

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Executive Director of Social Work and Health

Council: 28 January 2009

---

**Subject: Vision for the Vale of Leven Hospital  
(Consultation Document October 2008-January 2009)**

#### **1. Purpose**

- 1.1** The report invites the Council to consider the draft response (Appendix 1) to the NHS Greater Glasgow and Clyde Board's latest consultation on the Vale of Leven Hospital.

#### **2. Background**

- 2.1** In May 2007 NHS Greater Glasgow and Clyde, after reviewing the former Argyll and Clyde Board's acute strategy, proposed the removal of a range of acute services from the Vale of Leven Hospital. These services included maternity, mental health and unscheduled medical care. Since the establishment of the new Councils for West Dunbartonshire and Argyll and Bute there have been few issues which have generated so much public feeling as the threat to services at the Vale of Leven Hospital.
- 2.2** The Board's proposals coincided with the election of a new national government and the Cabinet Secretary for Health required the Board to re-visit their proposals.
- 2.3** The Cabinet Secretary also commissioned an Independent Scrutiny Panel to challenge the Board's assumptions in respect of the Clyde acute strategy; and carried out other independent reviews on anaesthetics. The NHS Greater Glasgow and Clyde Board and NHS Highland were also asked to produce comprehensive Health Needs Assessments of the key areas affected by the proposals.
- 2.4** The process resulted in the Board's revised proposals which are set out in the consultation document "Vision for the Vale of Leven Hospital".
- 2.5** An extract ("Bringing the Vision Together") from the document is set out below and this offers a good summary of the key proposals.

#### ***"Bringing the Vision Together***

*This consultation document outlines a Vision for the Vale of Leven Hospital and the wider Hospital site. It describes the full range of services that we propose will be delivered from the Vale, explains how they will be delivered and highlights what this will mean for patients and staff. We believe that the Vision described in this document represents the best possible balance between providing local access to high quality services and a requirement to travel for more specialist or intensive care on the occasions when it is required. The Vision is closely informed by the work undertaken on the Lomond Integrated Care Model at the Hospital and also by the views*

expressed by the two groups of independent experts who have reviewed services at the Vale of Leven over the past 18 months.

The Vision sees the vast majority of activity that is currently delivered from the hospital being sustained. It also sees 18,350 planned episodes of care that are currently delivered in Glasgow or Paisley being repatriated to the Vale of Leven Hospital. These developments will significantly enhance the hospital and have real benefits for large numbers of local people.

In relation to unscheduled medical care the work that we have undertaken means that we think it is clinically appropriate to maintain between 70% and 80% of unscheduled medical activity. Taken together with the conclusions of our work on rehabilitation and inpatient surgery this will mean that we are able to maintain approximately 72% of the current acute beds that are provided in the hospital.

For inpatient mental health services for adult patients between the ages of 18 and 65 the community based crisis team which has been established is already ensuring that fewer patients require admission to hospital. We therefore project that the number of acute inpatient beds for adults will reduce from 18 down to 12. There are two possible options for where this service can be provided in the future: Gartnavel Royal Hospital and the Vale of Leven. This document describes both options and asks for your view on which option is preferable. For elderly patients with acute mental health needs we will continue to provide inpatient services on the Vale of Leven site.

In addition to the increased hospital-based care that will be delivered on the Vale of Leven site we also propose the development of a New Alexandria Medical Centre as part of our Vision. This will be an £18m investment in the site and is one which will have benefits for patients and staff. The development of a Care Home on the Vale of Leven site is also included in our Vision.

The impact of these developments on the level of non-inpatient bed activity at the Hospital is shown in the table below.

<b>Area</b>	<b>Current Patient Episodes</b>	<b>Future Patient Episodes</b>
Outpatient Services	50,000	50,000
Daycase and short stay planned procedures	7,000	7,000
Planned diagnostic Services	11,500	11,500
Community midwifery unit Services	14,000	14,000
Day Hospital for Elderly Patients	7,500	7,500
Primary Care Emergency Services	10,000	10,000
Minor Injuries Unit	9,000	9,000
Medical Assessment Unit	6,300	4,410 – 5,292
New Planned Care Services: Diagnostic, Outpatient, Treatments and Daycase Procedures		18,350
<b>Total</b>	<b>115,300</b>	<b>131,760</b>

For the new model of unscheduled medical care to be successful it needs to be supported by the community and by the staff. We therefore want to encourage as many people as possible to give us their view on this model of care. In relation to mental health services for non-elderly patients your feedback will also be important in

*determining the conclusions reached by the Board of NHS Greater Glasgow and Clyde. We want the community to be as well informed as possible about our Vision for the Hospital when giving us feedback and for this reason we would also welcome your feedback on the overall Vision. The ways in which you can find out more about our proposals and give us your feedback are shown in the final section of this document.*

*Another important reason for seeking to describe the vision for the future of the Vale of Leven is to allow us to move to develop an appropriate capital investment plan. When we have clarity around the future configuration of services and the corresponding requirement for wards and other facilities then we can begin to develop the site to ensure that the facilities are appropriate to the needs of the patients that will be treated. We know that the existing infrastructure requires considerable investment to ensure it can provide an appropriate environment and a key decision moving forward will be to determine whether new build facilities for mental health, rehabilitation and unscheduled medical care services are a more effective solution than extensive refurbishment of the existing estate. The development of facilities to incorporate additional planned care activity, of the new Alexandria Medical Centre and potentially of a new Care Home will require significant new build projects to be undertaken on the site and we will explore whether there would be economies of scale and service advantages from also developing new build inpatient facilities.”*

### **3. Personnel Issues**

- 3.1** The proposals have limited direct consequences for Council staffing. Aspects of the proposed developments such as the new medical centre, care of older people and rehabilitation services do offer opportunities to the Council to pursue joint services and integration.

### **4. Financial Implications**

- 4.1** Some of the options for mental health services set out by the Board involve possible bed reductions. The Council would expect to enter into discussions with the Board to negotiate appropriate resource transfer. If proposals to retain adult mental health services on site are endorsed by the Board and agreed by the Cabinet Secretary there will be additional capital and revenue costs which may affect the board's capacity to fund resource transfer agreements.

### **5. Risk Analysis**

- 5.1** In broad terms both Argyll and Bute and West Dunbartonshire Councils wish to promote usage of their areas as a “place of choice”, a place to live in, to work, and to visit. An essential part of this wider ambition is the availability of good quality public services, particularly NHS services, for residents and visitors. The National Park and the surrounding area represent a major visitor attraction for Scotland. A declining hospital site is a threat to the infrastructure of the area. It is important that services at the Vale are sustained and developed.

The NHS is a major employer within the area. NHS Greater Glasgow and Clyde have clear re-deployment policies which mean that organisational change should not threaten jobs. That said the impact of the proposed changes on job retention and job creation at the Vale site should be studied.

## **6. Equalities Impact Assessment**

**6.1** Despite its heritage and natural beauty West Dunbartonshire is recognised as an area characterised by significant levels of deprivation and health inequality. There are relatively low levels of car ownership and higher levels of disability related to long term health conditions. Access to health services is a key issue. The location of health services and their accessibility are key concerns for many communities. These considerations and particularly the challenge facing older carers and relatives have influenced the Board's views on the location of the older people's mental health services which are to be retained at the Vale site.

**6.2** Under the proposals contained in the Board's consultation four out of five patients requiring urgent medical care will continue to access services at the Vale of Leven Hospital. The predicted 1200 who need to by-pass the Vale or be transferred will generally require an ambulance. The Board has entered into significant discussions with the Scottish Ambulance Service and transport providers to address the concerns of local people about transport issues.

The other significant group at risk of losing local in-patient provision are adult mental health service users. The Board have not committed to this proposal at this point. A further consideration is that a small number of adult mental health patients requiring admission at Gartnavel may be required to spend time in another unit further away if there was no capacity in Gartnavel at the point of admission. This would require relatives and carers to travel even further than Gartnavel to maintain contact.

**6.3** The counter-point in the Board's proposals however is the movement of a range of services back onto the Vale site which would reduce travel and time costs for a much larger volume of patients; an additional 18,350 patient episodes.

## **7. Conclusion**

**7.1** Over the past ten years services at the Vale of Leven Hospital have been eroded or under constant threat. At every point in considering successive NHS Boards' proposals to reduce services at the Vale there has been unanimous political support to safeguard local services.

**7.2** The current consultation proposals from NHS Greater Glasgow and Clyde have moved significantly from the radical and painful service losses set out in May 2007. However, as well as welcome developments and additional services the statement ("Vision for the Vale Hospital") confirms that serious

cases for unscheduled medical care should travel to Paisley. The Board will support and consolidate the consultant supported GP led acute unit and this will allow up to 70-80% of existing cases to remain at the Vale. This may represent the best and safest option that can be delivered by the NHS locally.

## **8. Recommendation**

- 8.1** The Council is asked to consider the report and the draft response (Appendix 1) and advise the Executive Director of Social Work and Health on the terms of the Council's response.

---

William W Clark  
Director of Social Work Services

---

**Person to Contact:** William W. Clark, Executive Director of Social Work and Health. Tel: 01389 737599

**Appendices:** Appendix 1: Draft Response to Consultation Document.

**Background Papers:** "Vision for the Vale of Leven Hospital"  
[http://library.nhsggc.org.uk?mediaAssets/library/nhsggc\\_consultation\\_VoL\\_full\\_a\\_2008\\_10.pdf](http://library.nhsggc.org.uk?mediaAssets/library/nhsggc_consultation_VoL_full_a_2008_10.pdf)

**Wards Affected:** All