

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

The Consultant-led, GP supported model to deliver unscheduled care has now been in place for five months and continues to progress well with the new clinical teams becoming more established.

The activity for five months shows 2,215 new attendances / 173 return attendances at the Medical Assessment Unit (MAU), which, if annualised, indicates 5,316 new patients (5,731 including returns) attending the MAU. This position indicates that the medical assessment attendances at the Vale of Leven Hospital are well within the position envisaged (4,410-5,292). Whilst the number of admissions expected to go to the RAH was initially higher over the winter months it is now broadly in line with the estimated activity levels. The number of admissions at the Vale has

reduced by slightly more than the number of admissions to the RAH indicating a slight reduction overall in the total emergency admissions. West Glasgow activity has been looked at but shows no increase in activity from the Vale of Leven catchment area. Ongoing arrangements are in place to allow this position to be monitored.

The second Rheumatologist is now in post and the additional outpatient clinics have commenced at the Vale of Leven Hospital.

3.2 Sustaining the Vale of Leven Minor Injuries Unit

As part of the Vale of Leven Hospital 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 activity position, whilst at the year end remains slightly down against last year for the same time period, remains above the position indicated at the time of the Vale of Leven Vision of 9,000 attendances per year. The activity monitoring report to March 2011 shows that the new patient activity level based on the full year position is 8,840 new attendances and 835 return, totalling 9,676 attendances.

3.3 Continued Delivery of Rehabilitation Services

The Vale of Leven Vision has been delivered in this area as outlined in previous papers.

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. The work to actively repatriate patients with a Vale of Leven catchment post code to clinics and theatre lists at the Vale of Leven Hospital continues in relation to the areas below and will remain ongoing. The table below sets out what is currently in place and the current performance is attached in appendix 1.

Table 3: Planned Care Changes

Repatriated Activity	Position
General Surgery Orthopaedics ENT Surgery	In place and ongoing
Urology OP Urology Theatre List	2 clinics per week and 1.5 theatre lists in place
Gastroenterology OP Rheumatology OP	Gastroenterology clinics in place Rheumatology clinics in place. Further clinics will be established in April 2011 with the commencement of the 2 nd Rheumatologist
Ophthalmology OP Ophthalmology Theatre List	2 clinics per week will be held at the Vale of Leven Hospital and 1.5 theatre lists per week in place

4. Current Activity Position

The activity position based on the full year position for 2010/11 is described below with the detailed activity report attached in appendix 1.

The activity position at the Vale of Leven Hospital remains as previously reported. New outpatient activity remains above (7.6%) the previous year's position. There are a number of areas where growth in activity is clearly demonstrated such as general medicine and the medical

specialties as well as in orthopaedics and urology. The rheumatology activity is increasing and the appointment of the second rheumatologist from April 2011 will see a further increase.

The day case position remains as reported previously and is relatively static. However the ophthalmology and urology activity is increasing in line with the additional theatre sessions commenced during 2010.

The inpatient position and obstetric position also remain as previously reported, although the number of births has risen again in the last month (12 births).

As reported previously a small number of specialties continue to show a slight decrease in activity with significant variations due to the small levels of patient activity. The specialties in this position have been reviewed as there has been no change to the service model or level of service provision.

5. Activity Review

A review of the specialties showing a decrease in outpatients and day cases has been undertaken. This has involved looking at activity over the past 3 years, the referrals to the service over the same period and the post code analysis of patient activity flows.

Both the referral and activity analyses that have been undertaken indicate that the reductions are in line with the natural variation that can be seen between years both in terms of referrals and activity. In particular geriatric, gynaecology and haematology have seen reductions in referrals to the service. For gynaecology this reduction has been seen across the Board area.

In terms of activity the reductions for the specialties involved are small and for areas such as renal and oral surgery these small reductions in activity can result in large percentage shifts.

As part of the review of activity, an exercise was undertaken to update the postcode information based on the returns to ISD. The available data provides the provisional position to January 2011 and is summarised below. Table 1 shows the overall position and indicates the comparison to 2009/10. Tables 2 and 3 show the position in relation to the key specialties linked to the planned care vision and the small specialties identified above.

The position below demonstrates the changes in activity as the result of the approach to repatriate activity particularly in general surgery, orthopaedics and Urology. ENT, gynaecology and haematology are showing slight changes in activity flows. For haematology this is in relation to outpatient activity and relates to 14 patients based on the position to date. For ENT and Gynaecology, it is particularly in relation to day cases. For both of these specialties the changes relate to small numbers of patients, 7 and 27 respectively based on the position to date. This is currently being investigated further to understand if this is case mix related or direct referral to Glasgow. There will be a continued focus to ensure activity is undertaken locally, where it is clinically appropriate.

Table 1 Overall Position

	April 10 – January 11	Proportion at the Vale of Leven DGH and Surrounding Clinics (April 10 – January 11)	2009/10 position
New Outpatients	18,465	13,742 (74.4%)	71.1%
Day Cases	8,711	6,155 (70.7%)	71.3%

Information from ISD SMR Data (April to January 2011 provisional)

Table 2 Outpatient Activity

Specialty Position	Position April 10–January 11	Position 2009/10
General Surgery	82.3%	77.3%
Orthopaedics	81.3%	79.8%
Urology	75.1%	29.9%
ENT	84.7%	84.7%
Ophthalmology	74.4%	72.5%
Geriatrics	91.7%	92%
Gynaecology	83.8%	85.7%
Haematology	83.3%	90.3%
Renal	80.5%	74.7%
Rheumatology	35.3%	0

Table 3 Day Case Activity

Specialty Position	Position April 10 – January 11	Position 2009/10
General Surgery	84.7%	83%
Orthopaedics	82.9%	82%
Urology	25.2%	8%
ENT	43.7%	50.5%
Ophthalmology	8.4%	0
Gynaecology	76.3%	82.8%
Haematology	96.1%	97%

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1. New Outpatient Activity

Vale Of Leven Hospital	Year to Date Apr 10- March 11	Year to Date Apr 09–March10	Difference (%)
Specialty			
General Medicine (inc. Respiratory / Endocrine / Gastro/Diabetes)	2,270	2,046	+11
Rheumatology	197	0	-
Dermatology	1,930	1,941	-0.5
Geriatric Medicine	198	264	-25
General Surgery	2,136	2,208	-3.2
Orthopaedics	2,559	1,851	+13.7
Urology	673	192	+250
ENT	1,567	1,616	-3
Ophthalmology	1,438	1,436	+0.1
Haematology	211	284	-25.7
Renal	109	127	-14
Neurology	217	343	-36.7
Gynaecology	1,881	1,941	-3.1
Paediatrics	441	435	+1.4
Oral	80	98	-18.4
Total	15,907	14,782	+7.6

2. Day Case Activity

Vale Of Leven Hospital	Year to Date Apr 10-March 11	Year to Date Apr 09–March 10	Difference (%)
Specialty			
General Medicine	79	78	+1.3
General Surgery	620	545	+13.8
Endoscopy incl. GS and GM Endoscopy	2,122	2,180	-2.6
Orthopaedics	895	777	+15.2
Urology	191	64	+198.4
ENT	67	92	-27.2
Ophthalmology	76	0	
Gynaecology	369	489	-24.5
Community Dental	62	130	-52.3
Haematology	2,996	3,162	-5.2
Total	7,477	7,517	-0.5

3. Inpatient Activity

Vale Of Leven Hospital	Year to Date Apr 10-March 11	Year to Date Apr 09–March 10	Difference (%)
Specialty			
General Medicine (incl. CCU/ GM Endoscopy)	3,410	4,198	-18.7
Ger Medicine	649	697	-6.9
General Surgery (inc. GS Endoscopy)	124	144	-13.8
ENT	60	59	+1.7
Ophthalmology	2	0	
Orthopaedics	283	398	-28.9
Urology	19	3	+533
Gynaecology	161	185	-13
Total	4,708	5,684	-17.2

4. New Attendances at Minor Injuries Unit / Medical Assessment Unit

Vale Of Leven Hospital	Year to Date Apr 10-March 11	Year to Date Apr 09–March 10	Difference (%)
Minor Injuries Unit	8,840	9,213	-4
Medical Assessment Unit	6,063	6,571	-7.7

5. Obstetrics

Vale Of Leven Hospital	Year to Date Apr 10-March11	Year to Date Apr 09–March 10	Difference (%)
Ob Inpatients (excl. births)	8	16	-50
Births	91	118	-22.9
Total CMU IP activity	99	134	-26.1
Obstetric Day Cases	666	614	+8.5
Obstetric OP	426	425	0.2