

T: 0300 244 4000  
E: [scottish.ministers@scotland.gsi.gov.uk](mailto:scottish.ministers@scotland.gsi.gov.uk)

John Brown CBE  
Chair  
NHS Greater Glasgow & Clyde

Via email: [PublicAffairs@ggc.scot.nhs.uk](mailto:PublicAffairs@ggc.scot.nhs.uk)

19 January 2018

Dear John,

**MAJOR SERVICE CHANGE PROPOSALS: INPATIENT & DAY CASE PAEDIATRIC SERVICES and REHABILITATION SERVICES IN THE NORTH EAST OF GLASGOW inc. LIGHTBURN HOSPITAL**

I am writing in respect of the above major service change proposals which were submitted for my approval, having been agreed by the Board of NHS Greater Glasgow & Clyde.

I have carefully considered the proposals as informed by the available information and representations, including the Board submissions, advice and evidence provided by officials incorporating expert clinical views, and meetings with local stakeholders. In doing so, I had to consider: whether the Board has made a compelling case which is in the best interests of patients; whether the Board has credible and viable plans for the provision of high quality local services; and whether the proposals are consistent with national policies, frameworks and guidance.

Having carefully considered all the available information and representations, I am content to approve the Board's proposal to transfer inpatient and day case paediatrics from Ward 15 at the Royal Alexandra Hospital (RAH) in Paisley to the Royal Hospital for Children (RHC) in Glasgow, subject to the conditions detailed in the second page of this letter. This has been a difficult decision but in doing so, I recognise that only inpatient and day case paediatrics will be transferred; the majority of patient cases will continue to be seen and treated locally; with the A&E Departments at Inverclyde Royal Hospital and at the RAH continuing to receive paediatric patients who self-present alongside the continuation of outpatient clinics, as well as specialist community paediatric services.

In my view, the Board has made a compelling and viable case for these proposals which have attracted overwhelming clinical support. The proposals are consistent with national policy, modern clinical standards and best practice, including the European Association for Children in Hospital (EACH) Charter and the national clinical standards set by the Royal College of Paediatrics and Child Health.

This is well summarised by the submission of Action for Sick Children Scotland (now Children's Health Scotland) to the Health Board's public consultation. The charity framed their submission under each of the 10 articles of EACH Charter, concluding that "the most compelling argument...is that clinical standards are there to support the best quality healthcare for all children in Scotland and we feel this would be best achieved by moving Ward 15 to the RHC."

Whilst I am convinced that these proposals are in the best interests of local children, and note from the report of the Scottish Health Council (SHC) that the Board has meaningfully engaged with local stakeholders on their proposals, I recognise from the representations received and the stakeholder meetings I have attended that some local people – from the Paisley area, in particular – will be deeply disappointed by this decision. I know that the service many families have received from Ward 15 at the RAH has been highly valued; and that there are understandable concerns about access to the more specialised services which will transfer to the RHC; how these will be integrated into those outpatient and community services that will continue to be provided locally; and how to ensure there is clarity about what support will be offered to families in respect of these changes. This will include transport and financial support advice. I understand the Royal Hospital for Children has a dedicated Family Support & Information Service which offers support for families accessing the hospital. It provides funding to cover transport, fuel, travel expenses, or other forms of assistance identified by the family or medical and nursing staff on the wards.

As such, my approval of these proposals is conditional on (i) the Board maintaining and improving community based services, with the aim of maximising local provision, where it is clinically appropriate to do so; and (ii) working directly with families from the Paisley area on specific, individual treatment/service access plans, to be complete before any service changes are made; ensuring that there is a full understanding of what services and support will be available to them, and from where.

I also recognise the local fears expressed during the public engagement and consultation activity that the approval of these proposals could lead to the 'downgrading' of the RAH. The Board has assured me that this is categorically not the case, and that you remain absolutely committed to maintaining and developing the services provided at the RAH as the main acute resource for the Clyde area. Indeed, in terms of the ward space vacated by this decision at the RAH, I understand that the Board will use the ward to optimally improve patient care on the site. I also need you to confirm there will be no reduction in acute hospital beds on the RAH site as a result of this approved service change.

In respect of your proposals for rehabilitation services in the North East of Glasgow, including the closure of Lightburn Hospital, and having carefully considered all the available information and representations, I am not minded to approve the proposals.

I have been consistently clear during the Board's review process that your final proposals had to effectively address the concerns which resulted in the Government rejecting the previous Lightburn closure proposals in 2011. As then, a specific consideration in this case was that approval of the proposals would result in the removal of the only significant, established and highly valued healthcare facility from one of the most deprived communities in the country.

I want to be clear that this has been a difficult decision. Like Nicola Sturgeon before me, I fully accept that healthcare services cannot be static; that reform is necessary as set out in our National Clinical Strategy and Delivery Plan; and recognise that the proposals to further develop community based services are largely consistent with the direction of national policy, including the integration of health and social care. However, in light of all the available information and representations, I remain concerned that the proposed replacement of local community and support services are not sufficiently developed to authorise the closure of Lightburn Hospital.

Given the general access and public health issues recognised by the Health Board as particularly affecting these seriously deprived communities, I welcome the commitment from the Board and it's planning partners to develop, as a priority, a Health and Social Care Hub in East Glasgow. I consider this to be an integral part of the Health Board and it's planning partners developing a viable and sustainable case for change. Whilst it is reasonable and right for the local Health & Social Care Partnerships to continue to consider how they can appropriately shift the balance of care in line with national policy, I would expect such services to be developed with local communities before any future proposal is considered. As a result I am asking the Health Board to work more closely with the local communities.

As part of this further work, I would like to see the Lightburn Hospital site considered as the potential location for the new East End Health and Social Care Hub, or another health care use/facility for the benefit of the local community. I expect this work to be taken forward with the full and meaningful involvement of local stakeholders.



**SHONA ROBISON**

**NHS Greater Glasgow & Clyde**

**NHS Board**

**20 February 2018**

**Interim Chief Officer – Acute Services**

**Paper No: 18/09**

### **Recommendation**

The NHS Board is asked to note the impact from the decisions announced by the Cabinet Secretary for Health and Sport on Ward 15 RAH and Lightburn Hospital.

### **Purpose of Paper**

To update the Committee on the decisions of the Cabinet Secretary on Ward 15 Royal Alexandra Hospital (RAH) and Lightburn Hospital and consider the next stages.

### **Key Issues to be Considered**

Impact on services as noted in this paper.

### **Any Patient Safety/Patient Experience Issues**

The temporary closure arrangements for Ward 15 have been in place at weekends since July 2017 and there have not been any patient safety issues escalated.

### **Any Financial Implications from this Paper**

A financial plan has been developed detailing efficiencies and investment in neonatal consultant posts.

### **Any Staffing Implications from this Paper**

All staff have been successfully transferred to RHC or at their preference redeployed within RAH

### **Any Equality Implications from this Paper**

All paediatric inpatients and day cases will benefit from the clinical expertise, environment and facilities at RHC

### **Any Health Inequalities Implications from this Paper**

EQIA undertaken as part of Stakeholder Reference Group

Improved assistance and advice via Family Support & Information Services to meet any additional costs associated with an inpatient stay or day case attendance

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

Clinical benefits of transferring service identified and commitment to local service via outpatient based provision

Neonatal service at RAH Maternity Unit strengthened by additional appointment of two neonatal consultants

**Author** J Best/K Hill  
**Designation** Interim Chief Officer – Acute/Director of Women & Children’s Services  
**Date** 13<sup>th</sup>February2018

## **Service Redesign – Impact of the Decisions on Ward 15, RAH and Lightburn Hospital.**

### **1. Background**

The Cabinet Secretary for Health and Sport wrote to NHSGGC on 19<sup>th</sup> January 2018 indicating her decision on major service change proposals for the following:

- Inpatient and Day Case Paediatric Services – transfer of Ward 15 from Royal Alexandra Hospital Paisley to the Royal Hospital for Children Glasgow.
- Rehabilitation Services in the North East of the City including Lightburn Hospital.

1.1 In her letter (attached) approval was given for the transfer of inpatient and day case paediatrics from Ward 15 at the Royal Alexandra Hospital (RAH) Paisley to the Royal Hospital for Children (RHC) in Glasgow.

1.2 In the same letter the Cabinet Secretary for Health and Sport did not approve the Board's proposals for rehabilitation services in the North East of Glasgow including the closure of Lightburn Hospital.

### **2. Impact of the Decision on Ward 15, RAH.**

2.1 Ward 15 at RAH permanently closed on Friday 9<sup>th</sup> February 2018 as planned.

2.2 The Royal Hospital for Children (RHC) will now accommodate all paediatric inpatient activity including day surgery and short stay medical assessment.

2.2 The majority of paediatric patients will continue to access local services at RAH including paediatric clinics, Specialist Nursing, Community Nursing, Allied Health Professionals and PANDA centre. Children who self-present will continue to be seen at RAH Emergency Dept. (ED).

2.3 Local services for children in Clyde remain unaffected by the transfer of Ward 15 as NHSGGC will continue to provide the same range of services at Inverclyde Royal Infirmary (IRH), Vale of Leven Hospital (VoL) and to remote and rural areas.

2.4 Given the current performance at RHC and ongoing focus on patient throughput and service improvements the hospital has seen the average daily number of patients attending ED increase by 14% comparing full year 2016 with 2017; rising from 147 average patients a day to 204 whilst delivering 98% against the 4 hour maximum waiting time. Based on local knowledge and factual analysis there has already been a shift of paediatric patients from Clyde catchment attending ED at RHC over the course of the last year.

2.5 Neonatal Intensive Care Unit (NICU) at the Maternity Unit at RAH will benefit from the investment in two consultant neonatologists to provide specialist neonatal care to the level 2 NICU following the transfer of Ward 15. This ensures appropriate specialist support for the Maternity Unit at RAH.

2.6 There has been extensive engagement with families whose children attend Ward 15 to ensure their child's individual treatment plans are in place. Since 21 July 2017 these arrangements have been successfully in place during the weekend ward closure.

2.7 An Open Door event for families was held on 5<sup>th</sup> February 2018 at RHC hosted by Board Chair of NHSGGC with the Cabinet Secretary for Health & Sport in attendance along with members of the clinical team. During the event there was an opportunity for parents to ask questions and find out more about clinical services and have a guided tour of a ward and recreational facilities available, meet with staff from Family Support & Information Service and the Transport & Travel team who provided information on the assistance available with transport and other costs associated with attending the hospital. The feedback from the event has been positive and further individual meetings are being arranged.

### **3. Impact of the Decision on the proposals for rehabilitation services in the North East of the City including the closure of LightburnHospital.**

3.1 The proposed model of service for Rehabilitation patients in the North East of the City was fully developed by clinicians, GP's, staff and Glasgow City IJB. The model was developed in partnership through a comprehensive process involving a Stakeholder Reference Group. This model proposed that patients being discharged from Glasgow Royal Infirmary would follow agreed comprehensive patient pathways to the most suitable care setting in the community, intermediate step down facilities or nursing home care with the majority of patients returning home.

Board Officers will review the proposed model as requested by the Cabinet Secretary to ensure Community and Support Services are in place as originally intended.

3.2 Further work is underway to assess the suitability of the LightburnHospital site for other healthcare use. As part of the programme of work to transfer services from the current Yorkhill campus, options are being developed to consider which current clinical and support services could be accommodated on the Lightburn site utilising the current estate.

3.3 In respect of the Health and Social Care Hub for the East of Glasgow, a planned programme of work is being led by Glasgow City IJB to develop options including facilities at Parkhead. In developing a range of options the IJB will consider a range of sites in the East End of Glasgow including the current Lightburn Hospital Campus.

3.4 The North Sector Management Team is working in partnership with Glasgow City IJB to agree which Acute Services could be incorporated into the Health and Social Care Hub to ensure services are provided to local communities.

### **4. Conclusion**

In implementing the decisions made by the Cabinet Secretary for Health and Sport NHSGGC has taken forward the following:

- Finalised arrangements to transfer inpatient and day case paediatrics from Ward 15 (RAH) Paisley to The Royal Hospital for Children (RHC) on 9th February 2018 with the full involvement of families of children meeting at an 'Open Door' event held on 5<sup>th</sup> February.

- Undertake further work on the proposed service model for rehabilitation services in the East of Glasgow including the joint work with Glasgow City IJB on the options for a Health and Social Care Hub and explore alternative health care use for the LightburnHospital campus.

Jonathan Best

Interim Chief Officer

13<sup>th</sup> February 2018

Tel: 211 3647