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Our ref: WWC:mm
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Date: 1 February 2007

Appendix 1

Mr. John Hamilton,
Head of Board Administration,
NHS Greater Glasgow and Clyde,
Dalian House,
350 St. Vincent Street,
GLASGOW,
G3 8YZ.

Dear Mr. Hamilton,

Clinical Strategy - South Clyde Acute Services

Thank you for the opportunity to comment on the proposed clinical strategy for South Clyde Acute Services.

Our consultation response (attached) highlights our concern about the immediate resolution of the long term role of the hospitals in Renfrewshire and Inverclyde without full consideration of the wider review of acute services across Greater Glasgow and Clyde.

We would prefer decisions to take account fully of the needs of our population.

Please contact me if you need further information.

Yours sincerely,

William W Clark
Director of Social Work Services

WEST DUNBARTONSHIRE COUNCIL

Consultation Response by Director of Social Work Services

1st February 2007.

Acute Hospital Services – Royal Alexandra Hospital (RAH) and Inverclyde Hospital (IRH) Consultation Document December 2006

General Comments

- 1.1 West Dunbartonshire Council welcomes the opportunity to contribute to the consultation paper on Acute Hospital Services at the Royal Alexandra and Inverclyde Royal Hospitals. Our contribution to the consultation has to be seen in the context that residents of Dumbarton and Alexandria are often required to use acute services at the Royal Alexandra Hospital (RAH), because Glasgow hospitals do not have capacity to care for that population, and some local acute services (formerly located at the Vale of Leven Hospital) have been relocated to the RAH.
- 1.2 There is little mention of the Vale of Leven Hospital, other than a recognition that the RAH provides Accident & Emergency and some planned and unplanned services to the Vale catchment area. It appears though that future plans for acute services at the RAH and IRH should take account of that population; what patient flows might mean for the future of the Vale, and also have regard to the NHS Greater Glasgow and Clyde commitment to develop North of the Clyde service pathways for Dumbarton, Alexandria and Helensburgh residents.
- 1.3 We would therefore seek clarification as to whether the draft strategy embeds a commitment to retain significant services at the RAH which have been transferred out of the Vale of Leven Hospital, for example:
 - Consultant-led Maternity Services
 - Special Baby Care Unit
 - Accident & Emergency Services
 - Urology
 - Emergency Surgery
 - Breast Cancer Services
- 1.4 If those services which have been transferred out of the Vale of Leven Hospital are to be retained at the RAH with regard to the Dumbarton, Alexandria and Helensburgh populations this will clearly impact on the future viability of the Vale of Leven Hospital. There will also be implications for the RAH when and if the North Clyde health services corridor becomes established.

Specific Comments

- 2.1 We recognise the points made at paragraph 1.6, around the uncertainty faced by Inverclyde residents. All of the issues apply equally to the Vale, and the uncertainty has in fact contributed to some of the service "run-down", which appears to have happened in an unplanned way. It has also contributed to recruitment difficulties and a loss of trust and confidence in NHS planning for the populations of Dumbarton, Alexandria and Helensburgh. It is therefore important to recognise and demonstrate how changes in one part of the system will impact on others.
- 2.2 Paragraph 3.3 goes on to consider the population catchment. It's important to bear in mind that the RAH catchment includes some of the West Dunbartonshire population, which in turn could be seen to reduce the Vale catchment. NHS Greater Glasgow and Clyde has already stated that West Glasgow hospitals do not currently have capacity to care for this additional population, but that it will work towards this in future to meet the wishes of that population. Any current plans should therefore have enough flexibility to reduce capacity at the RAH once capacity has been increased in West Glasgow.
- 2.3 Paragraph 4.3 outlines difficulties around ensuring appropriate radiology cover at the IRH. The Vale hospital has seen similar difficulties in relation to anaesthetics, so the proposed solution of addressing this through the wider system may offer a model for the Vale. Again we would stress that while the Vale should ultimately form part of the North of Clyde corridor, the issues relating to its acute services are relevant to this consultation until such times as the patient flows to Glasgow are sustainable. This point is underscored at paragraph 5.4 of the consultation, which notes that the RAH is currently operating very close to maximum capacity.
- 2.4 We note that paragraph 6.1 iterates a commitment to full Accident & Emergency Services at both the IRH and RAH. Clearly this will be welcomed by residents in both of these areas, but we are interested to know what changes to A & E policy have occurred since the last review of services by the former NHS Greater Glasgow, which stated that the Glasgow metropolis population was not large enough to sustain more than two A & E Departments (at SGH and GRI). Expansion to include the Clyde population has clearly not been enough to double the NHS Board's population; so this

would indicate that there has indeed been some shift in policy. Sharing this information will help partners to understand what local services can realistically be expected for their citizens.

- 2.5 We welcome the principles underpinning the review, as highlighted at paragraph 6.3, and trust that these same principles will be applied across any review of services within NHS Greater Glasgow & Clyde. In particular we welcome the recognition that distance and time to access hospital services should be considered alongside deprivation. This has been a long-standing issue for residents of Dumbarton, Alexandria and Helensburgh when accessing services at the RAH and contending with the risks of a single road bottleneck and frequent Erskine Bridge closures.

General Surgery, Radiology and General Medicine Subspecialties

- 3.1 We note with interest the outline plans for recruiting and retaining key senior medical staff in Inverclyde, and propose that the same strategy would be likely to be effective for sites north of the Clyde, in particular the Vale of Leven Hospital. However, we would emphasise that the catchment population for the Vale would have to be recognised as part of that system rather than being included within the catchment for the RAH.

Accident and Emergency

- 4.1 Again we would re-state the need for transparency of the criteria for local A & E services.

Service Changes

- 5.1 The services outlined for rationalisation within the larger Acute Services provision largely represent non-emergency services and as such, it would appear sensible to rationalise these in order to develop centres of excellence. However, we suggest that where an inpatient stay is required, commitment should be made to liaise with local health and social care services, to facilitate the earliest possible discharge home. This will support families in cases where long visiting distances are difficult or overly expensive.

Conclusion

- 6.1 West Dunbartonshire Council welcomes the opportunity to contribute to the consultation, but is disappointed that the two hospitals (RAH and IRH) are being considered separately from the overall provision of Acute Services.
- 6.2 Whilst we recognise the attraction in trying to single out elements for ease of locality planning, the interconnectivity of acute services across the whole of NHS Greater Glasgow and Clyde strongly suggests the need to look at Acute services as a whole, and how these relate to patient flows (actual and preferred), and to community based health, housing and social care services. It is difficult to understand how a strategy can be set for these two hospitals without consideration of the Vale of Leven Hospital; the Gartnavel and Southern General campuses; the Glasgow Royal Infirmary, and even the possible potential role(s) of the Golden Jubilee Hospital in Clydebank.
- 6.3 We would therefore ask that any final decisions on the current strategy should be regarded as provisional pending the outcomes of future consultation on the wider Acute Services Strategy for the whole of NHS Greater Glasgow and Clyde. We are happy to support the development of such a strategy in any way that we can; and will play a full part in the local Health Needs Assessment exercise currently being undertaken by NHS Greater Glasgow and Clyde and NHS Highland.

Person to contact:

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