

Greater Glasgow and Clyde NHS Board

Board Meeting
20th February 2007

Board Paper No. 2007/01

Director of Acute Services Strategy, Implementation and Planning

A sustainable future for hospital services in Inverclyde and Renfrewshire
Outcome of Consultation Process

Recommendation:

The Board is asked to:

- Note the outcome of the consultation on future hospital services in Inverclyde and Renfrewshire and also note the issues raised.
- Approve the strategy which recommends:
 - o The retention of Accident and Emergency Services at both the Inverclyde Royal Infirmary (IRH) and the Royal Alexandra Hospital (RAH).
 - o The retention of the vast majority of inpatient services at both the IRH and the RAH.
 - o The in-principle expansion of outpatient and ambulatory services at the IRH and the RAH.
 - o Future changes to the inpatient (overnight stay) provision of four specialty areas: Urology (from IRH to RAH); Vascular Surgery (from IRH to Glasgow); ENT Surgery (from RAH to SGH); and Dermatology (from RAH to SGH).
 - o Future changes to the provision of emergency ophthalmology services (from IRH and RAH to GGH).
 - o The detail and timing of these changes are still to be worked through with clinicians in Clyde and in Glasgow and we have committed to keeping patients informed.
- The Board is asked to note that subject to approval, Ministerial approval will be sought for the changes to IRH and RAH.

1. Background and Purpose

1.1 The consultation document and the summary leaflet outlining the strategy for hospital services in Inverclyde and Renfrewshire were presented to the Board of NHS Greater Glasgow and Clyde on 19th December 2006. These documents outlined the future strategy for adult acute services at the Royal Alexandra Hospital in Paisley and the Inverclyde Royal Infirmary in Greenock.

- 1.2 The strategy recommends that Accident and Emergency services and major emergency receiving services in general medicine, general surgery and trauma and orthopaedics are retained at both the IRH and the RAH.
- 1.3 In addition the strategy identifies that the daycase and outpatient facilities at both hospitals require investment and modification to support the delivery of modern models of healthcare. Detailed work on the investment required in these facilities will be undertaken over the coming months.
- 1.4 The consultation document outlined in detail the reasons as to why changes may need to be made to the inpatient or emergency provision of a number of the smaller specialty areas. It also estimated the number of patients that would be affected by these changes. Each year at the IRH the changes would affect approximately 300 patients in Urology, 50 – 100 Vascular patients and up to 40 Ophthalmology patients. These patients would access services in either the RAH or a Glasgow hospital. At the RAH approximately 230 Dermatology patients and 550 ENT patients would be affected and up to 80 ophthalmology patients. These patients would access services in Glasgow. The patient numbers affected at the RAH include patients who currently travel from Inverclyde to Paisley to access services. It is not expected that day-patient or outpatient services will be affected by these changes.
- 1.5 This strategy is very different to that developed in 2004 by the former NHS Argyll and Clyde Health Board which had proposed that emergency services be concentrated at the RAH. The 2004 strategy outlined two options for the IRH, one as an ACAD with no inpatient beds, the other as an intermediate care centre with an unspecified number of beds. These options would have seen between 27,000 and 37,000 episodes of patient care transferring from the IRH to the RAH. Although approved by the Board of NHS Argyll and Clyde this strategy was never taken to formal completion as the Health Board was dissolved before the Minister for Health made a formal decision.
- 1.6 The communities served by the IRH and the RAH have experienced extensive consultation over the past 3 years. The feedback from the public consultation on the 2004 Argyll and Clyde strategy and the feedback from the consultation on the new boundaries that led to the formation of NHS Greater Glasgow and Clyde have been considered in the development of this strategy.
- 1.7 In addition to this, a process of pre-consultation engagement was agreed with the Scottish Health Council (SHC). In November 2006 engagement events were undertaken in Greenock and Renfrew at which members of the public and representatives of the communities served by the IRH and the RAH expressed the view that they wanted certainty around the future of hospital services as quickly as possible. They suggested that they were content with an eight-week consultation period. The SHC, which had overseen these events, therefore agreed that an eight-week consultation period was acceptable.

2. Consultation Process

- 2.1. Formal consultation ran from the 8th December 2006 to the 2nd February 2007. A number of consultation responses have been received after the 2nd February and these have been accepted.

2.2. A number of strands have been undertaken as part of the consultation process. These were directly informed by feedback received during pre-consultation.

2.3. These strands are:

2.3.1. Staff Meetings.

In addition to the staff who were involved in developing the strategy a number of meetings have been undertaken with wider staff groupings. Two staff briefing sessions followed by a question and answer session were held at the IRH and two briefing sessions were held at the RAH. Approximately 40 staff attended the briefings at the IRH and 70 at the RAH. These were targeted to coincide with the launch of the consultation and were held on the 7th and 8th December. These were in addition to meetings held for consultants at the IRH (approx 20 attended) and the RAH (approx 40 attended). A special session of the Area Partnership Forum was also held to discuss the strategy and it was an agenda item at the Acute Partnership Forum on the 10th January.

2.3.2. Consultation Material and Communications Campaign

A co-ordinated communications campaign was undertaken to ensure that the information relating to the consultation was widely available. There were two target groups for this material, internal and external. Internally a core brief was published which described the strategy and the consultation process - this was distributed to all staff and included the website address. A feature on the strategy also ran in the staff news publication which is distributed widely across all sites in NHSGGC. A dedicated section was created on the website outlining the proposals and also containing the full and summary consultation leaflets. This section of the website has received circa 23,000 hits. 5,000 copies of the summary leaflet were printed and these were distributed widely throughout both the RAH and the IRH where they could be accessed by staff and by patients. Externally, the consultation launch received front-page coverage in both the Herald and the Greenock Telegraph. In the week commencing 11th December half page advertisements were run in the Greenock Telegraph and the Paisley Daily Express informing the public that the consultation was underway and how they could access further information. The summary leaflets were distributed to Health Centres and GP Practices throughout the IRH and RAH catchment areas. Copies were also sent to community groups or individuals who are on the NHS Greater Glasgow and Clyde mailing list from previous contacts. Inverclyde Community Care Forum, Cowal and Bute PPF and Renfrewshire PPF were all extremely helpful in disseminating this material.

2.3.3. Public events

6 public events were held in January 2007 at which members of the public, patients and voluntary group and community representatives heard a presentation on the strategy and aired their views.

Date	Time	Location	Number Attending
16 th January	1.30pm	Tontine Hotel, Greenock	35
16 th January	6.30pm	Tontine Hotel, Greenock	15
17 th January	2.00pm	Glynhill Hotel, Renfrew	15
17 th January	2.00pm	Glynhill Hotel, Renfrew	15
24 th January	7.00pm	Vikingar Centre, Largs	37
30 th January	3.00pm	Park Hotel, Dunoon	30

The issues raised at these meetings were recorded and the main themes which emerged are summarised in section 3 of this paper.

2.3.4. Patient focus groups

Attendees at the pre-consultation meetings had suggested that, given the focused nature of the proposed changes on a number of sub-specialty areas, it would be beneficial to hold focus groups with patients who may be affected. Local management and specialist nurses, who have built up a relationship with local patients, telephoned and wrote to patients asking them to take part. For dermatology and vascular surgery 8 and 7 people attended the focus groups respectively. For ENT and Urology fewer patients attended with numbers of 3 and 2 respectively. Any changes in ophthalmology will affect only rare emergency admissions representative of the general public as a whole and it was therefore not possible to identify a specific cohort of patients that would be affected and who would take part in a focus group. These focus groups have proved extremely useful both from the NHS and the patient perspective and it is likely that this approach will be used in future consultations. The issues identified in the focus groups are highlighted in section 3 of this paper.

2.3.5. Written Responses

At the time of writing, 93 formal written responses have been received as part of the consultation process. A number of these responses are from political groups, council partners, staff and professional bodies or voluntary groups but the majority (72) have been received from, or on behalf of, members of the public. One letter received from the public was co-signed by 107 people. The responses received therefore reflect the views of approximately 200 members of the public and a number of other groups. The themes emerging in the written responses are highlighted in section 3 of this paper. A detailed summary of each of the responses received is attached as appendix 1.

2.3.6. Ongoing liaison with SHC

The Scottish Health Council has been closely involved in the consultation process. This includes attendance at five of the six public meetings where they report that the information presented was “given in a manner that was easy for all to understand.” In their report to the Minister on the consultation process the SHC conclude that “NHS Greater Glasgow and Clyde did take sufficient steps to involve patients, members of the public and staff, in relation to significant NHS service change, and that the consultation process did meet with national guidance.”

3. Key Themes from Consultation and how we will address them

- 3.1. The themes emerging from each of the strands of the consultation can be grouped into several key areas which are outlined below. One observation worth noting is that the issues identified in face-to-face meetings with patients and the public are slightly different to the issues raised in written responses. In particular, transport and access to hospital services was the foremost issue raised verbally during meetings but is only reflected in a relatively small number of written responses.
- 3.2. **Support for the proposals.** The main feedback from both written responses and also at public meetings has been support for the proposals - particularly the retention of Accident and Emergency Services at Inverclyde. This was reflected in the comments of around 174 of the 180 members of the public whose views were represented in written responses. The feedback at the public meeting in Largs is representative of this view and is summarised in the formal response from NHS Ayrshire and Arran as being “overwhelming support by those who attended that emergency services at Inverclyde be maintained.” This was also reflected in the feedback received, both written and at meetings, and from elected representatives in Greenock who are generally supportive of the proposals.
- 3.3. **Transport and Access.** Transport and Access to hospital services was an issue raised at each of the public meetings and also in the patient focus groups. This applied as much in relation to accessing existing services as it did to any changes that are being proposed. The formal consultation response from NHS Highland emphasises the access challenges faced by patients from Cowal and Bute. The Community Engagement and Transport team agreed that they would liaise with community groups to determine how these issues could best be addressed including exploring the possibility of holding local events.
- 3.4. **Capacity planning for future changes.** The requirement to undertake capacity planning to ensure that the sites where services would be located are appropriately resourced was raised at focus groups, by members of the public during meetings and by staff, both formally during consultation and informally. It is identified that there are two strands of work required here: firstly, the resource required at the receiving site in order to meet the additional workload and secondly, the impact on the current site that potential changes will have. In particular it was highlighted that work is required to assess the linkages between adult and paediatric ENT, Dermatology and Ophthalmology services and also the relationship that ENT services at the RAH and vascular services at the IRH have with the provision of critical care. It was also requested that patients, carers and relevant voluntary groups be kept informed about any detailed plans that are developed for when and how the changes will take place.

- 3.5. **Acceptance of the need for change.** Most of the people who took part in the consultation recognised that there is a need for change and understood the rationale for the centralisation of specialist services. This view was expressed at each of the public meetings and also in the focus groups. At the vascular focus group one of the attendees put the changes into context in relation to the many changes that he had experienced in vascular services since before the National Health Service was established in 1948. There was a perception that the changes proposed were relatively small and all groups welcomed the ongoing local delivery of daycase and outpatient care.
- 3.6. **Dermatology services.** Ten written responses were received concerning the proposed changes in dermatology services. This issue was also discussed in detail at the public meetings in Renfrew and during the patient focus group. A number of concerns have been raised which can be summarised in four main areas. Firstly, patients and staff (whilst welcoming planned investment in the daycase and outpatient facilities) fear that all dermatology services will be removed from the RAH site. This is not the intention; currently over 22,000 outpatient and daycase episodes of care are delivered by the dermatology service at the RAH and the aim is to improve the treatment for these patients by improving the facilities. Secondly, patients and staff would like to retain the inpatient beds at the RAH because they are happy with the current level of service and believe that the 230 inpatients who are admitted each year receive a highly personalised service – they are concerned that the relationship between staff and patients would not be so personalised if the inpatient services moved to the Southern General site. Thirdly, there are concerns around the accessibility of the Southern General site to patients and visitors travelling by public transport. Fourthly, the responses identify that there is a need to ensure that appropriate capacity is available at the Southern General site to cope with the additional workload.
- 3.7. There is a commitment that each of these issues will be worked through with staff and patient groups but the priority for dermatology services remains improvement in outpatient and day treatment facilities. In relation to how this will be taken forward a Community Engagement Manager, in tandem with staff from the Acute Division, will work with patients and carers in the process of redesigning services. This was explained at the dermatology patient focus group where it was emphasised that in advance of any change in dermatology services there will be a programme of patient and carer involvement.
- 3.8. **Other issues.** Issues relating to the ambulance service were raised in the public meetings and during the focus groups. These will be discussed with colleagues in the Scottish Ambulance Service. One response also outlined the need to consider the wider Clyde acute services configuration and in particular the future configuration of services at the Vale of Leven Hospital and suggested that the strategy should be provisional until the review work underway in relation to the Vale of Leven was completed. At public meetings a number of issues were also raised in relation to the work underway on other services (mental health and maternity services) and support services (in particular laboratories). At public meetings and in two written responses there was some scepticism expressed as to how long the proposed strategy will be in place as there was no specific guarantee given as to the number of years for which it would apply.

4. Conclusion

- 4.1. The overwhelming response to the consultation proposals on the future of hospital services in Inverclyde and Renfrewshire has been positive. The proposal to maintain emergency services at both the RAH and the IRH has been welcomed by staff, patients, voluntary and support groups, elected representatives, neighbouring Health Boards and councils and other partners.
- 4.2. The public response to the consultation process has generally been positive and the Scottish Health Council is content that the process meets national requirements.
- 4.3. There are concerns around the specialty areas that are identified as requiring changes. In particular the issues raised in relation to dermatology need to be worked through with patient and staff involvement.
- 4.4. Detailed capacity planning work needs to be undertaken with clinicians and managers in both Clyde and Glasgow to identify the models of care that will be developed and outline the timescales in which the changes can be enacted.

5. Recommendation

5.1. The Board is asked to:

5.1.1. Note the outcome of the consultation on future hospital services in Inverclyde and Renfrewshire and also note the issues raised.

5.1.2. Approve the strategy outlined for the IRH and the RAH which proposes:

- The retention of Accident and Emergency Services at both the Inverclyde Royal Infirmary (IRH) and the Royal Alexandra Hospital (RAH).
- The retention of the vast majority of inpatient services at both the IRH and the RAH.
- The in-principle expansion of outpatient and ambulatory services at the IRH and the RAH.
- Future changes to the inpatient (overnight stay) provision of four specialty areas: Urology (from IRH to RAH); Vascular Surgery (from IRH to Glasgow); ENT Surgery (from RAH to SGH); and Dermatology (from RAH to SGH).
- Future changes to the provision of emergency ophthalmology services (from IRH and RAH to GGH).
- The detail and timing of these changes are still to be worked through with clinicians in Clyde and in Glasgow and we have committed to keeping patients informed.

5.2. The Board is asked to note that subject to approval, Ministerial approval will be sought for the changes to IRH and RAH.

Stuart Reid – 0141 201 4753
Planning Manager: Clyde Acute Services
13th February 2007

NHS GREATER GLASGOW AND CLYDE

**Summary Of Written Responses Received
To The Consultation Document :
“Acute Hospital Services :
Royal Alexandra Hospital and Inverclyde Royal Hospital ”**

Professional and Advisory Committees

- Mr W S Marshall, Secretary, Area Medical Committee

NHS Organisations (CHPs, GPs and Other Groups)

- Mr D S Leslie, Director of Planning and Performance, NHS Highland
- Ms K Major, Director of Strategic Planning and Performance NHS Ayrshire and Arran
- Mr C S Munro, Chairman, Dermatology Council for Scotland
- Ms J Young, Chief Executive, Golden Jubilee National Hospital

NHS Staff

- Dr Holmes, Chair, Glasgow Consultants Group (Dermatology)
- Ms L Hughes, Senior Dietitian
- Ms M Mills, AHP
- Ms J Stanier, Lead Clinician, Speech and Language Therapist, RAH
- Ms M Wardrop, Dietetic Manager and Professional Lead

Local Authorities and Community Councils

- Mr W W Clark, Director of Social Work Services, West Dunbartonshire Council
- Ms P Maclachlan, Head of Community Care, Renfrewshire Council

MSPs/MPs

- Mr H Henry MSP, Paisley South
- Mr B McFee MSP, West of Scotland
- Mr B McFee MSP (on behalf of a Constituent)
- Duncan McNeil MSP, Greenock and Inverclyde

General Public

- Ms C Alexander
- Ms C Alexander (per H Henry MSP)
- Mr and Mrs B Arbuthnott
- Ms W Bell
- Mr and Mrs A Birt
- Mrs C Bolton
- Mr J Bonnar
- Ms M Brownlie
- Mrs M Bruce
- Mrs B Bryson
- Ms J Burns
- Ms I Caldwell
- Ms C Clark
- Miss S Clark
- Ms J Connor
- Mrs A Devine
- Ms M Doak
- Ms G Durham
- Ms G Durham (per T Godman MSP)
- Ms M G Erskine
- Mr M Fulton
- Mr and Mrs N Galbraith
- Mr and Mrs D Geddes
- Ms B Gibson
- Ms K Graham
- Ms J N Gray (107 signature petition)
- Ms K Hamilton (per H Henry MSP)

- Ms Holuiston
- Mr J Hotchkiss
- Ms S Huthwaite
- Mr T Kilday
- Mr and Mrs S Killoch
- Ms G King
- Mr R Leicester
- Mrs I Leslie
- Ms E Leonard
- Mrs E Lindsay
- Ms M Lowe
- Mr and Mrs A MacKay
- Mrs D MacKinnon
- Ms J MacKinnon (per D McNeill MSP)
- Ms J MacMillan
- Ms L MacMillan
- Mrs M McDougall
- Dr H and Mrs J McGilp
- Mr P M McGugan
- Mrs S McGugan
- Mrs J McIlravey
- Mr J D McKinlay
- Mrs E B McLellan
- Mrs M McNeill
- Mrs H McVean
- Ms M Menzies
- Mrs I Morgan

- Mrs J Morrison
- Mrs R Munro
- Mrs E Nixon
- Mrs M Paterson
- Mrs L Perry
- Mrs J Reaney
- Mr and Mrs G Reay
- Mr F D Saunders
- Mr R M Shearer
- Mr and Mrs J Sinclair
- Mr A Smith
- Mrs A Smith
- Mr and Mrs D Smith
- Ms K Sultan
- Ms L Turner
- Mrs P Walker
- Mr L Ward
- Ms E Webster

Other Organisations

- Ms T Bates, Paisley and District ME Support Group
- Ms E Edwards, Development Officer, Cowal Community Care Forum
- Ms H Irons, National Development Officer, Skin Care Campaign Scotland
- Mr S McMillan, Greenock and Inverclyde SNP
- Mr G Tougher, East Renfrewshire Public Partnership Forum

PROFESSIONAL AND ADVISORY COMMITTEES

Mr W S Marshall, Secretary, Area Medical Committee

- In general terms the Area Medical Committee notes that the models of service delivery detailed for the specialties concerned enjoy local support.
- The Committee has received assurances from the Board that the proposals are not stopgap in nature but represent a longer-term strategy which it considers both workable and sustainable.
- There is a lack of any detail on staffing and other resources to be provided at the Southern General Hospital to deal with the workload to be transferred there or to allow Consultants from the hospital to provide services at Inverclyde Royal Hospital.
- In regard to vascular imaging, it should be noted that this service is only provided at present by visiting Consultants from the Southern General Hospital and no attempt has been made to increase the Consultant establishment to reflect this becoming a permanent commitment.
- It seems that in several specialties it will be the most difficult and complex cases which are likely to be transferred and therefore planning needs to reflect this rather than taking an average resource requirement per case across specialty.

NHS ORGANISATIONS (CHPs, GPs AND OTHER GROUPS)

Mr D S Leslie, Director of Planning and Performance, NHS Highland

- Notes that the overall impact of the proposed changes in some specialist services are very small in terms of the number of patients affected and extension of the distance that patients will travel into Glasgow.
- Advises that NHS Highland and indeed the Argyll and Bute Community Health Partnership acknowledge and supports the reasons for these changes.
- Would welcome confirmation that the current profile of outreach services provided from Inverclyde Royal Hospital in both the Cowal and Bute localities and from the Royal Alexandra Hospital for the specialties identified will continue unchanged.

Ms K Major, Director of Strategic Planning and Performance NHS Ayrshire and Arran

- Points out that NHS Ayrshire and Arran is a key stakeholder in the consultation as services at Inverclyde Royal Hospital and the Royal Alexandra Hospital are utilised by much of the population resident in the North of North Ayrshire.
- Notes that NHS Ayrshire and Arran's service level agreements with NHS Greater Glasgow and Clyde total £8,500,000 to fund this historic and ongoing level of utilisation.
- Details several of the mainly positive aspects from the joint meeting held in Largs on 24 January 2007.

- Stresses the need to ensure, through implementation planning, that robust protocols are in place for the transfer of emergency vascular patients who attend A & E at Inverclyde Royal Hospital and then require onward transfer for vascular services.
- Stresses the requirement to closely specify how the input of ENT services to airway management will operate within the intensive care unit that will remain at Inverclyde Royal Hospital.
- Subject to the above clinical implementation issues and as a consequence of the joint public meeting held in Largs concludes that NHS Ayrshire and Arran supports the proposals of NHS Greater Glasgow and Clyde in terms of the future configuration of services at Inverclyde Royal Hospital and the Royal Alexandra Hospital.

Mr C S Munro, Chairman, Dermatology Council for Scotland

- The Council welcomes the Board's recognition of increasing demand for and complexity of Dermatology Services and notes that the existing accommodation and resources in South Clyde are poorly adapted to delivering modern multi-skills Dermatology care.
- Points out that the Royal Alexandra Hospital has long had the highest occupancy of all dedicated Dermatology Units in Scotland yet in 2003 available staffed Dermatology beds were reduced from 12 to 9.
- This data suggests that the reduction in bed provision in South Clyde has prevented some patients from receiving specialist Dermatology inpatient care.
- Welcomes the commitment to improve day treatment and outpatient services and fully supports enhanced training of care staff to provide better services to patients with skin disease.
- However, the Council withholds its full endorsement of the Board's plans until details of the proposed investment are available.
- Whilst understanding the reasons behind the transfer of Dermatology inpatients to the Southern General Hospital, points out that such a move should not be to the detriment of care. It is concerning that the consultation document does not address the potential impact on the receiving hospital and its staff. At present only 21 beds are provided for Dermatology admissions from North Clyde, Argyll and Forth Valley as well as Greater Glasgow. An amalgamated unit would serve approximately 1.6 million people, a third of the Scottish population. Bed numbers would require to be increased together with investment in suitably qualified nursing staff to meet the amount of complexity of demand from South Clyde patients if amalgamation is not to affect care offered to residents of Greater Glasgow and neighbouring Boards.
- Suggests in addition that Consultants and other medical staff based in Clyde will need more time to travel to supervise inpatient care and for local continuity of care in a Board area already under resources in national terms.
- Notes that the recent amalgamation of Dermatology Services within Glasgow has provided an example of how managers and clinicians working together can attract investment to improve care and encourages the Board to build on these positive experiences.
- Notes the considerable cross-border flow between Greater Glasgow and all parts of the former Argyll and Clyde NHS Board area and suggests that investment in services has not kept pace with demand or modern expectations of access to care. Hence, as well as optimising the pattern of care delivery within NHS Greater Glasgow and Clyde, dialogue is needed with Highland Health Board regarding the future provision of the outreach services currently and formerly provided by staff based within NHS Greater Glasgow and Clyde.

- Concludes that whilst the planned investment is welcome more detailed consideration of the impact of the changes proposed is needed. It represents an opportunity for Dermatologists and managers to demonstrate a collaborative approach and to invest in patterns of care which work towards the aspirations of “Delivering for Health”.

Ms J Young, Chief Executive, Golden Jubilee National Hospital

- In regard to the transfer of Ophthalmology from the Golden Jubilee National Hospital to the Royal Alexandra Hospital and Inverclyde Royal Hospital, acknowledges the benefits of local access for patients.
- However, wishes to highlight the potential for unused capacity at the Golden Jubilee Hospital as a result of these transfers.
- Notes there is planned investment at the Royal Alexandra Hospital and Inverclyde Royal Hospital facilities to accommodate this transfer and would be interested in understanding the full financial consequences of the transfer of this activity from the Golden Jubilee National Hospital as there is likely to be fixed costs within the Golden Jubilee National Hospital that cannot be released if the capacity cannot be filled with other activity.
- Would be interested in the timing of the transfer noted to 2007/08, however, 400 Ophthalmology patients slots in the Golden Jubilee National Hospital have been requested by Glasgow and Clyde for the year 2007/08.

NHS STAFF

Dr Holmes, Chair, Glasgow Consultants Group (Dermatology)

- Welcomes the recognition that were inpatient beds at the RAH to close, the local outpatient treatment facilities would require improvement.
- Emphasises the increase in referrals to the RAH and the need to improve facilities in the outpatient treatment centre in order to cope with the increased workload.
- In regard to the impact of the proposed closure of Dermatology Inpatient Services at the Southern General Hospital, expressed concern that this would result in a significant lengthening of waiting times for inpatient treatment.
- As many patients require admission on an emergency basis organisation of admissions is also likely to become increasingly problematic.
- Stresses that since the opening of the RAH unit in 1990 it has run at virtually 100% occupancy admitting patients who are not suitable for either second line therapy or outpatient treatment and patients who have medical or physical needs.
- Management of these complex and difficult patients as outpatients would be difficult to accommodate in an already over stretched service.
- Emphasises that centralising inpatient services at the Southern General Hospital would place further pressure on local outpatient services as Clyde Consultants would require to reduce outpatient clinic commitments to supervise inpatients in Glasgow.

- Regards it as essential that these various issues are considered prior to any action being undertaken.

Ms L Hughes, Senior Dietitian

- It makes sense to centralise some treatments to improve patient care.
- Increased through-put of patients will increase referrals to the dietetic service at the Royal Alexandra Hospital. This is a small service already under pressure thus dietitians may be unable to see patients within agreed timescales. This would then impact on patient care and community dietetic waiting times.
- The plan to introduce dialysis and day chemotherapy services will need to include consideration of impact on dietetics as both renal and cancer disease states have identified nutritional associations and a dietetic referral pathway for these patients will need to be agreed.

Ms M Mills, AHP

- Considers the changes detailed in the consultation document to be acceptable.
- Considers retaining both Accident and Emergency Departments and two surgical sites is sensible.
- Supports the need to have back-up or a contingency plan in case a super bug hits the units or a major incident in the area.

Ms J Stanier, Lead Clinician, Speech and Language Therapist, RAH

- Concern about not being fully informed about what was being planned.
- The proposed changes to inpatient ENT activity will have a significant impact on the Speech and Language Therapist service.

Ms M Wardrop, Dietetic Manager and Professional Lead

- Points out that a great many patients suffering from cancer and undergoing treatment experience challenges in relation to nutritional intake.
- Stresses that the increasing number of cancer patients treated at the Royal Alexandra Hospital will impact on the hospital's nutrition and dietetic service.
- The service is small and already facing challenges in terms of capacity but to ensure nutritionally compromised cancer patients receive a clinically effective dietetic service there is a requirement to increase dietetic staffing levels at the Royal Alexandra Hospital.
- Suggests more detailed workload analysis is required indicating the impact of the service changes on front-line staff working in the hospital and in the community and what uplift in staffing levels would be necessary to meet this increased demand.

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

Mr W W Clark, Director of Social Work Services, West Dunbartonshire Council

- Points out that his comments have to be seen in the context that residents of Dumbarton and Alexandria are often required to use acute services at the Royal Alexandra Hospital because Glasgow hospitals do not have the capacity to care for that population and some local acute services formally located at the Vale of Leven Hospital have been relocated to Paisley.
- Points out that there is little reference made to the Vale of Leven Hospital and that more thought should be given to take account of the local population of West Dunbartonshire in planning services at the Royal Alexandra Hospital and Inverclyde Royal Hospital.
- Seeks clarification as to whether the draft strategy embeds a commitment to retain significant services at the Royal Alexandra Hospital which have been transferred out of the Vale of Leven Hospital including Consultant led maternity services, special baby care unit, Accident & Emergency Services, urology, emergency surgery and breast cancer services.
- Compares the detailed planning of future services at the Royal Alexandra Hospital and Inverclyde Royal Hospital to the apparent run down of services at the Vale of Leven Hospital which has contributed to recruitment difficulties and a loss of trust and confidence in NHS planning for the populations of Dumbarton, Alexandria and Helensburgh.
- Stresses the importance of planning for the future of anaesthetic and Accident & Emergency Services for the population of West Dunbartonshire.
- Expresses disappointment that the Royal Alexandra Hospital and Inverclyde Royal Hospital are being considered separately from the overall provision of acute services.
- Whilst recognising the attraction of trying to single out elements for ease of locality planning, the inter-connectivity of acute services across the whole of NHS Greater Glasgow and Clyde strongly suggests the need to look at acute services as a whole and how these relate to patient flows, actual and preferred, and to community based health, housing and social care services.
- Suggests it is difficult to understand how a strategy can be set aside for two hospitals in Paisley and Greenock without consideration of the Vale of Leven Hospital, the Gartnavel and Southern campuses, the Glasgow Royal Infirmary and even the possible potential role of the Golden Jubilee Hospital in Clydebank.
- Recommends that any final decisions on the current strategy should be regarded as provisional pending the outcome of future consultation on the wider acute services strategy for the whole of NHS Greater Glasgow and Clyde.
- Stresses that West Dumbarton Council are happy to support the development of such a strategy in any way it can and will play a full part in the local health needs assessment exercise currently being undertaken by NHS Greater Glasgow and Clyde and NHS Highland.

Ms P Maclachlan, Head of Community Care, Renfrewshire Council

- Welcomes the approach taken by Greater Glasgow and Clyde NHS Board in reviewing the clinical strategy previously developed by Argyll and Clyde NHS Board.

- Welcomes the clear commitment to the continuation of the central role played by the Royal Alexandra Hospital in the provision of health services for the people of Renfrewshire.
- Recognises the commitment of the NHS Board to engage in public consultation during a period of considerable change and restates its desire to ensure that health services in Renfrewshire are developed and where necessary reformed and improved in order to provide the highest quality of service.
- Anticipates there will be an ongoing need for reconfiguration of current provision to meet the ever increasing demands placed on the NHS and this reconfiguration will have an impact on Council services, most notably social work and housing which has to be taken into account in joint planning arrangements.
- Notes that the document refers to the inherited deficit of £30M from NHS Argyll and Clyde and the imperative to reach financial balance by 2009. The Council recognises that in order to achieve this it will be necessary to significantly redesign local health services particularly hospital services unless significant additional investment is made available to fund the current service arrangements. However, the proposals for acute services are described at the consultation events as financially neutral and the consultation document provides no financial analysis of the changes proposed.
- Notes that certain specialist services currently available at the Royal Alexandra Hospital will in future transfer to the Southern General Hospital and further notes that this represents a small specialist range of current activity and therefore affect a relatively small proportion of the population.
- While recognising the transfer of these particular services, issues regarding access and public transport need to be recognised given that patients and visitors from Renfrewshire are required to travel to the Southern General Hospital and on occasion other hospitals within Greater Glasgow.
- Welcomes the plan to improve access to day surgery and outpatient clinics at the Royal Alexandra Hospital and hopes that these will be planned in close collaboration with the Local Authority and the CHP in order to ensure that patients receive appropriate community health care, recuperation, rehabilitation and support at home which would previously been available as part of their stay in hospital.
- Notes that the consultation refers to separate consultation arrangements for mental health services and older people's services and the Council awaits these consultations with interest.
- Points out that the Council supports modernisation through the redesign of services for these particular client groups and that whilst significant progress has been made in shifting the balance of care for frail older people and people with dementia from hospital to community based health and care, further progress can be made to improve the range of services available to sustain older people at home.
- Notes that in terms of mental health services, very little progress has been made to develop modern, accessible and responsive community health and care services and the Council looks forward to opportunities to engage with the Board in planning which will improve local provision.

MSPs/MPs

Mr H Henry MSP, Paisley South

- Given that constituents are concerned about the loss of dermatology services at the Royal Alexandra Hospital wishes to register his support for the retention of the current level of these services.

Mr B McFee MSP (on behalf of a Constituent)

- Notes that the proposals paint a better picture for Inverclyde compared to previous proposals submitted by NHS Argyll and Clyde.
- Believes that the sting in the tail will come after the May 2007 elections when further consultations are planned to take place which could impinge upon any services that appear to be saved at the moment.
- Stresses his extreme unhappiness regarding the closure of the Dermatology Ward at the Royal Alexandra Hospital and points out that the hospital sustains a large catchment area and believes this could be sustained in the longer term.
- Expresses concern that patients from the Renfrewshire area would be forced to travel to the Southern General Hospital to receive treatment when that treatment could be received at the Royal Alexandra Hospital.
- Points out that in general terms he is not a supporter of the centralisation of health services preferring that services be delivered locally and closer to the patient.
- Stresses that both the Royal Alexandra Hospital and Inverclyde Royal Hospital should have the ability to provide a full range of services to patients in the communities they serve.

Mr B McFee MSP, West of Scotland

- Considers that the consultation paper throws up more questions than it answers.
- Acknowledges that the proposals contained in the consultation paper are preferable to those submitted by the previous Board.
- Suggests that the long-term future of Inverclyde Royal Hospital and the Royal Alexandra Hospital are by no means guaranteed leading him to the conclusion that he cannot commend the proposals.
- Suggests that until guarantees by either NHS Greater Glasgow and Clyde or by the current Health Minister commit to ensuring that Inverclyde will have an A & E service for either 5 or 10 years he can, therefore, conclude that the future of Inverclyde Royal Hospital is not secure.
- In regard to Renfrewshire, the service losses planned, although not adversely affecting many people, is the beginning of centralisation.
- Believes that the hospital should offer as wide a range of services as possible and with the impending cuts in Renfrewshire would suffer in health provision in the future.

- Believes the proposals have been engineered to help the current Scottish Executive get through what is proving to be a difficult election.
- Whilst believing on the whole that in the short term the proposals look good in the medium to long term they would not be good for either Inverclyde or Renfrewshire.

Duncan McNeil MSP, Greenock and Inverclyde

- Wholeheartedly supports the proposals to maintain Accident and Emergency Services at the IRH; to maintain the vast bulk of inpatient services at the IRH and to maintain virtually all outpatient and day services.
- Welcomes the Board's innovative approach to the challenges facing the delivery of acute services in the South Clyde area.
- Welcomes the fact that the proposals will protect large numbers of his constituents from being obliged to travel to the RAH for treatment.
- Supports and recognises the need for certain specialist services to be delivered in centres of excellence provided an assurance is given that the small number of patients who need these services locally can continue to access all of their outpatient appointments and follow-up day care locally.

GENERAL PUBLIC

Ms C Alexander

- In regard to the transfer of Dermatology inpatient beds to the Southern General Hospital, suggests an appalling lack of communication because patients should have been notified in writing rather than being told by staff at the Royal Alexandra Hospital.
- Points out that the standard of service provided by the Dermatology ward at the Royal Alexandra Hospital is of a very high standard.
- Emphasises the difficulties many existing patients have using public transport and suggests that these difficulties will be severely exacerbated in having to travel to the Southern General Hospital for their treatment.
- Expresses concern that evening access to outpatient services at the Royal Alexandra Hospital may be withdrawn in the future.
- Expresses concern at the transfer of inpatient beds to the Southern General Hospital suggesting that patients' families on a low income would find it more difficult to travel to the Southern General Hospital.
- Suggests that if the inpatient beds were transferred it would mean patients who required immediate treatment would not seek this and would delay looking for help and that these patients are mainly those who have arthritic conditions or do not have public transport.
- Stresses that although the current consultation process relates to the inpatient beds being transferred staff and patients believe that after a while it is a possibility that the Board will transfer outpatients as well. Such a move would have a detrimental impact for patients.

- Suggests that due to the size of the geographical area the Royal Alexandra Hospital covers one would expect inpatient beds to be made available for this type of ward locally.

Ms C Alexander (per H Henry MSP)

- Opposes the relocation of Dermatology inpatient beds from the Royal Alexandra Hospital.
- Strongly supportive of the existing service pointing out that many patients have made donations to the ward in question to support the work the staff are doing for the people of Renfrewshire.

Mr and Mrs B Arbuthnott

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Ms W Bell

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr and Mrs A Birt

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs C Bolton

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr J Bonnar

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Ms M Brownlie

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Praises the Board for listening to the public in comparison to the previous Board's plans for the area.

Mrs M Bruce

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms J Burns

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Mrs B Bryson

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms I Caldwell

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Ms C Clark

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Miss S Clark

- Suggests that there was not enough consultation meetings in Largs.
- Points out that there seems to be only one ambulance in Largs at any one time which she considers to be dangerous if there was any serious emergencies in the area.
- Suggests that the public need reassurance that both Accident and Emergency Departments at Inverclyde Royal Hospital and the Royal Alexandra Hospital are to be kept open indefinitely.
- Suggests that the Largs day clinic should include a small Accident and Emergency Unit as well as a maternity ward.
- Stresses the importance of local services since people who do not have their own transport find travelling to Paisley or Glasgow very difficult.

Ms J Connor

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs A Devine

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Ms M Doak

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Stresses the importance of local services remaining in Greenock in preference to travelling to Paisley or Glasgow.
- Praises the nursing and medical staff at Inverclyde Royal Hospital.

Ms G Durham

- Opposes the relocation of Dermatology inpatient beds from the Royal Alexandra Hospital.
- Believes that the current ward providing these beds at the hospital should be expanded rather than the beds being provided elsewhere.
- Believes the relocation of these beds at the Southern General Hospital is unsuitable for patients outwith the Glasgow area.
- Believes that due to increased levels of usage there is a continued need for these beds to be provided in Paisley.

Ms G Durham (per T Godman MSP)

- Opposes the relocation of Dermatology inpatient beds from the Royal Alexandra Hospital.
- Strongly supportive of the current service being provided at the Royal Alexandra Hospital.
- Believes the relocation of these beds at the Southern General Hospital is unsuitable for patients outwith the Glasgow area.

Ms M G Erskine

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Highlights the positive nature of the Board's proposals compared to the previous proposals submitted by NHS Argyll and Clyde.

Mr M Fulton

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Mr and Mrs N Galbraith

- Supports the proposals as outlined in the consultation document.

Mr and Mrs D Geddes

- Stresses the importance of maintaining local services rather than travelling to Paisley or Glasgow.

Ms B Gibson

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley.

Ms K Graham

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.

- Supports the maintenance of virtually all outpatient and day services.
- Supports the re-instatement of a Consultant led maternity unit at Inverclyde Royal Hospital.
- Stresses the importance of local services for what is a substantially deprived area.

Ms J N Gray (107 signature petition)

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms K Hamilton (per H Henry MSP)

- Opposes the relocation of Dermatology inpatient beds from the Royal Alexandra Hospital.
- Concerned that the same level of treatment provided at the Royal Alexandra Hospital would not be provided at an alternative location.

Ms D Holuiston

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr J Hotchkiss

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms S Huthwaite

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Praises the Board for listening to the public in comparison to the previously Board's plans for the area.

Mr T Kilday

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr and Mrs S Killoch

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Ms G King

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Wishes to see the return of Consultant led maternity services.

Mr R Leicester

- Notes and welcomes that a wide range of services will be retained at Inverclyde Royal Hospital.
- Points out the importance of the hospital for those who live in the very outer-most reaches of North Ayrshire.
- Impressed that joined-up thinking has occurred between Ayrshire and Clyde medical services.
- Wishes to see some basic level of outpatient ENT provided at IRH so that, for example, at least diagnosis and simple procedures could be provided locally rather than having to travel to Crosshouse Hospital.

Ms E Leonard

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs I Leslie

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs E Lindsay

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.

- Supports the maintenance of virtually all outpatient and day services.

Ms M Lowe

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of all outpatient and day services.

Mr and Mrs A MacKay

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Praises the Board for listening to the public in comparison to the previous Board's plans for the area.

Mrs D MacKinnon

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses that not all households own a car making it difficult to travel to either Paisley or Glasgow hospitals on public transport.

Ms J MacKinnon

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms J MacMillan

- Wants to maintain Accident and Emergency Services at Inverclyde Royal Hospital.
- Wants to maintain the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Wants to maintain virtually all outpatient and day services.

Ms L MacMillan (per D McNeill MSP)

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of inpatient services at Inverclyde Royal Hospital.

- Supports the maintenance of all outpatient and day services.

Ms M McDougall

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Dr H and Mrs J McGilp

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr P M McGugan

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services at Greenock for patients from the outlying islands such as Cumbrae and elsewhere in North Ayrshire.

Mrs S McGugan

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of Inverclyde Royal Hospital for those who live in the very outer-most reaches of North Ayrshire.

Mrs J McIlravey

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr J D McKinlay

- Containing the Dermatology Wards for Inverclyde, Paisley and Glasgow in one hospital will cause more harm and pain for patients as the waiting lists will get longer therefore denying treatment on time.

- Continuity of care will stop as patients will not see the referring Dermatologists as they would be based in either Inverclyde Royal Hospital or the Royal Alexandra Hospital.
- Considers that transport links from Inverclyde to the Southern General Hospital are virtually non-existent.
- Even if private transport is used to get to Glasgow there is not enough parking in and around the Southern General Hospital just now to cope with visitors a situation which will be even worse with extra visitors coming from the Inverclyde and Paisley area.
- The distance from Inverclyde to the Southern General Hospital could be inhibitive for families visiting their relatives in hospital without private transport.

Mrs E B McLellan

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs M McNeill

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Mrs H McVean

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Ms M Menzies

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs I Morgan

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs J Morrison

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Praises the nursing and medical staff at Inverclyde Royal Hospital.

Mrs R Munro

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs E Nixon

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services at Greenock in preference to travelling to Paisley or Glasgow.

Mrs M Paterson

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mrs L Perry

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Supports the provision of the local Renal Clinic since travelling would be much more difficult.

Mrs J Reaney

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr and Mrs G Reay

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr F D Saunders

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

Mr R M Shearer

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Suggests that waiting times would not be improved by the transfer of any of these services to Paisley or Glasgow.

Mr and Mrs J Sinclair

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital
- Supports the maintenance of virtually all outpatient and day services locally.

Mr A Smith

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital
- Supports the maintenance of virtually all outpatient and day services locally.

Mrs A Smith

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.

Mr and Mrs D Smith

- Supports the maintenance of services at Inverclyde Royal Hospital.
- Stresses the importance of local services at Greenock in preference to travelling to Paisley or Glasgow.

Ms K Sultan

- Welcomes the proposals pertaining to Inverclyde Royal Hospital.
- Enclosed a mission statement from Inverclyde Bipolar Support Group in lieu of any forthcoming consultation on mental health services.

Ms L Turner

- In regard to diabetes services, notes that currently the Specialist Physician and the Diabetes Educator from Inverclyde Royal Hospital visit Dunoon to undertake services and questions whether this particular service would continue to be provided solely by staff from Inverclyde or in conjunction with staff from the Royal Alexandra Hospital or would this service be withdrawn completely.
- In regard to general services, suggests that a minimal or reduced outpatient/ambulatory service leads to an increase in the number of admissions and length of stay and a significant hole in the health budget.

Mrs P Walker

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital
- Supports the maintenance of virtually all outpatient and day services.

Mr L Ward

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Wishes to see the return of Consultant led maternity services.

Ms E Webster

- Supports the maintenance of Accident and Emergency Services at Inverclyde Royal Hospital.
- Supports the maintenance of the vast bulk of inpatient services at Inverclyde Royal Hospital.
- Supports the maintenance of virtually all outpatient and day services.
- Stresses the importance of local services in preference to travelling to Paisley or Glasgow.

OTHER ORGANISATIONS

Ms T Bates, Paisley and District ME Support Group

- Agrees that the services proposed are acceptable.
- Prefers that services remain local as far as possible.

Ms E Edwards, Development Officer, Cowal Community Care Forum

- Welcomes changes which will provide better services.
- Notes that the proposed changes to acute hospital services provided at Inverclyde as laid out in the consultation, if properly implemented, seem to promise high quality services for the future.
- Notes that the information regarding the detailed calculations that underpin the proposals provided by NHS Greater Glasgow and Clyde is reassuring.
- Concerned that there is no evidence in the proposals of how the Scottish Ambulance Service will work with the new services.
- Points out that the consultation does not fully address the crucial question of existing problems with other forms of transport and details the serious practical difficulties service users within Cowal already face in travelling to access clinical services.
- Emphasises the planning for transport and ambulance services and all of other practical elements of a pathway to care approach to planning services should be an integral part of the strategic planning process and not overlooked afterwards since evidence from past NHS planning exercises demonstrates that where essential parts of a whole service are “added on” later, the results is an inconsistent service with continuing difficulties for users and patients.
- Emphasises that more detailed financial information about how the new services will be resourced would have been helpful.
- Wondered if NHS Greater Glasgow and Clyde as a whole is not breaking even how that would impact on the current proposals for the Inverclyde Royal Hospital.
- Stresses that the forum’s experience as part of the review group for the health and well-being of Cowal indicates that developing local services has complicated financial and logistical implications where for example dermatology services in Cowal are very poor, with long waiting times for outpatient dermatology care.
- Stresses the importance of ensuring that Argyll and Bute Community Health Partnership takes a pro-active approach now to planning that ensures that services that can be provided locally are provided locally.
- Commends the willingness of NHS Greater Glasgow and Clyde to bring the consultation about hospital services in Inverclyde to Cowal whereby the population in Cowal can feel confident that the new service will benefit them as well as patients in Glasgow.

Ms H Irons, National Development Officer, Skin Care Campaign Scotland

- Welcomes the commitment to improve day care and outpatient dermatology services and the additional investment in enhanced training for nursing staff.
- Notes increase in dermatology at the Southern General Hospital but concerned that the new proposal negates the benefits by causing an over-crowding situation in view of the fact that the incidence of skin cancer is increasing, added to the increase in referral from the Clyde area, may cause an excessive work load at the Southern General Hospital removing any benefits that the newly designed facilities are expected to provide.
- Concern that there is no mention of any increase in dermatology bed numbers.
- Points out that not all patients have access to private transport and therefore may be forced into long and complex journeys perhaps at a time when the condition of their skin makes travelling both difficult and painful.
- Concerned that patient transport needs need to be taken into account where the current problem of overrunning clinics will only increase as patients are required to be transported over greater distances.
- Hopes that outpatient and inpatient visitor car parking facilities can be improved.
- Notes that dermatology staff may be better supported by their colleagues particularly in light of the increased training load required of them as long as experienced staff were not lost because of increased travel time.

Mr S McMillan, Greenock and Inverclyde SNP

- Acknowledges that the proposals contained in the consultation paper are preferable to those submitted by the previous Board.
- Suggests that whilst the current proposals provide a welcomed guarantee that the majority of services will remain at Inverclyde Royal Hospital, in the long term the hospital is not guaranteed and therefore the Greenock and Inverclyde SNP cannot commend these proposals as they stand.
- Concerned that the proposals do not give any medium to long term guarantee and notes that future consultations are due to take place later in the summer of 2007 suggesting that another u-turn could occur.
- Suggests that until guarantees by either NHS Greater Glasgow and Clyde or by the current Health Minister commit to ensuring that Inverclyde will have an Accident and Emergency Service for either five or ten years, then they can only conclude that the future of Inverclyde Royal Hospital is not secure.
- Concludes that whilst the proposals look good, in the medium to long term they show no signs of a safe and sustainable future and thus no long term security.

Mr G Tougher, East Renfrewshire Public Partnership Forum

- Welcomes the proposed development of cancer services at the Royal Alexandra Hospital enabling people from the local catchment area who currently travel to Glasgow for treatment to be treated locally.

- Points out that although relatively small in number there is still concern over the inconvenience to Royal Alexandra Hospital patients affected by moving ophthalmology, dermatology and ENT services to Glasgow.
- Stresses the poor transport infrastructure/links between Barrhead and the Southern General Hospital where it can take up to three bus journeys to go from Barrhead to the hospital.
- Wishes to see better transport links to Glasgow hospitals from both Barrhead and Neilston.

For any enquiries regarding this summary Appendix or to view the full responses please contact William Marshall, on 0141 201 4449