
- Focus inpatient acute care on sites with full acute facilities and medical cover;
- Reduce acute hospital stays
- Develop community beds and rehabilitation teams
- More medicalised day hospitals: one stop and less attendances

The changes would allow a more intense, shorter acute hospital rehabilitation with comprehensive support and facilities allowing a quicker return to home or more homely setting in the community with further rehabilitation where required

- Require us to reprovide outpatient and Parkinson's services in accessible facilities

# GRI Pathway

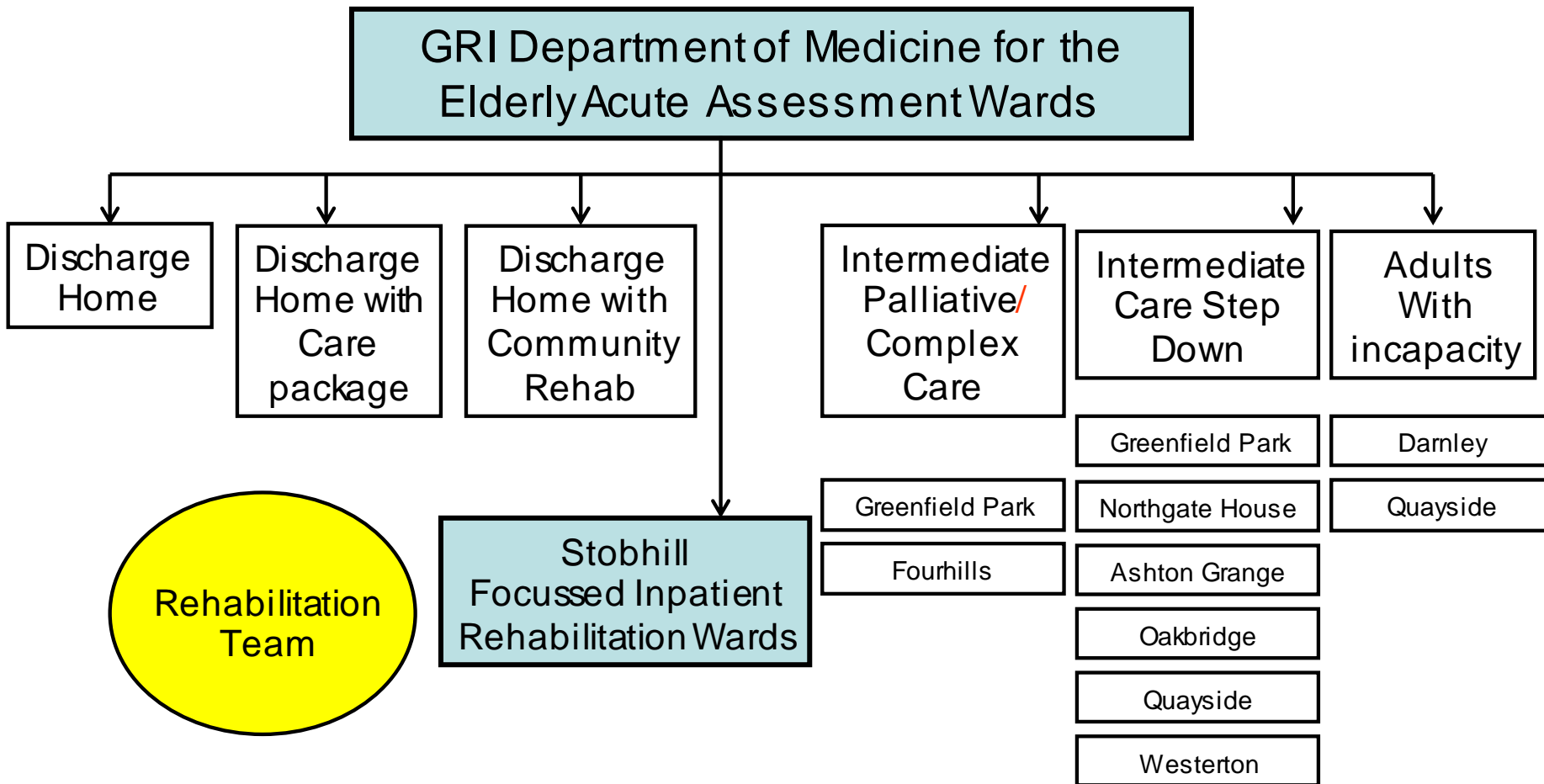
For frail elderly patients





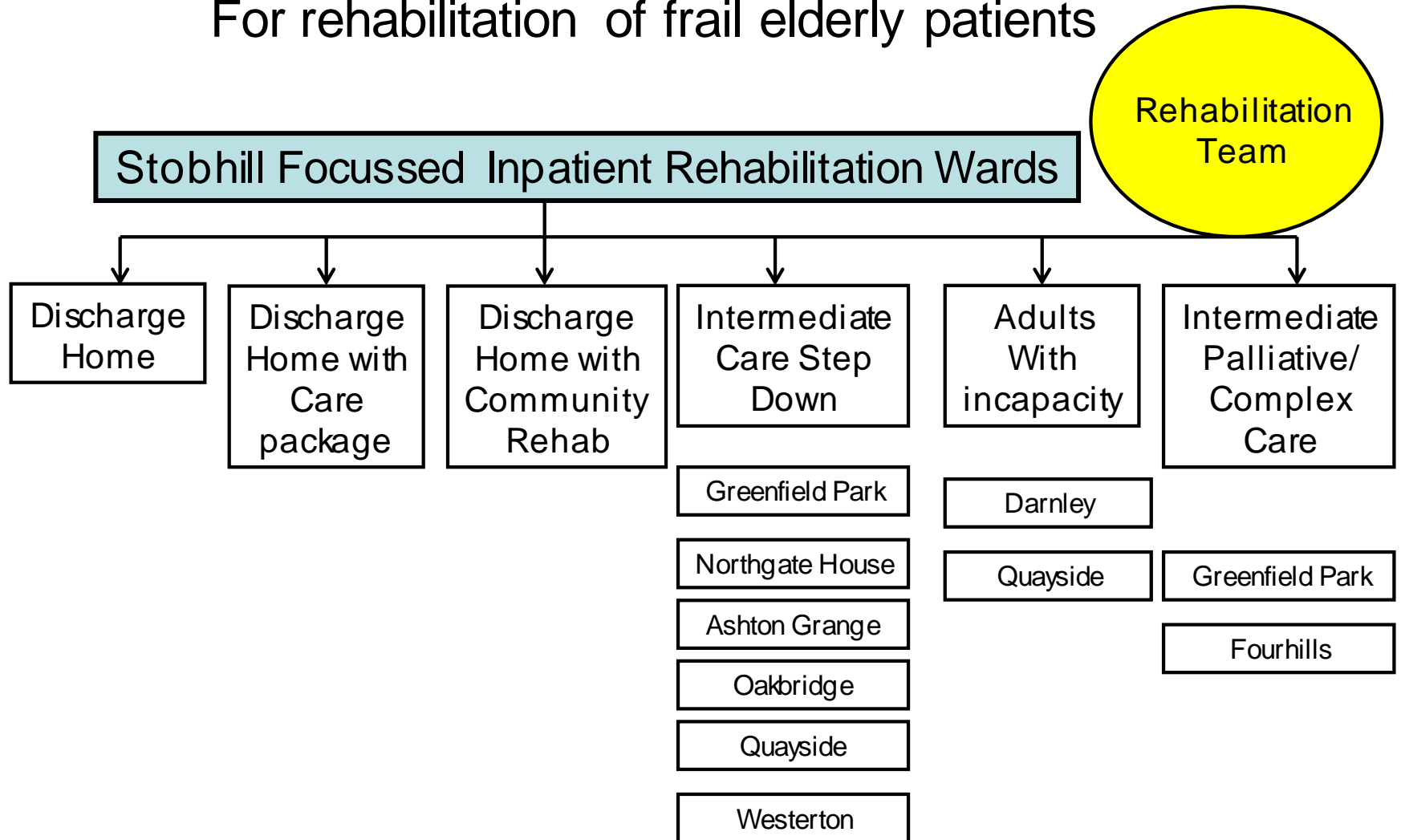
# GRI Pathway

For frail elderly patients



# Stobhill Pathway

For rehabilitation of frail elderly patients



# Considering the Options: Inpatient Beds

- **Status quo:** beds at GRI, Lightburn, Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively.
- **Our proposal:** acute beds at GRI, Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively. Community beds at Greenfield Park
- **Lightburn community beds:** Community Beds at Lightburn: acute beds at GRI, Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively. Community beds at
- **No local beds:** beds at GRI and Stobhill with stroke and orthopaedic rehabilitation at Stobhill and GGH respectively.
- **Any other options?**

# Considering the Options: Day Hospital

- **Status quo:** day hospital at Lightburn.
- **Our proposal:** day hospital at Stobhill
- **Any other options?**

# Considering the Options: General Outpatients

- Status quo: outpatients at Lightburn
- Outpatients at GRI
- Outpatients in community facility
- Outpatients at Stobhill
- **Any other options?**

# Considering the Options: Parkinson's Services

- Status quo: service at Lightburn
- Service at GRI
- Service in community facility
- Service at Stobhill
- **Any other options?**

# Proposed Assessment Criteria

- **Access for patients and visitors**
- **Modern Acute Clinical Care**
- **Quality of Facilities**
- **Strategic Direction;**
- **Any other criteria?**

Service Options	Modern Acute Clinical Care	Access		Quality of Facilities	Strategic Direction
		Patients	Visitors		
<b>Inpatients</b>					
• <b>Status quo</b>					
• <b>Our proposal</b>					
• <b>Community beds at Lightburn</b>					
• <b>No local beds</b>					



Service Options	Modern Acute Clinical Care	Access		Quality of Facilities	Strategic Direction
		Patients	Visitors		
Day Hospital Services					
<ul style="list-style-type: none"> <li>Status quo</li> </ul>					
Stobhill					

Service Options	Modern Acute Clinical Care	Access		Quality of Facilities	Strategic Direction
		Patients	Visitors		
<b>Outpatient Services:</b>					
• <b>Status quo</b>					
• <b>Outpatients at GRI</b>					
• <b>Outpatients in a community facility</b>					
• <b>Outpatients at Stobhill</b>					

Service Options	Modern Acute Clinical Care	Access		Quality of Facilities	Strategic Direction
		Patients	Visitors		
<b>Parkinson's Services</b>					
• <b>Status quo</b>					
• <b>Services at GRI</b>					
• <b>Services in Community Facility</b>					
• <b>Services at Stobhill</b>					

# Parkinson's Group

**Hospital provides facilities for the local Parkinson's Group. Aim to discuss options with the Group.**

## **HSCP suggestions:-**

- Kelvin college – campuses at Easterhouse and Haghill
- The Bridge – community venue and library – Easterhouse
- Parkhead Library
- Centre for Population Health – Bridgeton
- Parkhead SW office
- Templeton HSCP building

# Current process and next steps

- Engaging and informing
- Supported by a Stakeholder Reference Group
- Shaping the proposal listening to views and concerns
- Reporting back to December Board