

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Social Work Services

Council: 30 May 2007

Subject: Vale of Leven Acute Hospital Services

1. Purpose

- 1.1** The report advises Elected Members of the latest stages in the Health Board's review of Acute Services at the Vale of Leven Hospital.

2. Background

Integrated Care Pilot

- 2.1** In September 2006 the Health Board identified concerns about progressing the Integrated Care Pilot at the Vale of Leven Hospital. The Health Board were then asked by the then Health Minister and by community representation to re-examine the work originally undertaken by NHS Argyll and Clyde Health Board on the viability of anaesthetic cover.
- 2.2** The Minister also requested a wider health needs assessment for the total population of West Dunbartonshire. This exercise was also to include the Lomond population of Argyll and Bute covering Helensburgh and the lochside.

3. The Review of Acute Service at the Vale of Leven Hospital

- 3.1** NHS Greater Glasgow and Clyde initiated 3 work streams to study issues related to:-

- Anaesthetics
- Unscheduled Medical Admissions
- Rehabilitation

The results of these reviews and other strategic work was reported at a Public Engagement Event on 21 May 2007 and were the subject of "media briefing" presented on 18 May 2007. The appendices attached set out the information and findings. (Appendix 1 – Media Briefing; Appendix 2 – Public Engagement Event Programme and Presentations).

Strategic Review of Maternity Services

- 3.2** There has been a formal examination of the progress made by Community Midwifery Units and the experience within the unit at the Vale of Leven Hospital has indicated much lower numbers of births than was predicted. The level of demand threatens the viability of in-patient beds at the Vale of Leven Hospital.

Clyde Mental Health Strategy

- 3.3** For over a year the NHS Greater Glasgow and Clyde Mental Health Partnership has been working with local authority, and consulting with NHS Highland over the future direction of mental health services across Clyde. There have been consultation events involving users, carers and representative groups. The latest event was held in the area on 22 May 2007. The aims of the developing Clyde Mental Health Strategy have been supported by the Council's Social Work Services and the CHP. Much of the emphasis of the strategy and related financial planning is directed towards the development of comprehensive community based services including access to "out of hours" services and support. At present the Clyde Mental Health Strategy is a separate process from the Acute Services Review.
- 3.4** The Clyde Mental Health Strategy supports a shift in the balance from in-patient care towards enhanced community care. There are, however, issues which impact on the future of services within the Vale of Leven Hospital.
- 3.5** The options examined within the Clyde Mental Health strategy suggest that there will be support for a transfer of the beds in the Vale of Leven Hospital to Gartnavel Royal Hospital if concerns over the sustainability of medical cover cannot be resolved.
- 3.6** The work of the strategy will also mean that access to other specialist services (based in Lochgilphead and Inverclyde) will transfer to Gartnavel, and become more readily available to West Dunbartonshire people.
- 3.7** It is intended to issue the strategy after consideration by the Health Board during the summer of 2007.

4. Findings

- 4.1** The results of the work streams (set out in the appendices) confirmed many of the fears of local people in that anaesthetic services and therefore Unscheduled Medical Care are not sustainable at the Vale of Leven Hospital.
- 4.2** The recommended solution by the Health Board for the loss of these acute services is that patients should be admitted to the Royal Alexandra Hospital in Paisley. The review also concluded that Rehabilitation Services at the Vale of Leven Hospital could be retained to offer care to patients discharged from the Royal Alexandra Hospital and other acute sites.

5. The Next Stage

- 5.1** The recommendations set out by the Health Board recognised that the final views to be presented to the NHS Greater Glasgow Health Board would take account of the reactions and substantive comments arising from the community pre-engagement meetings.

- 5.2** It was the stated intention of Mr. Tom Divers, Chief Executive, to present proposals for consultation at the June meeting of the Board.
- 5.3** The new Cabinet Secretary for Health has indicated that any recommendations should be the subject of independent scrutiny before consultation proposals are defined. It is not yet clear how this process will take place and what impact it will have on the timescales for consultation and decision making.

6. Observations

- 6.1** There have been consistent themes throughout the lengthy process of service changes and withdrawal of services spanning across the stewardship of the former NHS Argyll and Clyde and the new Health Board.
- 6.2** The criteria applied to justify changes or reconfiguration have centred on:-
- safety
 - sustainability
 - accessibility
- 6.3** The present review findings reflect the views and concerns of the clinicians responsible for these services. They have taken into account the currently established clinical pathways which link the Vale of Leven with Paisley, training requirements, workload and working time directives, and the activity levels at the hospital.
- 6.4** Many of these assumptions reflect the historical decisions that have led to the atrophy of key services at the hospital. In particular the previous Board's decision and G.P.s' referrals to direct patients towards Paisley has weakened the links with clinical networks in Glasgow.
- 6.5** From the material presented this far there are still no detailed presentations of the evidence behind:-
- the staffing and rota assumptions for clinicians;
 - the ability of the Western/Gartnavel sites to offer alternatives; or
 - the reasoned judgements of the training bodies for clinicians about the options considered.
- 6.6** It would be helpful to have access to the evidence behind the judgements about the sustainability of services at Vale of Leven. The body of medical opinion which tested the Integrated Care Model and found it wanting is still not understood by many people.

- 6.7** In proposing a sustained link into acute services at Paisley, the Health Board appears to have arrived at the least acceptable solution. For many people and stakeholders the only option that could have been supported was the repatriation of services to the Vale of Leven Hospital and the restoration of the hospital estate and fabric. For others the recognition that safe and sustainable services could not be delivered at the Vale of Leven meant the acceptable option would have been a North Clyde solution engaging West Glasgow acute provision. This would have been a tangible sign of the commitment of the new NHS Greater Glasgow and Clyde system that the whole of West Dunbartonshire had been embraced by the new Health Board. The complexity and inequities for the area created by the historical split across NHS Boards remain.
- 6.8** The Clyde Mental Health Strategy is largely about improving community based services but there are debates about the provision of in-patient beds which are similar to the acute services.
- 6.9** The sustainability of resident medical and psychiatric cover is a matter under review within the Clyde Mental Health Strategy. There is a clear argument that admissions and in-patient mental health care are best offered within a site co-located with resident medical cover.
- 6.10** Subject to the Gartnavel site offering suitable quality of provision and the development of improved community based services, the Mental Health Social Work Services will support the relocation of in-patient beds to Gartnavel from the Vale of Leven and Lochgilphead. There are further debates about the provision for older people's services for dementia related services.
- 6.11** There has been much consternation about the timing of these public announcements. These announcements came within days of changes in the Executive, new Cabinet appointments and new local authority administrations. The Health Board will point out that they have tried to adhere to the timetable set out by the previous Health Minister and that in the past NHS Health Boards have been criticised for delay and obfuscation over planned changes. It has been difficult, however, to give considered responses to the issues presented within the time frames originally set out.
- 6.12** The announcements made were not unexpected. It is unfortunate that the disappointments could not be alleviated by any discussions about any development opportunities. It is likely that the strict rules of consultation and engagement around significant changes to NHS services precluded presentation of options for future services in West Dunbartonshire.
- 6.13** The finalised Health Needs Assessment would have provided an ideal opportunity to rehearse new models of services which could address the challenges identified. The statement of health needs and demographic trends represent a better measure of required health provision than comparative clinical activity within the diminished capacity of services at the Vale.

- 6.14 A key component of West Dunbartonshire's future will be the availability of good quality health care services.

7. Personnel Issues

- 7.1 It is not possible, at this stage, to identify any personnel issues.

8. Financial Implications

- 8.1 There are no direct financial implications for the Council.

9. Risk Analysis

- 9.1 The accessibility and adequacy of local and specialist health services for West Dunbartonshire is a key concern for the Council. Any consultation exercise will have to address this concern.

10. Conclusions

- 10.1 Any opportunity for the Council to influence and support the process of external scrutiny should be taken. This would include identifying the areas of concern and interest of local people, such as transport, the improvement to the A82, and local models of care and treatment.
- 10.2 The Council should encourage the Scottish Executive to invest in research to test the potential of localised models of health care such as the Integrated Care Pilot and use the local model as the first study.
- 10.3 If services at the Vale of Leven Hospital cannot be sustained, the option appraisal to Paisley and Glasgow as providers of acute service to West Dunbartonshire and Argyll and Bute must be carried out in a full and transparent manner.

11. Recommendations

- 11.1 The Council is asked to consider the report and advise the Director of Social Work Services on how best to respond to the NHS Greater Glasgow and Clyde proposals for acute services at the Vale of Leven Hospital.

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| Appendix 1: | Media Briefing |
| Appendix 2: | Public Engagement Event Programme and Presentations |
| Background Papers: | None |
| Wards Affected: | All |