

Changes to Inpatient Disability Services in Clyde

Your chance to comment on the proposals

This leaflet explains proposed new arrangements for providing specialist inpatient physical disability services, as well as community-based care, for adults living in Renfrewshire and Inverclyde.



Background

In April 2006, NHS Greater Glasgow and Clyde took responsibility for the health care of people living in Renfrewshire, Inverclyde, West Dunbartonshire and all of East Renfrewshire.

Along with this responsibility we inherited a number of service reviews that the former NHS Argyll and Clyde had been unable to complete. We agreed to revisit these in order to ensure services were sustainable, able to meet future patient needs and integrated with the standards and structures applied in the rest of the healthcare system.

A review of adult inpatient disability rehabilitation services was begun by NHS Argyll and Clyde in 2004 but not finished. We undertook to complete it and widen its scope to include all specialist inpatient services for adults with a physical impairment.





Introduction

Inpatient admissions (people who need to be cared for overnight or longer in a hospital bed) for physical disabilities normally relate to people affected by conditions like multiple sclerosis, head injury and the aftermath of a stroke. People are also admitted to hospital for other, less common neurological conditions.

At the moment around 31 people each year from Inverclyde and Renfrewshire are admitted to 16 beds (5 assessment and rehabilitation and 11 NHS continuing care – i.e. long-term – beds) at Islay Cottage in Merchiston Hospital near Johnstone.

A further 65 people a year are admitted to 8 assessment and rehabilitation beds at the Larkfield Unit of Inverclyde Royal Hospital in Greenock.

140 people a year are also admitted to 26 assessment and rehabilitation beds at the Southern General Hospital in Govan, and a further 55 are admitted to 24 beds for continuing care and respite at Ward 53 on the same site.

Rehabilitation beds are used for patients to receive treatment before discharge from hospital. Respite is when people are admitted to provide their full-time carers with a break and to provide the individual with a short period of treatment.

Why change services

Since November 2006, our review included discussion with patients, patients' relatives and carers, organisations and advocates representing people with a physical impairment, local authorities and NHS staff.

These discussions highlighted a number of reasons for changing services:

- New national policies and service reviews, including *Coordinated and Fit for Purpose*, the national framework for adult rehabilitation
- Inconsistent admission arrangements for patients
- The need to better co-ordinate patient discharge arrangements within the NHS and between the NHS and local authorities
- Less time is needed in hospital. The aim between the NHS and local authorities is to maintain patients' independence and allow them home as soon as possible – hospital admission beyond a short period should rarely be required.
- Recognition the way care is organised has changed. Most care is provided in the community or is home-based, meaning there is much less need for NHS continuing care and respite beds
- Demand for NHS rehabilitation and assessment beds, by contrast, will increase slightly in future but the length of stay before discharge will fall slightly
- The need to reduce 'delayed discharges' where patients remain in hospital because suitable accommodation or support elsewhere is not available

Merchiston Hospital

There are also issues specific to Merchiston's Islay Cottage:

- The site is isolated and difficult to reach – the Islay Cottage Ward is the only building in use on the entire site
- Mixing rehabilitation and continuing care beds on the same site is not recognised best practice, as each group of patients needs very different care
- The arrangement also means the Clyde area's only Rehabilitation Consultant has to work without access to the advice and support of other specialist medical staff
- The majority of admissions to Merchiston come from a wide area and the site is not especially accessible for many



Options for Change

It is agreed that, in line with national best practice, community-based services should be developed in partnership with local authority Social Work teams.

Therefore, the focus of change is on the specialist inpatient physical disability rehabilitation service, bringing it into line with best practice, making use of the most suitable accommodation and improving the links with community-based services.

Stakeholders mainly supported the notion that continuing care

and rehabilitation should be separated. There was also support for the idea that services could be rebalanced to meet predicted need and beds transferred to different locations, although people, naturally, took the view that the transfer should be to their own preferred location.

Different options were assessed based on a combination of patients', carers' and relatives' wishes along with clinical issues and the physical practicability of each option.

Our proposals

- Islay Cottage at Merchiston Hospital should close given its isolation and the projected need for inpatient beds
- Continuing care beds will be made available in Ward 53 at the Southern General Hospital for patients from the Clyde area
- 4 unused beds at the Southern General will be opened to provide additional rehabilitation and assessment capacity
- Inpatient rehabilitation and assessment services will therefore be provided over two sites: The Southern General Hospital and Inverclyde Royal Hospital
- Future demand for inpatient services can be met between these two sites
- The resources freed-up by the changes will be re-invested in the new beds at the Southern General, increased staffing levels in Clyde's community physical disability service and allocation to local authorities to support other community provision
- The future service arrangement would be:

Location	Bed Nos.	Bed Types
Physical Disability Rehabilitation Unit, Southern General	30	Assessment and Rehabilitation
Larkfield Unit, Inverclyde Royal	8	Assessment and Rehabilitation
Ward 53 Southern General	26	23 – continuing care 3 – respite

How this will affect patients

- The changes would impact on around 31 patient admissions a year – patients would go to the Southern General (or Inverclyde if preferred)
- Existing patients at Merchiston, and their carers and relatives, will be supported through the changeover by independent advocates. Each patient will have an individual plan agreed for their future care
- We do not think that a relocation of 9 miles to the Southern General will cause too many problems for most relatives and carers



How this will affect staff

- 26 'Whole Time Equivalent' (WTE) NHS nursing staff are employed at Merchiston's Islay Cottage
- 4 plus staff will be required to support the additional beds at the Southern General and there are known to be vacancies for other positions connected with the hospital's specialist disability inpatient services.
- There will be NO compulsory redundancies and we expect to place all staff in new posts – all clinical staff who prefer to stay working within disability services will do so if that is their wish

What happens next?

The proposals – and they are still only proposals at this stage – must now be consulted upon. NHS Greater Glasgow and Clyde will assess the comments it receives during consultation. These will influence the NHS Board's decision on how services should be changed.

Our recommendation will then be forwarded to the Cabinet Secretary for Health and Wellbeing. The Cabinet Secretary will make the final decision as to whether the proposals should go ahead or not.



Let us know what you think about the proposals

Consultation was launched on **18th February 2008** and will go on until **5th May**.

One-to-one meetings and briefings will take place with individual stakeholders.

A meeting with patients, relatives and carers will take place at Islay Cottage. This will be independently facilitated by the Advocacy Project. If you feel that you should be included in this meeting, or a one-to-one session, please call 0800 027 7246

Staff meetings and briefings will also be organised and staff will be notified of these directly.

If you would wish to attend a **public meeting** based on workshop discussions about these proposals, please let us know by calling 0800 027 7246. We are flexible as to the date, time and format of such an event and will base the arrangements on the requests we receive.

In order to put your views forward before **5th May 2008** you can:

Write to –

Inpatient Disability Services in Clyde

C/o John Hamilton

Head of Board Administration, NHS Greater Glasgow and Clyde
Dalian House, 350 St Vincent Street, Glasgow G3 8YZ

or –

Visit our website at **www.nhsggc.org.uk/clydeinpatientdisability** where you will be able to make an email submission.

You can also obtain a copy of a consultation booklet which provides far greater background and detail about the proposals than is possible to cover in this leaflet. Please call 0800 027 7246 for your copy or download it from **www.nhsggc.org.uk/clydeinpatientdisability**

THE CONSULTATION WILL END ON MONDAY, 5th MAY 2008

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