

Implementation of the Vale of Leven Vision

Acute Services Division

1. Introduction

The Vale of Leven Vision document sets out the future reconfiguration of the service to be provided at the Vale of Leven Hospital. In approving the strategy for the Vale of Leven Services for implementation the Cabinet Secretary for Health and Well Being, Ms Nicola Sturgeon, set out two conditions:

- The establishment of this Monitoring Group
- NHS GGC to deliver a publicity campaign to promote current and new services at the Vale to local residents

To assist with the first of these two conditions, this paper sets out a summary of the recommendations agreed by the Cabinet Secretary as a framework by which the Monitoring Group can review the implementation of the Vision and the related activity.

2. Recommendations of the Vale of Leven Vision

The main recommendations of the Vale of Leven Vision, that are relevant to the Acute Services Division to be monitored through this group, are set out in the table below and it is proposed that they are used as a reporting template to note progress.

	Recommendations within the Vale of Leven Vision
1.	Introduction of a Consultant-led, GP supported model to deliver unscheduled medical care in order to maintain at least 70% of current activity
2.	Sustaining the Vale of Leven’s Minor Injuries Unit
3.	Continued delivery of Rehabilitation Services
4.	Repatriation of Planned Care Services to the Vale

3. Detailed Position on Key Recommendations within the Vale of Leven Vision

This section seeks to provide an update on the key areas identified in the above table.

3.1 Introduction of a Consultant-led, GP supported model to deliver unscheduled medical care in order to maintain at least 70% of current activity

Progress to Date

The key components are now in place to support the introduction of the Consultant-led, GP supported model at the Vale of Leven Hospital. The date for commencement of the 13th December 2010 has now been agreed and staff have all been advised. An updated position on the key areas is outlined below:

Consultant Recruitment

NHS Greater Glasgow & Clyde have now successfully recruited to five of the seven additional posts agreed to support an integrated medical model across the RAH and Vale of Leven Hospitals. The latest Consultant appointment has secured the second Rheumatologist post. It is anticipated that this consultant will be in post by April 2011. In the interim, the Acute Services Division has secured two long term locums to the Acute Physician posts which will result in six of the seven required appointments being made. As advised previously, the locums will be integrated with the existing consultants between the RAH and the Vale of Leven to ensure that the consultant position is sustainable to support the implementation of the Vale of Leven Vision model.

GP Model

The GP and out of hours service models have been agreed to support the Vale and will now be put in place to support the implementation of the new model in December. A more detailed paper on this model is attached (see Appendix A).

GP Specialist Training Posts

The six GP specialist training posts required to support the Vale Leven Hospital have been appointed to and took up post in August 2010.

3.2 Sustaining the Vale of Leven Minor Injuries Unit

As part of the Vale service model the Minor Injuries Unit will be sustained with no change to the service model. This unit continues to function strongly and effectively. The year end position in 2009/10 showed 9213 new patient attendances, (9874 including returns). The activity monitoring report to October 2010 shows that the new patient activity level for the first seven months of 2010/11 is 5588. Based on the year to date new patient activity, it is projected that the full year activity for the current year may exceed last year's level.

3.3 Continued Delivery of Rehabilitation Services

Progress to Date

Consultant Recruitment

The two new Consultants are now in post and the position in Rehabilitation services has been stabilised.

Rehabilitation Pathways

The rehabilitation pathways associated with General Medicine and Orthopaedic services are all now in place, along with a revised model for stroke care. As previously indicated, the approach developed within the Rehabilitation and Assessment services will support working across sites to ensure staff maintain their skills and expertise to support the long term rehabilitation of patients at the Vale of Leven Hospital.

3.4 Planned Care Repatriation of Activity to Vale of Leven

The Vale of Leven Vision indicates repatriation of planned care activity to the Vale of Leven Hospital and this action continues to progress. The table below outlines the current position:

Planned Care Changes

Repatriated Activity	Position
General Surgery Orthopaedics ENT Surgery	This work commenced in August 2009 and will continue during 2010/11
Urology OP Urology Theatre List	2 clinics per week and 1.5 theatre lists were established in May 2010
Gastroenterology OP Rheumatology OP	Gastroenterology clinics were established in August 2010 Rheumatology clinics were established in August 2010. Further clinics will be established in April 2011 with the appointment of the 2 nd Rheumatologist
Ophthalmology OP Ophthalmology Theatre List	Commenced in September 2010 with the roll out undertaken throughout October 2010 2 clinics per week will be held at the Vale of Leven Hospital and 1.5 theatre lists per week.

Repatriation

The work to actively repatriate patients with a Vale of Leven catchment postcode to clinics and theatre lists at the Vale of Leven continues in relation to the above areas.

This service will be for all patients except where the complexity or specialist nature of the surgery, the health of the patient, or patient choice precludes patients from attending this location for investigation or treatment.

Renal

The renal dialysis unit at the Vale currently has 8 stations and accommodation for the visiting renal consultant to see all outpatients in the unit.

At the present time the dialysis stations are full with 2 shifts operating each day, 6 days per week dealing with a total of 32 patients. Presently all patients in the Vale of Leven catchment area are accommodated within the unit with 1 or 2 patients from Argyll and Bute also being accommodated for dialysis. The Directorate is currently considering how to expand capacity at the Vale of Leven Hospital as part of wider work on future dialysis capacity requirements for the population served by NHS Greater Glasgow and Clyde. A possible expansion for the Vale of Leven Dialysis Unit would be the introduction of a twilight shift in the evenings should there be sufficient patient demand.

4. Workforce

The exercise to ensure all employees are secured in a post is now almost complete with 4.6 whole time equivalent staff outstanding, who are currently considering alternative posts within the Board's area. The Workforce Engagement Group continues to meet ensuring consistency of approach across the hospital.

Managers continue to communicate updated information with staff on a Directorate basis. Staff, who are transferring to new areas or new roles, have been advised in writing with 4 weeks' notice being given to allow arrangements to be put in place. The HR engagement and processes remain in place to support staff during this transition. This includes joint input from the Trade Unions.

5. Capital Plan Update

Additional Accommodation at RAH

The capital schemes to create the additional 42 beds at the RAH and the medical assessment unit for GP referred medical patients have been completed.

Redesign of Ward 4 to an Outpatient Department

Phase 1 of this work is now complete. Phase 2 of this work is currently in the planning phase.

Changes to Fruin Ward to accommodate older people with mental health problems previously cared for in Christie Ward

Both phases of this project have now been completed.

Haemato-oncology to Ward 5

The design has been signed off by the users and work is expected to commence once the ward has been vacated.

Relocate Laboratories into Ward 2

The work in relation to the laboratories will commence after the completion of ward 5.

6. Obstetric Activity Review

The activity report indicates that the Community Midwifery Unit activity remains reduced on 2009/10 although the activity for September (8 births) and October (9 births) is more in line with the levels of activity during 2009.

A review of the births for the Vale of Leven catchment area was undertaken and the table below indicates where the births have occurred over the past few years. This table indicates that the number of births for the area is slightly down on the previous year. There is a slight reduction in the numbers of births overall in NHS Greater Glasgow and Clyde. It can also be noted that the percentage of births at the Vale of Leven, whilst slightly lower than the previous year, remains fairly static at around 11%.

Residents of Vale of Leven Catchment Area : Births by Location								
(Source : GRO(S) Birth Registrations)								
	2007		2008		2009		2010 (Annualised)	
	Births	Babies	Births	Babies	Births	Babies	Births	Babies
Vale of Leven	85	85	98	98	107	107	88	88
RAH	398	401	481	501	497	505	580	586
QMH	322	326	232	235	186	189	6	6
PRMH	15	17	27	32	12	13	10	10
SGH	16	16	24	24	21	21	76	76
Domiciliary	9	9	6	6	7	7	2	2
Out with GG&C	3	3	3	3	2	2	4	4
Total	848	857	871	899	832	844	766	772
	2007		2008		2009		2010 (Annualised)	
	Births	%age of Total	Births	%age of Total	Births	%age of Total	Births	%age of Total
Vale of Leven	85	10.0	98	11.3	107	12.9	88	11.5
RAH	398	46.9	481	55.2	497	59.7	580	75.7
QMH	322	38.0	232	26.6	186	22.4	6	0.8
PRMH	15	1.8	27	3.1	12	1.4	10	1.3
SGH	16	1.9	24	2.8	21	2.5	76	9.9
Domiciliary	9	1.1	6	0.7	7	0.8	2	0.3
Out with GG&C	3	0.4	3	0.3	2	0.2	4	0.5
Total	848		871		832		766	

An exercise was undertaken by the Community Engagement Team on behalf of the Clyde Community Maternity Units Steering Group to consider the question of why women who meet the criteria for the green pathway to deliver their baby at the

Community Midwifery Unit (CMU) choose not to deliver at the unit. The exercise also gathered information on the current methods used to promote and market the CMUs and to understand what other methods could be used.

The findings of the review indicated the CMUs were recognised and understood within the local communities and held in high regard.

However, the communications plan for the CMUs appears to only have had a slight impact on this awareness as there was limited recognition of a number of the key elements. Although it is unlikely that it will result in a significant increase in deliveries at the CMUs, it was felt that there would be merit in widening the availability of communications / marketing materials.

Women's preference regarding the location for the delivery of their baby appears to be a consultant-led unit. The reasons for this choice do not appear to relate to any lack of awareness or knowledge of the CMUs or in any judgement regarding the quality of services. The results of this programme, when taken in conjunction with earlier work on women's decision-making, appear to demonstrate that there is no hidden group of service users whose minds could be changed as a result of publicity or promotion of the CMUs. Rather, the choice of location for the delivery of their baby seems to be determined by their perceptions of safety and the comfort arising from the availability of consultant support should that be required.

7. Transport Review

In 2008, when the existing contract with Strathclyde Passenger Transport (SPT) was due to expire, the opportunity to extend the contract by approximately six months was taken to allow a wider review of the need and connectivity of the 340 service to be obtained.

Meetings were held with local residents in the Helensburgh /Kyle area, facilitated by Helensburgh Community Council. In addition, there was discussion with both the West Dunbartonshire Council and Argyll Council as well as with the Helensburgh and West Dunbartonshire CHPs. Further, there were a number of written and emailed suggestions for routes and times submitted to either Community Engagement, SPT or the Councils by members of the public and Councilors.

The result of the consultation was that the 340 service was retained, but with an altered timetable that addressed the following principal issues:

- Connectivity to Helensburgh (Weekdays: first and last service originates & terminates in Helensburgh).
- Dovetailed into connecting services (340 and 306 aligned, with the 340 replacing the 306 from Helensburgh at weekends), and connectivity with 309 from Luss to Alexandria at the Vale of Leven.

The new service also ensured:

- Afternoon and Evening Visiting at RAH now possible with new 340/306 timetable.

The new contract came into effect week beginning 25 April 2009. Follow up meetings were held with the CHPs for a year after the lease of the new contract.

The number of passengers has increased considerably. Previously, an average of less than 9000 passenger trips per year were recorded. Last year the number was in excess of 12000 passenger trips, and for this year the number is more than 7500 for the period to October 2010.

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Out Of Hours & Integrated Care Clinical Staffing Model Vale of Leven

Background

There is a need to provide GP cover for the Integrated Care Model at the Vale of Leven Hospital on midweek evenings and daytime / evenings at weekends, in addition to the current provision from 23:00 – 08:00 7-days a week. To develop the model the Associate Medical Director, Medical Clinical Director, Director for NHS Greater Glasgow and Clyde Out of Hours and local GPs involved in delivering the service have worked together to consider, and agree, the staffing levels for the Integrated Care Model and Out of Hours Service. In agreeing the staffing levels it was essential to review current and future clinical staffing to ensure:

- 1.) Appropriate staffing levels at all times to deal with workload;
- 2.) Appropriate skill mix;
- 3.) Full integration within NHS GG&C Out of Hours Service;
- 4.) Appropriate integration with Minor Injuries Unit;
- 5.) Appropriate arrangements for GP registrar training/supervision.

Clinical Staffing Model – Overnight

The clinical staffing model developed to underpin the Vale vision will require two GPs to provide overnight cover from 23:00 – 08:00 for both the Vale of Leven Hospital (Inpatient wards and Medical Assessment Unit) and GP out of Hours Service.

The two GPs will work as a team and their skills allow them to be interchangeable with each being able to operate either in Out of Hours or in Integrated Care. The GPs have been provided with additional training (ALS) to support this.

The new model is based on the analysis of the patient activity and has been determined by those currently providing the service as an appropriate level of cover.

In addition to the two doctors overnight there will be a Nurse Practitioner who is trained in Minor Injury provision and who is developing skills in Minor Illness provision and a Hospital at Night Nurse Practitioner trained in the management of ill patients.

Clinical Staffing Model – Evenings

The new model will allow for GP cover dedicated to the Vale of Leven Hospital from 18:00 to 01:00 as follows:

GP	18:00 – 01:00
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(This will allow a two hour overlap for handover between 23:00 and 01:00 i.e. Three GPs on until 01:00)

This GP will be supported by a GP ST1 Doctor up to 23:00.

The Out of Hours Service will require two GPs dedicated to this service from 18:00 – 23:00 and Nurse Practitioner as follows:

GP	18:00 – 23:00
GP	18:00 – 23:00 (Home Visiting)
Nurse Practitioner	20:00 – 08:00

The nurse support at the Vale of Leven is a nurse practitioner level and can therefore assess, diagnose, treat and discharge patients.

Clinical Staffing Model – Weekends

The clinical staffing model requires a GP presence for the Vale of Leven Hospital at the weekends as follows:

GP	08:30 – 16:30
GP	16:30 – 00:30

This will be in addition to GP ST1 cover and dedicated Saturday and Sunday Consultant Physician ward rounds.

The Out of Hours Service at weekends will require the following clinical staffing model:

GP	10:00 – 15:00 and 15:00 – 22:00
GP	08:30 – 15:45 and 15:45 – 23:00
GP	08:30 – 15:45 and 15:45 – 23:00 (Home Visiting)

Governance

GPs working in integrated care will be governed by the Acute Division's Medical Director with a Lead Clinician on site and locally available.

Summary of Proposed GP Provision for Integrated Care and Out of Hours Services:

	Integrated Care	Out of Hours	GPST
Monday to Friday:			
18:00 to 01:00	1		
16:30 to 23:00			1
18:00 to 23:00		2	
*23:00 to 08:00	2		
Saturday to Sunday:			
08:30 to 16:30	1		
16:30 to 00:30	1		
08:00 to 17:00			1
16:30 to 23:00			1
10:00 to 15:00 and 15:00 to 22:00		1	
08:30 to 15.45 and 15.45 to 23:00		1	
08.30 to 15.45 and 15.45 to 23:00		1	
*23:00 to 08:30	2		

*2 GPs cover both Integrated Care and Out of Hours