

Improving Rehabilitation Services for the Elderly in North East Glasgow

Recommendation: The Board:-

- note the outcome of the public and patient engagement;
- consider the issues raised and initial responses;
- Approve moving to formal public consultation.

1. Background and purpose

1.1. The 2016/17 Local Delivery Plan included a proposal to reshape rehabilitation services in NE Glasgow leading to the closure of Lightburn Hospital. In August 2016 the Board approved the process to inform and engage patients and the public about the proposed changes. This paper reports back on the engagement process and proposes that the Board proceed with formal consultation on this proposal. This reflects the advice of the Scottish Health Council that this service change should continue to be regarded as major.

2. Service change proposal

2.1. The detail of the service change proposal on which we would be consulting is at attachment 2. To summarise, the proposal is to redesign current services to:-

- consolidate the delivery of acute inpatient care onto sites with full acute facilities;
- provide a range of HSCP community beds in local care homes;
- provide more specialist rehabilitation in patients' homes and in care homes;
- provide medicalised outpatient and day services on sites with full acute services;

We would also propose to work with the HSCP on the development of plans for new investment in facilities in the East End as an integral part of this process.

3. Engagement process

3.1 This section provides a brief summary of the engagement process. The full detail is included in attachment 1.

- A Stakeholder Reference Group (SRG) was established to help shape how best we inform and engage with people who may be affected by the proposal to improve rehabilitation services for the elderly in North East Glasgow and Lightburn Hospital. Membership of the SRG included local people with recent and relevant experience of the services and

representatives from organisations including Glasgow Older Peoples Welfare Association and Alzheimer's Scotland.

- A variety of engagement methods were used to inform and engage with people including; direct email and written correspondence to 249 community contacts across the catchment area; producing an information leaflet about the proposal; two public events held in the East of Glasgow; three drop-in sessions in Lightburn Hospital; attending two public meetings in the East of Glasgow.
- Information about the proposal and the engagement opportunities was regularly updated and made available on NHSGGC web pages and promoted via NHSGGC's Twitter feed. People could also get in touch with the Patient Experience Public Involvement Team via email, telephone or in writing.
- During the engagement process we heard from 81 people at events, drop-ins, and public meetings, received feedback from patient and public stakeholders via 20 emails, 1 letter and 11 telephone calls about the proposal. We also had correspondence from local politicians, groups and organisations via 7 emails and 1 letter.

4. Issues Emerging from Engagement

4.1 The engagement process has given us a clear line of sight on the issues which are of concern to patients, their carers and the local community. Summarised below are the issues which have been highlighted in the engagement process with initial comments which would be developed further as we design the consultation material and process.

4.2 Impact on inequalities. There were clear views from responses that Lightburn fulfils a particular need, generated by the socio-economic profile of the area, for health care services to be available locally and a number of responses have highlighted concerns about the impact on a deprived area of losing a local hospital service. An EQIA of the proposed changes, which effect small numbers of patients, does not raise major issues but in the light of this concern the Board's Director of Public Health will produce a review of this issue for wider discussion during the consultation.

4.3 Access and transport issues. There were a range of issues raised about access and transport with particular concerns about access to Stobhill for patients and visitors. We will have detailed analysis on this issue for consultation, including surveys of patients and visitors. At headline level:-

- Day hospital patients attend by ambulance and car;
- The aim is that small numbers of patients, less patients than those admitted to Lightburn from the East End, will require acute hospital rehabilitation outside the East End, with local accessible services through the care home model and more care in patients homes;
- The proposal will reduce follow up attendances, by delivering day services and outpatients on a full acute site.

4.4 Parkinson's service. Concerns have been raised that a shift from Lightburn would mean the loss of the multi disciplinary Parkinson's' clinic. We understand the importance of multidisciplinary care and continuity to patients with chronic conditions and the proposal is that the whole clinical team relocate to continue to provide integrated multi disciplinary care.

4.5 No change to position since previous decision. The challenge has been made that there is no difference to the position since the previous Cabinet Secretary decision in 2011 not to approve the closure of the hospital. In our view there are a

number of different factors. In 2011 the National Clinical strategy had not been published; Integration Joint Boards, with statutory responsibility for health and social care in the community, had not been established. The proposed model of care did not include key aspects in this proposal including extended community based rehabilitation; beds provided in local care homes providing a range of new services immediately accessible to the local population; reframed outpatient and day services focussed on reducing repeat attendances.

4.6 New models in care homes. There are a number of challenges to the proposed new model of care which mean we need to set out our proposed model in more detail. Issues include:-

- Care homes are not seen as an alternative to Lightburn services;
- Will the loss of beds impact on delayed discharges - has capacity been planned?
- What will the specialist clinical input be to the community beds, rehabilitation, EMI and acute specialists?

4.7 New models community rehabilitation. A number of submissions want to understand more about what the community developments are that enable less rehabilitation to be provided in acute hospitals.

4.8 Day hospital care. Submissions acknowledge the higher quality facilities which would be available at Stobhill in a combined NE day hospital but raise the concern that patients would not be able to access this site. The acknowledgement of the potential service improvement is welcome and we need to engage further on the access issue;

4.9 Current function of Lightburn. There are misunderstandings in a number of submissions about the current function of Lightburn, including that the hospital provides care for patients discharged from acute services and that it is a local hospital. The reality is that the patients at Lightburn are not discharged from acute care. The hospital cares for patients from across the NE and East End patients are currently transferred from the GRI to services in Stobhill and Gartnavel as well as to Lightburn.

4.10 Parkhead hub is critical to the proposed service changes. A number of submissions suggest that capital developments are critical to provision. In our original submission we proposed that some services could be provided in East End HSCP facilities. Further work with the clinical team, the SRG and patient feedback have led us to conclude that the most effective model for acute services is provision on full acute sites, so that we can deliver integrated, multi disciplinary care on a one stop basis as far as possible. However, we recognise that the local community want to understand the timing and process for local investment by the HSCP and want to the potential for an extended facility to be developed and to see the option of a Lightburn site explored. We will therefore work with the HSCP to ensure the consultation process enables engagement on this point which also relates to the consistent feedback about investment in facilities in the East end.

4.11 Investment at Lightburn. In addition to the point above, responses wanted to see investment in hospital facilities at Lightburn to develop the site for acute care. We need to explain that the focus of future capital investment will be on the development of our major sites, with the priority beyond that being investment in community facilities. This further process being in the context of our wider plan for acute services will be helpful in this regard.

4.12 Means testing. Responders want to understand what the impact will be on payment for care and are concerned about the impact of a shift from free NHS to

social care charging. The HSCP is able to and does currently provide services which are NHS funded and not charged, but we need to be clear about the boundaries of this. The National policy changes to continuing NHS care have generated a shift to charged services.

5. Conclusions and next steps

- 5.1 This paper has set out the engagement work which has been undertaken and the views and issues which have emerged. We are grateful for the active participation of a range of local interests in the process which have identified a series of points which we can use to develop our approach to consultation. The engagement has highlighted local concerns about the future of Lightburn and wider local services which emphasises the importance of the next stage in the process continuing to be in partnership with the HSCP.
- 5.2 Our proposals were based on the clinical case to reshape older peoples care in line with national and local strategies. What is clear is that more detailed explanation and information about the approach is needed and the consultation provides that opportunity. Our proposals have the support of the Board's clinical advisory committees and of the local GPs.
- 5.3 The proposal is therefore to proceed with the process which will enable the Board to make a final decision on the future of these services, to be recommended to the Cabinet Secretary. The proposed next steps are to:-
 - develop and agree with SHC a consultation process which enables us to advance the debate from the engagement work;
 - develop consultation material which responds to the issues raised in the engagement programme and the detailed submissions which have come forward from key local interests.

A final important point is that this further round of consultation will now take place in the context of the Board publishing the approach to transforming acute services.

Attachment 1

Informing and Engaging Report

December 2016

1. Introduction

- 1.1. When NHS Boards are considering and proposing new services or changes to existing services a consistent and robust process of stakeholder engagement is required. The Scottish Government's CEL4 (2010) was developed to assist Boards on their engagement with patients, the public and stakeholders and was used as the framework for engaging on this proposal.
- 1.2. The following report describes the engagement process for this proposal, outlining the activities undertaken to inform and engage with patients, carers and interested parties and the feedback that has been heard through this. NHSGGC formally started informing and engaging on this proposal on the 01 September and welcomed comments and feedback on it until 06 December 2016.

2. Stakeholder Reference Group

- 2.1. The engagement process started with establishing a Stakeholder Reference Group (SRG) to support and guide NHSGGC on how it informs and engages with people on the proposal. The SRG was to be reflective of people potentially affected by the proposal with representatives from patients, carers, older people, community or health related groups or organisations with an interest in the area. An invitation to participate in the SRG was sent to 11 organisations/groups on 26 August and across the meetings there were representatives from:
 - Glasgow Older Peoples Welfare Association
 - North East Glasgow Public Partnership Forum
 - North East Glasgow Older People's Forum
 - East Dunbartonshire Seniors Forum
 - Alzheimer's Scotland
 - Community Connectors Programme
- 2.2. Several of the Public Partners participating had personal knowledge and experience of family members using some of the facilities and services being considered in the proposal. In addition representatives were invited, but did not attend from:
 - Parkinson's Support Scotland
 - North Glasgow Parkinson's Group
 - East Glasgow Carers
 - North East Glasgow Carers
 - North West Glasgow Public Partnership Forum
- 2.3. The first SRG meeting reviewed presentations on the proposed model and the engagement process and the draft Involvement and Communications Plan was also tabled for discussion. Feedback and comments shape our thinking on how to inform and engage with people on the proposal. An officer from the Scottish Health Council (SHC) was in attendance and provided feedback about the meeting. The public partners were overall very supportive of the proposal and during discussion points raised included:-

- Public's lack of awareness of care home based NHS rehabilitation beds and wider movements towards delivering more community and home-based rehabilitation services for the elderly;
- Access and transfer to the sites using public, personal and ambulance transport and how visitors travelling from the East End of Glasgow to Stobhill might particularly be affected;
- What information materials might be required and how best to publicise and share these.

2.4. The second SRG meeting reviewed the content of the draft information leaflet, discussed plans for the public events and the work undertaken to-date on analysing transport. The meeting was held in Stobhill Hospital where several members, who hadn't seen the facilities, visited and were impressed by the inpatient wards and day hospital. An officer from the SHC was in attendance and provided feedback about the meeting. Points raised through discussion at this meeting included:-

- Distribution of the information leaflet, the advertising of the public events and alternative arrangements for meetings with local groups if required;
- Format and content of the public events and how these might be structured to best inform and engage with attendees to encourage participation;
- The wide catchment area being considered and how transport and access issues varied across it, primarily as a consequence of public transport links to Lightburn and Stobhill.

2.5. A third SRG meeting took place to review the public events and feedback heard through the process to date. Public partners were asked to consider the proposal, the engagement undertaken and feedback heard, and to use their experience and local knowledge to appraise options to meet the service model principles. An officer from the SHC was in attendance and provided feedback about the meeting. Points raised through discussion at this meeting included:-

- The round table discussion at the events had been productive and generated useful information and the summary note was an accurate reflection of the proceedings;
- That the feedback captured to date had been comprehensive, this initiated further discussion about -
 - How the very elderly, due to their knowledge and perceptions of modern hospitals and care homes, might be more resistant to the proposal. However family and carers who themselves might be older will recognise that it's about providing the best treatment and care for the target population
 - Access and public transport would predominantly be an issue for a very small number of potential visitors to Stobhill travelling from the east of Glasgow;
- Whether the options and assessment criteria presented at the events and tabled at the meeting were fully understood and had their performance been looked at satisfactorily against the criteria;
- The options and benefits of the proposal were very clear and acceptable to the public partners, however they agreed that more experiential information describing the pathways/journey from a patient's perspective might help with wider public understanding;
- Clarifying the public partner's understanding of the next steps in the process and how their input and feedback would be presented to the Board.

3. Informing and Engaging Programme

The programme of engagement was shaped through discussion with the SRG and a range of methods and materials have been used to engage with and invite feedback from people from across the area. This included:-

3.1. Direct correspondence

A letter or email was sent to 249 community contacts from across the area, such as patients, carers, older people and health related groups and organisations and community councils. The Glasgow Council for Voluntary Sector database was used to identify 137 local contacts, a further 74 contacts were emailed directly via East Dunbartonshire Voluntary Action and 38 active Community Councils were identified via local authority websites. This correspondence informed them that the engagement process had started, what activities we were planning and how to get in touch with the Patient Experience and Public Involvement Manager dedicated to facilitating the process. Correspondence was also sent to Councillors and MSPs from across the area to inform them about the engagement. An update with a copy of the information leaflet and a flyer advertising the public events was sent to the same community contacts as before and to councillors and MSPs.

3.2. Information Leaflet

In addition to being sent to community groups the information leaflet was made available in all public and patient areas in Lightburn Hospital and distributed across GRI elderly inpatient wards. It contained easy to understand information about the proposal with details of how people could get in touch to provide feedback and comments.

3.3. MSP Briefing

A briefing session was held for MSPs.

3.4. Public Meetings

The Patient Experience and Public Involvement Manger facilitating the engagement process met with and heard feedback from North East Public Partnership Forum with 13 members in attendance and the Baillieston Tenants Association with 17 members in attendance.

3.5. Public Events

Two public events were held on Wednesday 2 November in the Fullarton Park Hotel in the East of Glasgow to talk to people about the proposal. They were delivered jointly with the HSCP and consisted of presentations followed by a question and answer sessions and round table discussion to enable people to contribute to and feedback on the proposal and options. At each session senior clinical and AHP staff were available to answer any questions about the proposal. Information was presented about the proposal and how people could help shape the thinking around the options. Details were provided about how the proposed changes and new pathways for elderly rehabilitation would meet goals of providing care in the most appropriate setting 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.

The thinking behind the options was outlined for inpatients, day hospital and outpatient services and it was explained how the process of engagement and feedback helps shape the proposal and how it is reported to NHSGGC Board.

The North East Glasgow HSCP presented information about community services for older people and the focus on maintaining their independence, health and wellbeing

through access to the right service at the right time. There was also information about the HSCP's vision to invest in the East End of Glasgow and work with people to develop a new health and social care hub.

The first session was attended by 23 people including 5 local councillors and 2 representatives from MP/MSPs. The second session was attended by 13 people including 1 local MSP. An officer from the SHC was in attendance at each session and carried out a participant evaluation that found:-

- Most people felt they received enough easy to understand information in advance;
- More than half agreed that the reasons for the review had been explained clearly;
- More than half felt they had influence over agreeing the criteria for and exploring and suggesting other options;
- Most felt they had the opportunity to ask questions and that these were answered;
- Most felt that they had opportunity to raise issues or concerns about the process and proposal and that their views were listened to.

3.6. Drop-ins

Three drop-in sessions were held in Lightburn Hospital covering a morning, early evening and afternoon to allow patients, their carers, family and friends to feedback. Twenty-five people ranging from carers, visitors, day hospital and outpatients were engaged with at the sessions.

3.7. Movement Disorder Clinics

Letters were sent to 291 patients who currently attend Lightburn consultant and nurse-led outpatient movement disorder clinics. This outlined the proposal and invited patients to feedback with their views.

3.8. Other Communication

Information about the proposal and how people could get involved was available on a dedicated NHSGGC webpage that was subsequently referred to in all printed materials and letters. It was updated regularly to provide an ongoing account of the engagement including the minutes and papers for the SRG meetings and the summary note, presentations and information materials for the public events. Corporate Communications issued press releases and provided information about the proposal and public events in the Health News insert within the Evening Times. They also used the NHSGGC Twitter account to promote the website, public events and encourage feedback. A poster was developed and emailed to all North East Sector GP practices for display in waiting areas.

3.9. Public Meeting

A public meeting was held by a local MSP. NHSGGC attended as an observer as requested. Approximately 70 people attended, a substantial number were NHS staff. Contributors spoke of experiences of using Lightburn Hospital highlighting the excellent care they had received. Concerns were raised about the proposal relating to transport access, the use of care homes, the impact of closing the hospital on the local community and the desire to see a new development on the site.

3.10. Equality and Accessibility

The involvement and engagement was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats. If required, information could be provided in alternative languages or formats. We used the internet to host papers and information to help make them

accessible to a wider population or those who have difficulty in travelling. We ensured that all meeting venues for the stakeholder reference group or for public events were fully accessible. We ensured our engagement did not negatively impact on people based on age, sex, race or any other protected characteristic.

4. Feedback, Comments and Concerns Heard

All feedback, comments and concerns heard throughout the engagement process were captured and collated (Appendix 2). In addition to the 81 people engaged with directly at events, drop-ins and public meetings we received feedback from patient and public stakeholders via 20 emails, 1 letter and 11 telephone calls (Appendix 2, Table 1). We also heard feedback from local politicians, groups and organisations via 7 emails and 1 letter (Appendix 2, Table 2). The main themes heard in relation to the proposal were as follows.

4.1. Access

For people living in Glasgow's East End, Stobhill Hospital is felt to be a considerable distance away and is difficult to access for those travelling by public transport. People understand that most patients will attend services using ambulance or patient transport, but without access to a car, visitors to Stobhill might be limited when travelling from the East End. Lightburn was largely seen as a local hospital by people from the East End, however some patients and their carers from that area described it as difficult to reach by public transport. The majority of people from across the catchment described the GRI as easy to access by public transport.

4.2. Lack of knowledge about community based services

There is a general lack of awareness of services in place to provide rehabilitation at home or in a more homely setting. People did not understand what we meant by intermediate care, step-up or step down beds, or that these were commissioned and staffed by NHSGGC to provide rehabilitation in a care home setting. People were also unaware of the work at the GRI to assess elderly patients and intervene earlier with a package of care to enable people to return to and receive rehabilitation in their own homes.

4.3. Perception of care homes

There is a historical view of care homes not being part of ongoing treatment and care and being the place people go 'when nothing else can be done'. This might lead to resistance in the patient and a stressful experience for families and carers. There were also concerns about incurring or ongoing costs of care provided in care homes.

4.4. Physical environment

There was feedback from patients and carers that Lightburn was a better environment for elderly patients as it 'did not feel like a hospital' and places like Stobhill were too big and clinical. However, for those that had been to Stobhill they described it positively.

4.5. Level of care

People praised the multidisciplinary team approach at Lightburn and the excellent care provided across all the services. Some people expressed concern that this might change if services and staff were to relocate elsewhere.

4.6. Lack of investment/services in East End

There were concerns that the proposal was a cost cutting exercise and some people expressed a perceived lack of investment in services across the East End. However, people from the area did recognise the GRI as a local hospital. People asked if Lightburn could be invested in to meet the requirements of services clinical needs.

4.7. Movement disorder clinic

To date 13 patients or carers have contacted us and 7 have expressed a preference for the clinic moving to the GRI, with 4 wanting it to stay at Lightburn, and 1 preferring Stobhill.

4.8. The Proposal

Beyond the concerns expressed, people generally understood the clinical reasons behind the proposal and that we wanted to improve services and care for the elderly across the catchment area. Some carers liked the idea of a 'one stop shop' without having to travel for further investigations and reducing repeat visits.

4.9. Local Politicians Groups and Organisations

Three MSPs, 4 local councillors, Parkinson's UK in Scotland, Save Lightburn Campaign Group and a local housing association submitted correspondence. Two MSPs opposed this and other concurrent proposals, the other correspondence raised a range of issues seen as contrary to this proposal with some including requests for additional information. The issues raised reflected those previously mentioned with a focus on the provision of local services, public transport and accessibility to other sites for people in the East End. The requests for additional information mainly called for more detailed descriptors of what the proposed service provision would look like, the effect on the overall provision in the North East and information on costs.

Attachment 2

Changes to Rehabilitation Services in North East Glasgow: proposals

1. Introduction

This proposals outlined in this paper have been developed and refined during the engagement process and will be further amplified and developed to reflect the issues raised by the patients, carers and local interests who have responded to the engagement.

2. Current services

This section describes the current pattern of services.

- Most elderly 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 the whole NE area.
- Rehabilitation for all NE orthopaedics is at Gartnavel.
- Rehabilitation for all NE stroke is at Stobhill.
- Older peoples day Hospital and outpatient services are provided for the East End at Lightburn.

Lightburn services include:-

- 56 inpatient beds
- Day hospital
- 4 Consultant led clinics each week
- 1 Nurse led clinic each week
- Monthly Parkinson's group meeting

Delivering the following volumes of care

Lightburn Hospital Activity Data	
Inpatient Episodes	714
Day Hospital Attendances	400 new 3000 return
Falls OP	300
General Geriatric OP	300
Movement Disorder OP All Outpatients	550 400 new and 750 return

3. Strategic approach

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

- 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;
- Develop services in the hospital and community to enable more people to be discharged directly home and directly from shorter lengths of stay in acute hospitals to care home facilities, providing a new range of care;
- Medicalised day hospital;
- One stop outpatients in a setting where access to support services allows the delivery of modern standards of service delivery.

4. Proposed model of care

The proposals would see a redesign of the rehabilitation pathway across the north east sector supporting a more community based approach to rehabilitation. The majority of North and East 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 Stobhill Hospital or Glasgow Royal Infirmary. Patients requiring acute inpatient rehabilitation would receive their care on an acute hospital site. Patients no longer requiring the support services of an acute hospital but still requiring rehabilitation would be transferred to local community facilities at Greenfield Park and Fourhills, where a strong focus would be on reablement within a homely setting.

Using a model of community based rehabilitation will further strengthen links between clinicians within the acute sector and community services and complement the approach with community based intermediate care and the emerging models for complex community care. This approach is 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. For patients requiring acute care this will be delivered in facilities providing access to the full range of acute and diagnostic services.

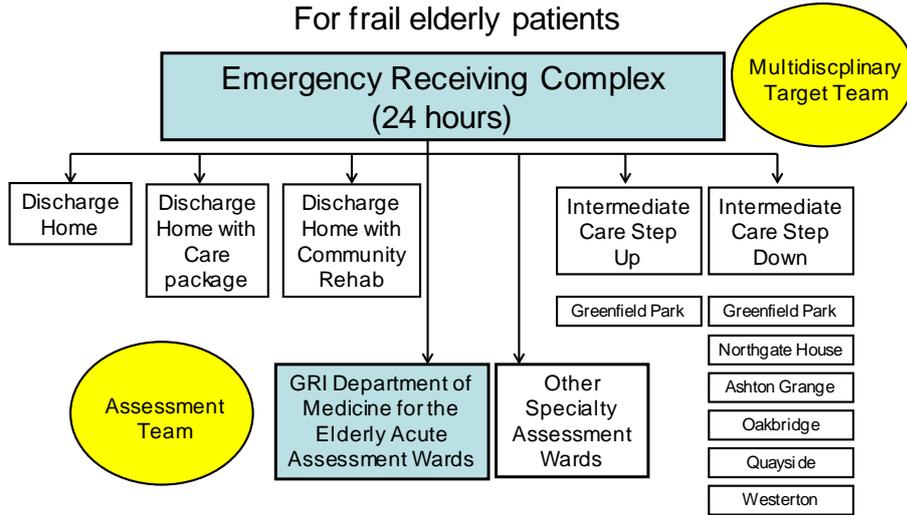
Proposed flows

- All frail older patients admitted to GRI from their own home should be discharged back, after appropriate treatment, to their own home.
- Following initial assessment in the emergency receiving complex, patients identified as requiring acute inpatient care will generally be transferred to GRI DME acute assessment wards. This provides multi disciplinary assessment, investigation, treatment and rehabilitation from specialists in the care of older people. In addition there are strong links with community health and social care services to ensure planning for discharge from hospital begins as soon as a patient arrives on the ward.
- Patients identified as needing Comprehensive Geriatric Assessment either at the front door (Emergency Department/Acute Assessment Unit or Medical Assessment Unit AU/MAU) or those referred from non Department of Medicine for the Elderly wards will be assessed by a multidisciplinary Target Team (Senior AHP, Consultant, Elderly Care Assessment Nurse).
- Patients identified as likely to be able to be discharged rapidly from GRI, if provided with enhanced AHP input, will be supported by the Target Team who will link with established community teams to facilitate discharge back into the community as early as possible.
- Most patients will return directly home but some medically stable patients will require a further period of rehabilitation within the short term 'Intermediate Care' beds provided within local Care Homes.
- Patients requiring rehabilitation and ongoing medical inpatient care will move to intensive inpatient rehabilitation wards with excellent access to modern diagnostics, improved junior medical support and opportunities for enhanced AHP input.
- 450 patients undergo a rehabilitation stay at Lightburn. Of these around 300 are for east end patients with the remainder being mainly from East Dumbarton or North and West Glasgow. Of the "local" Lightburn admissions, half of current Lightburn inpatients will be discharged home with a community based rehabilitation package or have post acute intermediate rehabilitation delivered in the local care home facility. We would therefore expect around 150 patients each year to undergo a shorter and more focussed rehabilitation stay at Stobhill.

These flows can be illustrated as follows:-

GRI Pathway

For frail elderly patients



GRI Pathway

For frail elderly patients



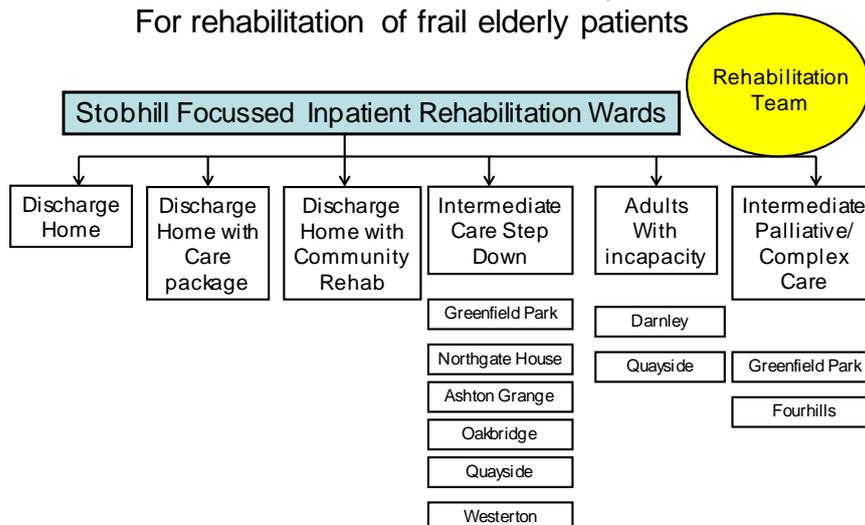
GRI Department of Medicine for the Elderly Acute Assessment Wards



Delivering better health
www.nhsggc.org.uk

Stobhill Pathway

For rehabilitation of frail elderly patients



Day Hospital

Modern model of Day Hospital provision is a more clinical model requiring access to the full range of clinical investigations as part of assessment and treatment. This model enables earlier progress to definitive treatment and will substantially reduce the pattern of repeat attendances with the aim that for the majority of patients a single visit is required with onward referral to HSCP service. This more modern model of day hospital delivery brings multiple benefits:

- Alternative to admission
- Supporting earlier discharge

For this reason it is important that services are delivered within facilities with those services on site. Our proposal is that the Lightburn Day Hospital services are combined into a single Day Hospital on the Stobhill site. This would bring the service into line with all other Day Hospitals across Glasgow by providing modern facilities with access to a range of services that support Day Hospital activity.

Outpatient Services

Through the engagement and consultation process we have examined options for the local delivery of outpatient services that meets the clinical needs of the patients whilst delivering services as locally as possible for the catchment population. We have heard that people are concerned about attending services at Stobhill and we need to test further in consultation to inform a final decision. A key factor is that over 80% of patients travel by car or ambulance and that we can reduce repeat attendances for general clinics.

For the movement disorder service there is a case to be made for a service at the GRI as patients often attend multiple times, although the GP forum is proposing a further review to look at focussing the specialist service on initial assessment and extending community support.

The proposal for consultation would be that the current outpatient services will be delivered from GRI and Stobhill where our clinicians have access to the necessary support services to provide modern care but with a substantial reduction in repeat attendances.

Parkinson's Support Group

The site also provides a meeting venue for the Parkinson's Support Group meetings. A number of local locations have been scoped for the venue for Parkinson's Support Group meetings and have been offered to the group.

Appendix 2

Changes to Rehabilitation Services in North East Glasgow: Lightburn Hospital

Summary of Feedback

The following feedback was heard by NHS Greater Glasgow and Clyde (NHSGGC) when informing and engaging on their proposal about Changes to Rehabilitation Services in North East Glasgow and Lightburn Hospital

Date	Format	Response
08.09.16	Email	<ul style="list-style-type: none"> - Lightburn hospital is vital should be retained for easy access rehabilitation - Less hectic than general hospital - Closure will bring more pressure to other services
19.09.16	Telephone	<ul style="list-style-type: none"> - Lightburn is local with good public transport
07.10.16	Telephone	<ul style="list-style-type: none"> - Lightburn is local with good public transport - Other sites are much harder to get to by public transport.
13.10.16	NE PPF Meeting	<ul style="list-style-type: none"> - Stobhill poor access for visitors from East End by public transport - Need wider involvement in discharge process - Is it a new team for community rehab in home or existing as they are already stretched - You can wait a long time for a community based OT assessment, this delays discharge - Who pays for home adaptations if required
01.11.16	Baillieston Tenants Association	<ul style="list-style-type: none"> - Travel to Stobhill is travel too far. A lot of pressure on people to travel further to other sites. - Closure of East End hospitals over the years - Stobhill difficult to access by public transport if not well - What about the Parkinson's group at Lightburn?
02.11.16	Public Events	<ul style="list-style-type: none"> - Public transport issues from East End to Stobhill - Added stress and cost to families getting Stobhill - SPT cutting bus services in East End and will affect this - People don't want to go into a care home, added stress for patient and family - Where will terminally ill patients go - Will it cost more money to deliver services in the proposal - Community housing needs improving to keep people at home longer - Stobhill is a negative for people in East End so can more be done at the GRI - Is this about saving money, cost savings - East End is deprived and needs investment and not closure of services - Are services being deliberately not used and run down to justify the proposal - Ambulance transport already issue at Lightburn, will it be worse at Stobhill - Previously a major service change, why not now

		<ul style="list-style-type: none"> - Stobhill sounds nice, but too difficult to get to - If guarantees of patient transport to and from Stobhill it would be okay - What types of beds are they in Care Homes, what are acute and what are community - Who is staffing care homes, is it the clinical and nursing staff from acute services - People have a negative view of care homes - There needs to be follow-up post discharge to keep people at home - Are the step-down beds local - Lightburn is local and the environment is therapeutic - Can Lightburn be used to supplement the proposal - What about costs associated with care homes, do people have to pay, will they lose welfare payments - Is there enough staff in care homes - Can Cordia staff come into care homes to help with the transition back to home - Parkhead Hub not useful in the context of this proposal - Has the decision already been made - Why not invest in Lightburn - Can the money saved not be used to invest in Lightburn
15.11.16	Lightburn Drop-in	<ul style="list-style-type: none"> - Carer, came by care, first time here, local to family member, its local to people in the area - Patient at clinic, visited people here also, care is marvellous here, never been to Stobhill so cannot compare - Outpatient, been previously, son brought by car as difficult to get here by public transport, nicer atmosphere than GRI, Stobhill is impressive - Carer, came with family member by taxi, Stobhill is easier to get to and nicer, less appointments would be better - Here with family member, came by taxi as two buses, if more can be done on one site then better - Patient and partner, been before and come by patient transport as bus too difficult, been to Stobhill for scans so doing more on one site would be better - Day hospital patients, came by patient transport, Stobhill is nice new hospital, Lightburn environment is nicer, staff here are very good, like coming more often as feel secure, many isolated at home - Carer, came by car, Stobhill is easier to get to, idea of one stop shop sounds better - Visitor, been several times, came by car, personally would want better facilities, already attend appointments across the city - Carer, came by car, for older people less travelling is better either to sites or multiple appointments, GRI is a local hospital - Patient and partner, drove here for Parkinson's clinic. Would prefer GRI, Stobhill just as easy to get to as here
15.11.16	Email	<ul style="list-style-type: none"> - Valued and needed local hospital - Promised it would not be closed - Transport to other sites is difficult
18.11.16	Email	<ul style="list-style-type: none"> - Parkinson's service at Lightburn makes a big difference compared to big hospitals
28.11.16	Movement Disorder Clinic Feedback	<ul style="list-style-type: none"> - Does not want Parkinson's clinic to move from Lightburn. - Does not want closure but if so GRI preferred - Prefer Lightburn but GRI better than Stobhill - Prefer the GRI over Stobhill

		<ul style="list-style-type: none"> - Would prefer it to stay at Lightburn - Prefer the GRI over Stobhill - Prefer Stobhill as closer - Would prefer investment to make Lightburn more modern - Happy with Lightburn - Prefer the GRI over Stobhill
29.11.16	Email	<ul style="list-style-type: none"> - Local and valued community facility
29.11.16	Email	<ul style="list-style-type: none"> - High quality care at Lightburn - Valued local facility - Stobhill difficult to reach by public transport - Should money have been spent on Lightburn post previous proposal - Can the sight be redeveloped to meet proposal's aims
29.11.16	Email	<ul style="list-style-type: none"> - Lightburn is an excellent local facility, very good staff and high standard of care
30.11.16	Email	<p>Five emails with same content received:</p> <ul style="list-style-type: none"> - Previously saved by Scottish Government, no fundamental change since then, or any investment in Lightburn - Local hospital and in-line with national policy to have local services - Stobhill not accessible by public transport to people in East End - East End has poor health status and needs services - What are plans for local Parkinson's services - No timescale for Parkhead Hub and can Lightburn site be used for this - How will the loss of 56 beds affect the local community - Care homes not a suitable alternative, will patients face costs for using them
30.11.16	Email	<ul style="list-style-type: none"> - Movement disorder service at Lightburn exceptional, could not be relocated elsewhere
01.12.16	Email	<ul style="list-style-type: none"> - Valuable local hospital, provides excellent care to - East End has health inequalities, more cost to travel to Stobhill, less accessible and takes more time - No change since 2011 proposal, no investment, can Lightburn site be invested in and used to for other means - Is there a plan for the provision of outpatient services, will these be a permanent solution - Loss of 56 beds, cannot cope with volume of patients and targets missed, will this add to this - No investment in the East End
02.12.16	Email	<ul style="list-style-type: none"> - Vital local service, plays huge part in the community, Health Board should invest in Lightburn
02.12.16	Email	<ul style="list-style-type: none"> - No investment in Lightburn following previous proposal has raised concerns - Should invest in Lightburn site as hub - Excellent care and people have confidence in staff at Lightburn
05.12.16	Email	<ul style="list-style-type: none"> - Local community hospital in-line with national policy - No fundamental change since previous proposals - Stobhill difficult to access - Plans for local Parkinson's group - No approval for Parkhead Hub proposal

		<ul style="list-style-type: none"> - If a clinical case then why is Lightburn still being used - No investment in Lightburn - Health inequalities in East End require investment - Perception of care homes and potential charges for use - Who provides personal and clinical care in care homes - Local housing is not suitable for older people - Ward environment is better to prevent isolation, and safer e.g. falls - If model currently working without access to other services e.g. scans then why change it - This is about cost saving - Where are care homes situated and will the medical staff spend more time travelling - Lightburn needs upgrading as has staff and services in situ - There is lack of support to keep people at home - Family carers are not valued - Benefits can be stopped with extended periods in hospital or care homes
05.12.16	Email	<ul style="list-style-type: none"> - What is the possibility and timescale for Parkhead Hub, would it not be better to and more cost effective to invest in Lightburn - Where will Parkinson's patients go and has transport been investigated - Who has made the decision to close the hospital, have doctors nurses etc been involved in process
06.12.16	Email	<ul style="list-style-type: none"> - Lightburn provides excellent quality care locally - Stobhill is difficult to access - There has been no investment in Lightburn since previous proposal - Lightburn site should be invested in and used more
28.11.16	Correspondence	<ul style="list-style-type: none"> - Response from elected representative, no good clinical reason for any of the proposals, changes should be submit to the cabinet secretary for decision
05.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Ivan McKee MSP - The existence of Lightburn is consistent with policy of keeping services as local as possible - Lightburn is regarded as a valuable local facility by the local community - Lightburn fulfils a particular need, generated by the socio-economic profile of the area, for health care services to be available locally - Lightburn removes barriers and disincentives which patients would encounter if required to attend a large acute hospital some distance away. It optimises access to health care in a deprived community - Local services such as those at Lightburn, provide the most effective rehabilitation - Facilities like Lightburn prevent inappropriate admissions to acute hospital - The benefits to patients, of the closure of Lightburn, are neither clear nor compelling. - What transport arrangements are in place for patients to attend day hospital sessions in Stobhill? - What are the plans for outpatient services prior to the completion of the envisaged community health hub? - What guarantees are there that the community health hub will be completed, and what is the planned timescale? - NHSGGC has stated that, from a clinical perspective, all of the patients currently in Lightburn would be better served in an alternative setting, either transferred to their own homes, transferred to a care home, or transferred to an acute hospital. Can the Health Board state how many of the current patients in Lightburn would be transferred to each of those destinations were Lightburn

		<p>to be closed?</p> <ul style="list-style-type: none"> - How does the Board plan to manage the loss of 56 inpatient beds? - For the patients for who transfer to their own home is the best solution why is this not being enacted already? - What support will be in place for those patients and their families? - One of the arguments for relocation of Inpatients to an acute hospital is the provision of other medical services which are not currently available at Lightburn. Can the NHSGGC state how many times inpatients at Lightburn were required to access these services over the past year? - For those patients that transfer to a care home, what are measures will be in place to ensure decisions regarding discharge home are determined by the patient's clinical needs, rather than the care home's financial considerations? - What assessment has been done in respect of visitors to Lightburn, their current modes of transport, and how transfer to Gartnavel or Stobhill will impact on this? - What provisions are being put in place to support Parkinson's patients prior to the completion of the community health hub? - One of the stated aims of National Clinical Strategy is to work to reduce health inequalities. Three of the four lowest SIMD codes in all of Scotland lie within the immediate vicinity of Lightburn. Can the NHSGGC explain how reducing levels of health care provision in the most deprived communities in Scotland helps to reduce health inequalities? - What is the Health Boards estimate of cost savings which can be made by the closure of Lightburn Hospital, taking into account the cost of patients spending longer in more expensive acute hospitals? - What is the resale value of the Lightburn site? - What is the resale value of the Parkhead site, currently identified as the potential site for the proposed new community health hub?
05.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Bailie Elaine McDougall - Detailed description of all Services delivered at Lightburn Hospital and who accesses them i.e. where do they come from? Is it a genuine East End Service? Or is it a City Wide Service? - Detailed description of the post and jobs for all staff at Lightburn Hospital and where they come from geographically. - Is this a loss of jobs in the East End? - Confirmation of the expenditure in Lightburn Hospital in total and broken down by Service Area. - Description of all the alternatives proposed for each of the Services detailed above. - Detailed description of where staff would be redeployed to deliver these Services. - Confirmation that if staff is redeployed to deliver Services elsewhere, these will be part of the long staff establishment and not reduced as the staff leave. - A breakdown of how the Lightburn budget will be deployed to augment Services and not used as a means of rebadging and reducing existing budgets by the back door. - We require a detailed travel plan that highlights how there will be no increased transport difficulties for people in the East End. - We welcome the Capital Investment (Parkhead Hub) but not as a sweetener to get the agreement to the closure of Lightburn Hospital and long term re-occurring budget cuts. - What's delivered from the Health & Social Care Hub cannot be agreed by the Politician's alone and must be supported by the East End Communities. - No final decision should be made on Lightburn Hospital until all decisions are shared with MSP's and Councillors. - Detailed briefing sessions need to be set up for the East End Councillors. - A detailed consultation session based on the above information in all wards and detailed notes kept of Communities wishes and

		<p>aspirations must be arranged.</p> <ul style="list-style-type: none"> - Any change needs to be agreed through a genuine Community Participatory Planning Process and not by Officials and Quango's. - The bottom line needs to be - no job cuts - particularly in the East End. - There will be no financial cuts on the back of the proposals. - No loss of Services across the City on the back of the rebadging of these resources. - A genuine detailed Community Engagement where all options are on the table. - Investment in Parkhead and the proposed closure of Lightburn Hospital should be separate and should be considered on their own merit.
05.12.12	Correspondence	<ul style="list-style-type: none"> - Response from Councillor Alistair Watson, Labour Group Business Manager - Lightburn valuable local East End Service and important resource - Decision should be made by Cabinet Secretary - No investment in Lightburn - Services should be delivered locally in the East End - Public transport is changing in the East End further restricting access to other sites
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from local housing association - Value of locally provided health services - Welcome investment of Hub in East End, what are the timescales, Lightburn should be made available until these are realised - Lack of community transport means access to medical appointments are difficult
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Councillor Maureen Burke - NORTH EAST - WARD 21 - Detailed description of all Services delivered at Lightburn Hospital and who accesses them i.e. where do they come from? Is it a genuine East End Service? Or is it a City Wide Service? - Detailed description of the post and jobs for all staff at Lightburn Hospital and where they come from geographically. - Is this a loss of jobs in the East End? - Confirmation of the expenditure in Lightburn Hospital in total and broken down by Service Area. - Description of all the alternatives proposed for each of the Services detailed above. - Detailed description of where staff would be redeployed to deliver these Services. - Confirmation that if staff is redeployed to deliver Services elsewhere, these will be part of the long staff establishment and not reduced as the staff leave. - A breakdown of how the Lightburn budget will be deployed to augment Services and not used as a means of rebadging and reducing existing budgets by the back door. - We require a detailed travel plan that highlights how there will be no increased transport difficulties for people in the East End. - We welcome the Capital Investment (Parkhead Hub) but not as a sweetener to get the agreement to the closure of Lightburn Hospital and long term re-occurring budget cuts. - What's delivered from the Health & Social Care Hub cannot be agreed by the Politician's alone and must be supported by the East End Communities. - No final decision should be made on Lightburn Hospital until all decisions are shared with MSP's and Councillors. - Detailed briefing sessions need to be set up for the East End Councillors.

		<ul style="list-style-type: none"> - A detailed consultation session based on the above information in all wards and detailed notes kept of Communities wishes and aspirations must be arranged. - Any change needs to be agreed through a genuine Community Participatory Planning Process and not by Officials and Quango's. - The bottom line needs to be - no job cuts - particularly in the East End. - There will be no financial cuts on the back of the proposals. - No loss of Services across the City on the back of the rebadging of these resources. - A genuine detailed Community Engagement where all options are on the table.
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Parkinson's UK in Scotland - People with Parkinson's and carers who use the service at Lightburn have significant concerns about - the impact of the proposed closure on the highly valued Parkinson's outpatient service currently based at Lightburn - lack of accessibility of potential replacement sites for the Parkinson's outpatient service, as well as for other outpatient services provided there - the impact of the loss of local inpatient beds on older people in their community, this may include themselves if they should require inpatient care - The Parkinson's service at Lightburn offers an integrated multi disciplinary rehabilitation team - This type of service is essential to good Parkinson's care because the condition is very complex - At Lightburn, people with Parkinson's have onsite access to: a consultant with an interest in Parkinson's, a Parkinson's Nurse Specialist, allied health professionals including occupational therapists, physiotherapists and speech and language therapists. - Service meets the requirements of Clinical Standards for Neurological Health Services and provides care close to home, minimises multiple hospital attendances, in line with Government policy. - Service allows the consultant or specialist nurse to make same-day, same-site, referrals to colleagues in the multi-disciplinary team. This means that: issues are promptly identified and addressed, emergency admissions are prevented, missed appointments are very rare - People who use the service talk about how welcoming it is. They highlight the high-quality, person-centred nature of the care they receive, and the importance of providing local and accessible support, particularly for people who are older and more frail. - Parkhead Hub does not have funding, no timescale and not a suitable replacement facility - A change of venue will affect the quality of care provided - Public transport issues to Stobhill from East End - How will loss of 56 inpatient beds affect capacity in the area - Care homes don't offer on-site access to services in the proposal, how is it therefore appropriate replacement, what will the staff ratios be in care homes and how will care be provided - Wider community impacts - East End has high inequalities, care should therefore be provide closer to people in this area
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Save Lightburn Campaign Group - Lightburn Hospital is highly valued in the community. - Lack of investment in Lightburn since previous proposal - People are more likely to have health issues or disabilities in the east end than in neighbouring areas. It is surely unhelpful to move even more healthcare facilities out of the area.

		<ul style="list-style-type: none"> - Many people in the east end are dependent on public transport, Stobhill would cause great difficulties, multiple and longer journeys, elderly visitors would be unable to travel, physical access is difficult - GRI feel impersonal compared to Lightburn - Loss of 56 beds, will patients have to travel to other more difficult to access sites - Care homes are not a suitable replacement, they are lower quality replacement in terms of care and support, they are perceived negatively by elderly people - The same level of care at the Parkinson's clinic cannot be provided elsewhere, if teams are broken up then care will be negatively impacted, Lightburn is easier to get to for the majority of people from East End - No evidence of clinical input into the proposals
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from Councillor Frank Docherty - Vital resource for communities in East of Glasgow and negative significant impact on the quality and accessibility of service to patients. - Significant health challenges across the East End of Glasgow need effective, local community health services where they are needed. Future of Lightburn should be taken with the interest of the patients, staff and local community first. - There has been a complete lack of any investment in the facilities at Lightburn since previous proposal
06.12.16	Correspondence	<ul style="list-style-type: none"> - Response from James Kelly MSP, no good clinical reason for any of the proposals, changes should be submit to the cabinet secretary for decision