



### **Public Briefing: Inverclyde Royal Hospital – Critical care services**

We understand there are concerns regarding the patient pathway at Inverclyde Royal Hospital's critical care facilities and want to address these directly.

- Critical care team and ICU beds remain at IRH
- Most critical care patients will continue to be treated at IRH

We are entirely committed to ensuring the Inverclyde community has access to the highest quality of care.

Critical care facilities at Inverclyde Royal Hospital are provided by a team of consultants from a number of specialties and critical care nurses. This team takes care of patients who need a range of critical care support in the Intensive Care Unit, the High Dependency Unit and the Coronary Care Unit.

We are proposing to build on a patient pathway that was used for certain patients during the COVID-19 pandemic and transfer those who need Intensive Care support to the Queen Elizabeth University Hospital.

The ICU beds in the hospital remain open. The staff remain in place, with increased senior medical staffing at the weekends. All critical care patients will continue to first be assessed and managed at IRH by the relevant clinical team.

The High Dependency and Coronary Care Unit will continue to treat patients at Inverclyde Royal Hospital throughout their journey. This will continue to include support for breathing problems (via non-invasive ventilation) and circulation support as is the case at present.

Patients who need Intensive Care support are typically the sickest, and their care can include ventilation or multiple organ support. These are also called ICU level 3 patients and require one nurse per patient.

We know from published evidence that 30% of COVID-19 patients who require ventilation also require renal support. Renal support has not been able to be provided to IRH ICU patients for a number of years now. If faced with an increasing number of COVID-19 patients in ICU they would be required to be transferred.

Patients who require ongoing multidisciplinary level 3 ICU care will be transferred following admission to IRH.

IRH ICU staff will manage and stabilise these patients and support their transfer to QEUH.

Once patients improve and they no longer need critical care (level 3) support, they will be assessed for transfer back to the IRH for their continued recovery and rehabilitation. This will include access to a specialist critical illness recovery programme if necessary.

The Inverclyde critical care services – intensive care unit, high dependency and coronary care - currently admit approximately 1450 patients per year. Within this, the number we propose to stabilise and transfer is approximately 100 ICU patients per year, 7% of total admissions.

Keeping patients safe is our top priority and these changes have been made with a view of making sure patients who need the most highly specialised multidisciplinary support have access to it.

The High Dependency and Coronary Care Unit will continue to treat patients at Inverclyde Royal Hospital throughout their journey.

This patient pathway was reviewed by Intensive Care consultants from IRH and QEUH, senior clinical leaders and senior management.

All other IRH services, including emergency surgery, planned surgery and the Emergency Department, are unaffected by this change.

We will monitor this closely and keep it under review.

This plan ensures Inverclyde residents have access to highly specialised, multidisciplinary intensive care within Greater Glasgow and Clyde.

**We have a long-term vision for NHS Greater Glasgow and Clyde which is set out in our Moving Forward Together plan. Our chairman John Brown has previously committed Inverclyde Royal Hospital has a long term future and will continue to play an important part in the delivery of healthcare in Greater Glasgow and Clyde.**

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