

# **WEST DUNBARTONSHIRE COUNCIL**

## **Report by the Acting Director of Social Work Services**

**Council: 25 October 2006**

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**Subject: The Integrated Care Pilot at Vale of Leven Hospital**

### **1. Purpose**

- 1.1 The report highlights concerns about NHS Greater Glasgow and Clyde's decision not to proceed with the Integrated Care Pilot and the impact this decision will have on the future viability of services at the Vale of Leven Hospital.

### **2. Background**

- 2.1 At the recent public meeting on 21 September 2006 at Dumbarton Football Club representatives from NHS Greater Glasgow made it clear that the Integrated Care Pilot could no longer be pursued on the grounds of clinical safety. It was made clear that the current service model would be sustained until viable alternatives for medical emergency in-patient care within other acute settings had been planned and secured. This work was expected to be completed by the end of the year.
- 2.2 Following the public meeting the Director of the West Dunbartonshire Community Health Partnership (CHP) reported on 11 October 2006 that the CHP in partnership with the NHS Board's Acute Services Planning Team would be leading planning work and community engagement on these issues.
- 2.3 The CHP recognise that the future arrangements for medical emergency in-patient services for the population of Alexandria and Dumbarton are a significant test to the new single NHS system for Greater Glasgow and Clyde. The CHP are aware of the historic levels of mistrust between local communities and the former NHS Argyll and Clyde Board.

### **3. Main Issues**

- 3.1 The outcome of the public meeting confirmed information that had been publicised by the Board. Local people were concerned and disappointed by the expert views reported. In responding to questions raised the NHS Board representatives made several commitments:
- The present model of Integrated Care and consultant anaesthetic cover will be sustained until planning options have been pursued and agreed.

- There would be further consultation on alternative services.
  - The NHS Board had a clear commitment to retain services at the Vale of Leven Hospital site.
- 3.2 The Board's judgement not to proceed with the next phase of the pilot (the withdrawal of consultant anaesthetist cover) was based on the recommendations of clinicians. The difficulty, however, with the pace of the decision making was the absence of evidence for the judgements.
- 3.3 The Council shares these concerns and would suggest that additional information should be provided to local people, communities and partners to allow effective debate and consideration of the NHS Board's future proposals.

The following areas of information should be addressed by the NHS Board:

- The interim results of the Integrated Care Pilot should be published and in particular the number of care episodes and admissions that resulted in moves to other acute settings should be identified.
- A critical incident analysis should be applied to the high risk cases and a review undertaken of any case where life was lost.
- This should include a balanced risk assessment of travel and distance against the immediacy of the less specialist resources on site within the Vale Hospital.
- The mechanics of rotas for consultant anaesthetists across West Glasgow and Clyde should be produced to demonstrate that consultant cover for the Vale of Leven site cannot be provided. If the decisions not to provide cover are based on the choices of individual contractors or training concerns this should be identified.
- The Scottish Ambulance Service should be asked to produce an impact assessment of the adequacy of cover to deal with the present context of the pilot and projected demands under any new arrangements proposed by the NHS Board.
- A description of the current acute services available within the Vale of Leven and the projected impact of withdrawing the Integrated Care model on the viability of these services
- A full explanation of why management in the health service is unable to allocate human resources to the locations, like the Vale of Leven Hospital, that command public support.

If these areas of information were available it would assist balanced discussion of the scope of the Integrated Care model and any future options to address the emergency care needs of local people.

- 3.4 Behind much of the anxiety about the fate of the pilot is deep seated concern about the long term viability of the Vale of Leven Hospital and its future role within the NHS Board's review of Acute Services.

Since 2002 over 20 significant services within the Vale of Leven Hospital have been curtailed, transferred or withdrawn. The former NHS Argyll and Clyde's Review of Acute Services (Shaping the Future – Clinical Strategy) has proved unworkable but the population of West Dunbartonshire and Argyll affected by the proposals have not been factored fully into the NHS Greater Glasgow's plans for acute services. The difficult challenge for NHS Greater Glasgow and Clyde in managing the historic debt of Clyde has also added complexity to the financial framework underpinning service re-design.

- 3.5 In past public meetings around the dissolution of the former NHS Argyll and Board there has been recognition from NHS Greater Glasgow's leadership that they understand the preference of West Dunbartonshire people to have a 'north of the river ' solution for acute services.
- 3.6 The current phase of planning activity on the Vale of Leven Hospital led by NHS Greater Glasgow and Clyde Acute Services and the CHP must offer evidence that this preference has been understood. There are specific considerations that should be addressed in this work and in the information provided for consultation.

These are:

- How the long term future of the Vale of Leven Hospital fits into the Acute Services Review across NHS Greater Glasgow and Clyde.
- The grounds for the viability of the Inverclyde Royal Hospital compared with the long term future of the Vale of Leven hospital.
- The time-table for the move out of the consultant led services at Paisley RAH and the development of Gartnavel and the Glasgow Western Services to accommodate fully the needs of West Dunbartonshire people. The time-table set 2007 as the target date.
- Examination of the potential role of the NHS Golden Jubilee Hospital in providing acute services for West Dunbartonshire people
- How proposed developments on the Vale of Leven site for the care of older people and to re-provide the Alexandria Centre can support the services available at the Vale of Leven Hospital.

## **4 Consultation**

- 4.1 The CHP Committee have detailed commitments to lead on planning and community engagement , and the Council, through its membership of the Committee, can play a full part in the process

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## **5. Recommendations**

- 5.1 The Council is asked to consider the report and to determine how best to promote the long held Council policy of promoting locally based health issues.

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Acting Director of Social Work Services.

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**Background papers:** Integrated Care Pilot

**Wards Affected:** All