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**An interim report on NHS Greater Glasgow
and Clyde's public engagement on "Clyde
Health and Service Strategies"**

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1 SUMMARY

This interim report is provided for the Independent Scrutiny Panel to inform its deliberations and recommendations. In its remit the Panel is expected to:

“Assess, as informed by the report of the Scottish Health Council, the degree to which the pre-consultation process proposals take account of the views of local stakeholders.”

A final report, including an assessment of the formal consultation process, will be made available at the end of the Board’s informing, engaging and consulting process.

The Scottish Health Council has a remit to consider whether NHS Boards have adequately engaged and consulted their local populations in relation to significant NHS service change in accordance with existing guidance.

NHS Greater Glasgow undertook responsibility for healthcare services across Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire on 1 April 2006 following the dissolution of NHS Argyll and Clyde. The Board was renamed NHS Greater Glasgow and Clyde to take account of its extended boundaries.

At this time NHS Greater Glasgow and Clyde established a series of service and strategy reviews in the Clyde area. From September 2006 to May 2007 NHS Greater Glasgow and Clyde engaged with patients, community representatives and staff on the “Clyde Health and Service Strategies”. This activity, together with service planning, was concluded in June 2007 when the Board agreed to proposals for consideration for independent review and formal public consultation.

The Scottish Health Council reviewed NHS Greater Glasgow and Clyde Board's engagement activity in involving patients, members of the public and staff, in relation to major service change against national guidance.

The Scottish Health Council is aware that community representatives from across Clyde and Argyll and Bute are dissatisfied with specific strands of the engagement process carried out by NHS Greater Glasgow and Clyde. There is clearly strong local opposition to the Board's proposals for service change, particularly in relation to the Vale of Leven Hospital, including from the two local authorities within the catchment area. We have maintained regular dialogue with the Board on their engagement activities, and highlighted issues and concerns to them throughout the process. The Board has been responsive to most of these suggestions. This report makes a number of further recommendations for how the Board should take forward the formal consultation on these plans, as it is important that NHS Greater Glasgow and Clyde does demonstrate a formal engagement and consultation process that "genuinely takes into account the views and suggestions of local communities affected by change".¹

¹ *Consultation and Public Involvement in Service Change – Draft Interim Guidance*, Scottish Executive Health Department NHS HDL (2002) 42

2 INTRODUCTION

This interim report is provided for the Independent Scrutiny Panel to inform its deliberations and recommendations. In its remit the Panel is expected to:

“Assess, as informed by the report of the Scottish Health Council, the degree to which the pre-consultation process proposals take account of the views of local stakeholders.”

The current guidance on how NHS Boards should consult with the public on significant NHS service change takes a number of forms^{2,3,4,5,6} and since the Health Reform (Scotland) Act 2004, Boards have had a new public duty to ensure that those affected by change are involved in and consulted on both the planning and development of change, and the decisions made about change.

The Scottish Health Council reviewed NHS Greater Glasgow and Clyde Board’s engagement activity (pre-consultation process) in involving patients, members of the public and staff, in relation to major service change against national guidance with specific reference to sections 17-19 in “Consultation and Public Involvement in Service Change – Draft Interim Guidance” which states:

”Public Involvement in service change

17. NHS Boards need to take a pro-active and positive approach to issues that need public involvement in areas of potential service change.
18. NHS Boards should note that:
 - ‘end process’ consultation is not acceptable
 - they should consult on all service change including new services

² *Patient Focus and Public Involvement*, Scottish Executive Health Department (2001)

³ *Partnership for Care*, Scottish Executive Health Department (2003)

⁴ *National Standards for Community Engagement*, Scottish Community Development Centre and CoSLA (2005)

⁵ *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*, Scottish Executive Health Department (2004)

⁶ *Patient Focus and Public Involvement: Establishment of the Scottish Health Council*, NHS HDL (2005) 11

- they should develop proposals for service change in partnership with all affected groups and communities
 - they should formally consult on the outcome of that development process.
19. The key principle should be that involving the public is part of an integrated process of communication and discussion; where communities, public, patients and NHS staff have opportunities to influence decision-making. An inclusive process may not always result in universal support for a proposal but it should demonstrate an NHS that listens, is supportive and has genuinely taken account of views and suggestions.”

It is the role of the Scottish Health Council to ensure that the same priority is given to patient and community views as is given to clinical and financial considerations, an expectation set out by Ministers on a number of occasions.

The Scottish Health Council has a remit to consider whether NHS Boards have adequately consulted their local populations in relation to significant NHS service change. It is not our role to have a view on the merits or otherwise of a Board's proposals.

From September 2006 to May 2007 NHS Greater Glasgow and Clyde engaged with patients, community representatives and staff on the “Clyde Health and Service Strategies”. This work centred around integrated care at the Vale of Leven Hospital, modernising mental health services in Clyde, maternity services in Clyde and older people's care in Renfrewshire. NHS Greater Glasgow and Clyde's activity, together with service planning, was concluded in June 2007 when the Board agreed to proposals for consideration for independent review and formal public consultation.

Appendix A shows the processes followed by NHS Greater Glasgow and Clyde and the Scottish Health Council in reviewing the "Clyde Health and Service Strategies" informing and engaging processes together with the process to be followed with regard to the Board's consultation. The principles for consultation that the Board used to inform this process are set out in Appendix B.

This report contains an assessment by the Scottish Health Council, carried out by its Greater Glasgow and Clyde Local Office with input from the Highland Local Office, of this engagement against current standards and guidance. The Scottish Health Council gathered evidence on how NHS Greater Glasgow and Clyde involved patients, members of the community and staff in developing its proposals from documentary materials; feedback from patients, members of the public and other key stakeholders; and attendance at events and meetings.

The Scottish Health Council has outlined a number of recommendations that the Board should consider for future activity around the "Clyde Health and Service Strategies" Review. Specific recommendations to each strand of the review are included in the relevant section of this report and are repeated in Section 9 Recommendations. In addition, Section 9 includes general recommendations that the Board should consider in future informing and engaging activities.

As previously stated this interim report is provided for the Independent Scrutiny Panel to inform its deliberations and recommendations. A final report, including a report on the formal consultation process, and our assessment of whether Greater Glasgow and Clyde have demonstrated compliance with the guidelines, will be made available at the end of the Board's informing, engaging and consulting process.

3 CONTEXT

NHS Greater Glasgow undertook responsibility for healthcare services across Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire on 1 April 2006 following the dissolution of NHS Argyll and Clyde. The Board was renamed NHS Greater Glasgow and Clyde to take account of its extended boundaries.

At this time NHS Greater Glasgow and Clyde established a series of service and strategy reviews. The Board stated that these reviews had a number of aims and drivers including:

- the need to modernise services in Clyde and ensure the right balance of local community and inpatient care and social and health care. This particularly applied to mental health and older people's services.
- requirement to ensure safe and sustainable services. This particularly applied to integrated care at the Vale of Leven Hospital.
- to address the £30million deficit inherited from Clyde. This particularly applied to maternity services.

From September 2006 to May 2007 NHS Greater Glasgow and Clyde engaged with patients, community representatives and staff on the "Clyde Health and Service Strategies". This activity, together with service planning, was concluded in June 2007 when the Board agreed to proposals for consideration for independent review and formal public consultation. The proposals which require formal consultation are:

- The conclusion of the Integrated Care Pilot at the Vale of Leven Hospital and the re-provision of unscheduled medical care at the Royal Alexandra Hospital.
- The transfer of low secure learning disability services from Dykebar Hospital to Leverndale Hospital.
- The transfer of adult and elderly acute admission beds for mental health at the Vale of Leven Hospital to Gartnavel Royal Hospital, that is, the closure of the Christie and Fruin Wards at the Vale of Leven Hospital.

- The transfer of adult acute admission beds for mental health from the Royal Alexandra Hospital, Paisley to Dykebar Hospital.
- The reprovision of continuing care beds for older people's mental health from Dykebar Hospital to partnership facilities.
- The closure of the delivery service provided in the Community Maternity Units at Inverclyde Royal Hospital and the Vale of Leven Hospital.
- The transfer of the continuing care services for older people at Johnstone Hospital to partnership facilities.

The Board also proposed changes to the arrangements for low and medium secure forensic inpatient services for the West of Scotland. These proposals concern services at Dykebar Hospital, Leverndale Hospital and the Rowanbank Clinic at Stobhill Hospital.

From January 2007, NHS Greater Glasgow and Clyde met with the Scottish Health Council on a regular basis to discuss arrangements for engagement on the "Clyde Health and Service Strategies". Regular feedback on the engagement process was provided to the Board by the Scottish Health Council on a formal and informal basis.

The Scottish Health Council notes that a review of Physical Disability Services across NHS Greater Glasgow and Clyde is ongoing. This review formed part of the "Clyde Health and Service Strategies" review however has not been included in the proposals that went to the June 2007 meeting of the Board as the review process was not complete.

4 INTEGRATED CARE AT THE VALE OF LEVEN HOSPITAL

4.1 CONTEXT

Prior to its dissolution, NHS Argyll and Clyde decided that it was not possible to maintain out-of-hours anaesthetics and medical cover to treat medical emergencies at the Vale of Leven Hospital through traditional models of care. The Lomond Integrated Care Pilot was proposed as an innovative solution to address this issue. It was planned that this model would bring together the skills of primary and secondary care with overnight cover at the hospital provided by local general practitioners who had undertaken additional training. The Integrated Care Pilot was implemented, in stages, from January 2006 and continued when NHS Greater Glasgow took responsibility for services in the Clyde part of the former NHS Argyll and Clyde.

In September 2006, NHS Greater Glasgow and Clyde reported, in response to clinical concerns around patient safety, that the implementation of the next and final phase of the pilot could not proceed. This final phase would have involved the removal of immediate access to anaesthetic and junior medical cover. Having reached this conclusion, the Board stated that it would need to plan the transfer of emergency inpatient admissions to other hospitals in Greater Glasgow and Clyde. It reported that a further consequence would be the closure of the High Dependency Unit, Coronary Care Unit and Medical Assessment Unit at the Vale of Leven Hospital. The Board advised that around 6,000 patients each year would be affected by these proposals (approximately 70% from West Dunbartonshire and 30% from NHS Highland).

Following this, the then Health Minister asked NHS Greater Glasgow and Clyde to carry out a health needs assessment for the total population of West Dunbartonshire. A parallel process was undertaken by NHS Highland for the population served by the Vale of Leven Hospital. The then Health Minister and

community representatives also asked the Board to re-examine previous work done around the sustainability of anaesthetic cover at the Vale of Leven Hospital.

Three subgroups (workstream groups) were subsequently set up, working under the direction of the Vale of Leven Planning Reference Group. These workstream groups were made up of senior clinical and managerial staff to look at anaesthetics, unscheduled medical care and rehabilitation services. A Community Engagement Group was also established to review the work of these groups and ensure that the communities' interests were represented in the engagement process. Appendix C contains a Scottish Health Council diagram to show the groups set up by the Board in relation to integrated care at the Vale of Leven Hospital.

In May 2007, NHS Greater Glasgow and Clyde reported on the recommendations of the three subgroups. The recommendations were:

- anaesthetics was not sustainable at the Vale of Leven Hospital site
- unscheduled medical admissions could not be safely provided at the Vale of Leven Hospital and should be transferred to the Royal Alexandra Hospital, Paisley
- approximately the same number of rehabilitation beds could be maintained as are currently provided on the Vale of Leven Hospital site.

4.2 NHS GREATER GLASGOW AND CLYDE'S ENGAGEMENT ACTIVITY

Appendix D sets out a record of meetings held in relation to the Integrated Care Pilot at the Vale of Leven Hospital.

Public Meetings

- A public meeting was organised by NHS Greater Glasgow and Clyde in Dumbarton Football Club on 21 September 2006. The meeting was attended by around 300 people. Although the meeting was open to everyone,

participants were asked to pre-book a place. Many people (around 200) did not register for the meeting and some people were required to stand. There was a wide age group and range of interests at the meeting, including patients, carers and general members of the public, clinicians, GPs, elected political representatives, clergy and NHS staff. Although the Scottish Health Council was unable to get a full geographic breakdown of where participants came from, we were aware that there was representation from NHS Greater Glasgow and Clyde and NHS Highland Board areas.

- The meeting had two objectives: to provide information on the Integrated Care Pilot and explain why it could not proceed to the next phase; and to provide an opportunity for the public to raise questions and for the Board to respond to these.
- The main issues of discussion were: whether the Integrated Care Pilot had been successful to date and whether evidence to demonstrate that it was clinically unsafe to proceed to the final stage of implementation was available; the correlation between distance travelled and 'safe, clinical care'; the issue of transparency and independence in the process; whether capacity existed in other NHS Greater Glasgow and Clyde hospitals for West Dunbartonshire and Lomond patients; distance and transport.

Planning and Community Engagement

- On 11 October 2006 the West Dunbartonshire Community Health Partnership Committee agreed to take responsibility for establishing a community engagement process. This would provide community input to the planning process that would develop alternative proposals for medical emergency inpatient care.
- Planning groups were set up as follows: Vale of Leven Planning Reference Group (to provide oversight and direction to the overall planning process), Vale of Leven Planning Executive Group (to provide direction for detailed planning activity for the Rehabilitation and Post Acute Care workstream group and the Emergency medicine alternative service workstream group).

- The Vale of Leven Planning Reference Group included representation from Argyll and Bute Community Health Partnership Management Team (which is part of NHS Highland).
- In addition to the planning groups, two further groups were established: the Community Engagement Group and the Human Resources Group.
- Community representation for the Community Engagement Group was drawn from health activists in the NHS Greater Glasgow and Clyde and NHS Highland Board areas and from the West Dunbartonshire Public Partnership Forum. The Scottish Health Council was also invited to send a representative to meetings of the Community Engagement Group to act as an observer.
- Formal terms of reference for the Community Engagement Group were not drawn up although at its first meeting it was clarified that the role of the group was to 'raise any issues for the detailed planning process, comment on the emerging options for change and provide a forum to ensure community input to known challenges such as access and transport'.
- Whilst the NHS Board invited 15 community representatives to participate in these meetings, the maximum to attend any one meeting was eight and the minimum two. Community representatives were asked to comment on membership and identify others who may have an interest in joining the group.
- The Board changed the time of the Community Engagement Group meetings from evening to afternoon sessions at the request of lay representatives.
- At the first meeting of the Vale of Leven Planning Reference Group (10 October 2006) members agreed to invite two representatives from the Community Engagement Group to future meetings. Two representatives were nominated to this group on 23 November 2006, one from the NHS Greater Glasgow and Clyde Board area, and one from the NHS Highland Board area. The first time the Community Engagement Group was represented on the Planning Reference Group was at the meeting on 8 December 2006.
- The Community Engagement Group, which first met on 23 October 2006, had a further five meetings between November 2006 and May 2007.

- In November 2006, the then Health Minister asked NHS Greater Glasgow and Clyde to undertake a wider review of health needs and services for West Dunbartonshire and to further review the work undertaken by NHS Argyll and Clyde around the sustainability of anaesthetic cover at the Vale of Leven Hospital.

Community Health Needs and Health Service Events

- The Board held three events for community representatives on 26 February 2007 (afternoon and evening sessions) and 21 May 2007 at the Beardmore Hotel in Clydebank. The Board advised that those people who had registered for the September public meeting were invited to attend in addition to members of the Community Engagement Group.
- Transport and crèche facilities were offered by the Board to enable people to attend.
- The objective of the event held on 26 February 2007 was to present information following the Board's detailed analysis work and to give participants the opportunity to put their views forward to those working on the planning process. Presentations were given on: West Dunbartonshire health needs assessment, maternity services, mental health services, and Vale of Leven Hospital Unscheduled Medical Care. Workshops were then arranged for participants to engage on specific topics (for example transport and access) and speak in smaller groups to encourage fuller discussion.
- Around 60 people attended the afternoon session on 26 February 2007 and around 30 people attended the evening session. Although the Scottish Health Council does not have a full geographic breakdown of where participants came from, we were aware that there was representation from NHS Greater Glasgow and Clyde and NHS Highland Board areas.
- While the focus of the Community Health Needs and Health Service Events held in Clydebank related to the health needs assessment for the population of West Dunbartonshire, it is noted that at the January 2007 meeting of the Vale of Leven Reference Group there was discussion around public events

that would be held in NHS Highland Board area. These meetings took place between 14 and 18 May in Arrochar, Garelochhead, Helensburgh and Kilcreggan. These meetings were arranged by NHS Highland to present the interim findings of their health needs assessment carried out in Argyll and Bute and to give local communities the opportunity to comment on these before they were finalised and submitted to NHS Greater Glasgow and Clyde. As NHS Greater Glasgow and Clyde announced its proposals for Clyde services on the same day as one of these meetings (all held within the space of four days), clearly these meetings were not in practice an opportunity for those communities to influence the outcome of the Vale of Leven review. Although NHS Greater Glasgow and Clyde has advised they were always clear that the health needs assessment was a separate exercise, the local community did not necessarily share this understanding. This in turn has contributed to community unease and lack of trust regarding the engagement process.

- A meeting of the Community Engagement Group was held on 9 May with the main purpose of agreeing the feedback report of the event held on 26 February 2007 and planning the event scheduled for 21 May 2007.
- The community event held on 21 May was specific to unscheduled medical admissions, anaesthetics and rehabilitation services. The Board gave presentations on the work and conclusions of the three workstream groups. Participants were given the opportunity to ask questions and raise issues.
- Around 120 people attended the community event on 21 May, including community and voluntary representatives, elected representatives and staff from NHS Greater Glasgow and Clyde and the Scottish Ambulance Service. Although the Scottish Health Council does not have a full geographic breakdown of where participants came from, we were aware that there was representation from NHS Greater Glasgow and Clyde and NHS Highland Board areas.
- At the start of the event a representative from the Community Engagement Group made a public statement in response to the Board's media statement

of 18 May to the effect that all community representatives on the group opposed the termination of the Integrated Care Pilot. They also expressed their general dissatisfaction with the engagement process and advised that “any representation that engaging with the few of us who have been members of the group amounts to genuine consultation or effective involvement with the community is entirely misleading“. In response, the Chief Executive of NHS Greater Glasgow and Clyde advised that the Board had never intended to imply acceptance of the proposals by the Community Engagement Group.

Information and Communication

- In September 2006 NHS Greater Glasgow and Clyde produced a summary leaflet which provided background information to the Lomond Integrated Care Pilot, why it had decided to suspend progress to final implementation stage, and answers to anticipated questions. This leaflet was made available to participants at a public meeting in Dumbarton Football Club held on 21 September 2006. Some community representatives said that they thought that this leaflet was not service specific and that it contained no evidence to support the Board’s conclusions. NHS Board representatives agreed to reflect on these comments and report back. To date we have received no update on the Board’s reflections although the Board has given a commitment to pilot patient leaflets with lay representatives prior to publication to support the consultation process.
- The Board produced two media statements/press releases on 4 September 2006 and 18 May 2007 respectively. The first media statement was to the effect that the Board could not proceed with the implementation of the final phase of the Lomond Integrated Care Pilot; the second one reported on the findings of the various workstreams.
- The Board also covered issues around the sustainability of unscheduled medical inpatient care at the Vale of Leven in three issues of its staff bulletin ‘Core Brief’.

- The Community Engagement Group and some members of the public commented on the general lack of public information provided by the Board between 4 September 2006 and 18 May 2007. The Scottish Health Council also highlighted this issue with the Board. At meetings of the Community Engagement Group NHS Greater Glasgow and Clyde advised that further information would be made available to the public when there was new information to share.
- NHS Greater Glasgow and Clyde outlined its strategy for public consultation in its Board paper of 26 June 2007 including working with staff.

4.3 COMMUNITY FEEDBACK AND PUBLIC RESPONSE TO PROPOSALS

Information in this section has been gathered from media articles, dialogue and communications with local community members and Scottish Health Council attendance at public meetings organised by the Board and other groups in the NHS Greater Glasgow and Clyde and NHS Highland Board areas.

NHS Greater Glasgow and Clyde has been criticised in some public forums and in the local media for:

- not providing sufficient independent evidence to support its decision to stop the Lomond Integrated Care Pilot from proceeding to the next and final implementation phase
- concluding that emergency medical inpatient services be withdrawn from the Vale of Leven Hospital and patients transferred to the Royal Alexandra Hospital in Paisley, and
- conducting, what some community representatives perceive to be, a flawed engagement process.

For a number of years two community groups have challenged the gradual withdrawal of services at the Vale of Leven Hospital – these are the United Campaign Group and the Vale Hospital Watch. Since May 2007, when the Board

announced the conclusions of its review activities, these two campaign groups pooled their efforts to challenge the withdrawal of unscheduled medical inpatient services at the Vale of Leven Hospital. A commitment of financial and administrative support for the work of the community groups was given by West Dunbartonshire Council and Argyll and Bute Council.

Staff from the Scottish Health Council Greater Glasgow and Clyde and Highland local offices have observed four well-attended public meetings that were held by political or community groups in order to inform their understanding of issues expressed by local communities. These were: the Scottish Socialist Party, Alexandria (11 October 2006); United Campaign Group, Bonhill (12 June 2007); United Campaign Group, Dumbarton (20 June 2007); and Vale Hospital Watch, Helensburgh (26 June 2007).

Following the Community Engagement Group meeting held on 18 May 2007, some members of the Group noted, both verbally and in writing, their opposition to the outcome of the Board's review, and their rejection of the engagement process. In particular they highlighted:

- concerns around the mechanisms for selecting members to the various planning groups;
- the perceived lack of evidence and balanced debate around the clinical safety of the Lomond Integrated Care Pilot (that is, some GPs have questioned assumptions made by the anaesthetists and clinicians who carry clinical responsibility for inpatients);
- that the Board issued a press statement on 18 May 2007 on the outcome of their review at the same time as meeting with the Community Engagement Group and providing answers to questions raised on anaesthetics in November 2006. Members of the Group stated that when they came to the meeting on 18 May, they "believed that they were still in a position to influence" the decision-making processes. On reflection, they felt that their efforts to link into the planning process were "no more than nominal". The

Boards response to this has been to say “the event was always badged as providing an opportunity to hear feedback from the workstream.”

At the Community Health Needs and Health Service Event on 21 May comments were made by some community members concerning the fact that the outcomes of the review had been announced on the same day as NHS Highland were hosting their Health Needs Assessment event in Arrochar.

A rally, attended by between 10,000 and 13,000⁷ people took place in Alexandria on Saturday 8 September 2007. This event, which was arranged to demonstrate the communities response to the Board’s proposals to transfer unscheduled medical care at the Vale of Leven Hospital, was supported by leaflets bearing the slogan ‘Your life may depend on it’, and various media reports. This event was organised by the campaign group Hospital Watch.

4.4 SCOTTISH HEALTH COUNCIL OBSERVATIONS

The Scottish Health Council has observed and appraised the process used to inform and engage with patients, carers, community representatives and members of the public who use the services at the Vale of Leven Hospital. The methodology and timetable for the engagement process were agreed by senior clinicians and managers, and noted by the West Dunbartonshire Community Health Partnership Committee (which includes two lay representatives). The main methods of engagement were through the September 2006 public meeting, the Community Engagement Group, the Planning Reference Group and various community events. The Board also had regular meetings with the Scottish Health Council who fed back their observations and recommendations on the implementation of the engagement process. This feedback was provided formally through meetings that were minuted by the Board and an exchange of letters, and informally through telephone conversations and face-to-face discussion...

⁷ Estimate by Strathclyde Police Dumbarton Office

The Board set up workstreams to consider options for alternative emergency medicine services, rehabilitation and post-acute care and anaesthetics. Representatives from both the emergency medicine and rehabilitation workstreams presented to the Community Engagement Group and responded to questions raised. On 23 November 2006, members of the Community Engagement Group examined the work done by NHS Argyll and Clyde around anaesthetics and raised a number of questions which informed the work of the anaesthetics workstream. However members of the Group did not get responses to their questions nor the opportunity to speak to an anaesthetist until 18 May 2007.

The Board used lay representation on the Community Engagement Group and the Planning Reference Group but did not have direct public representation within the three workstream groups. The workstream groups published their recommendations on 18 May 2007, and on 21 May Community Engagement Group members questioned why lay members of the Community Engagement Group were not included in the workstream groups. The Board advised Community Engagement Group members and the Scottish Health Council that lay representatives were not part of the three workstream groups due to their lack of clinical expertise. The Board further advised that the workstream groups reported to the Planning Reference Group which two members of the Community Engagement Group attended. The progress of the workstream groups was presented to the Community Engagement Group for comment and discussion.

The workstream group meetings were held over a period of time that did not allow for an early response to any issues that were raised by community members. For instance, the Community Engagement Group met to discuss anaesthetic provision in November 2006 and raised questions that went on to inform the anaesthetics workstream group. Little detail was recorded of how

decisions were reached because much of the work within the workstreams was undertaken outwith the actual workstream group meetings.

The Scottish Health Council noted the decision to invite two members of the Community Engagement Group (one from NHS Highland area and one from NHS Greater Glasgow and Clyde area) to the Planning Reference Group. Three general practitioners also participated in the Planning Reference Group. A staff representative from NHS Highland confirmed at the Planning Reference Group meeting held on 8 December 2006 that circulation of information and discussion on the review of services at the Vale of Leven Hospital had taken place in NHS Highland. Some evidence is available on NHS Highland's website to demonstrate that the Vale of Leven Hospital was included on the agenda of a number of committee meetings.

The planning and engagement process was established and presented to those who attended the first meeting of the Community Engagement Group on 23 October 2006. Initially there was a lack of clarity among community representatives about their role on the group. They stated that they "came to the table" with a view to maintaining all services currently provided at the Vale of Leven Hospital. They were advised that the planning and engagement process had already been agreed and they could not overturn the Board's decision not to implement the next stage of the Integrated Care Pilot. The purpose of the group was to provide direct community input to the planning process and the development of alternative models of care.

The Scottish Health Council asked the Board to clarify whether members of the Community Engagement Group had a role to feedback to their networks and the wider community (the Group included representation from NHS Greater Glasgow and Clyde and NHS Highland areas). The Board indicated that this was the case and that representatives from West Dunbartonshire's Public Partnership Forum reported to in excess of 200 community and voluntary organisations from across

West Dunbartonshire. The Board also invited nominations from the members of the Community Engagement Group for others who could join them, and as a consequence, other people did join the group. However it does seem, from various statements since made, that members of the Community Engagement Group did not share the Board's view of the role they were playing as linking into other community groups.

The Scottish Health Council observed that at various meetings, some Community Engagement Group members voiced their frustration at the lack of dialogue between themselves and the NHS staff who were present. They also expressed their disappointment in not being able to get ongoing feedback from an anaesthetist with regard to progress being made through the anaesthetics workstream group, though were assured by the Board that the anaesthetics workstream was addressing their points. The Community Engagement Group formally objected to the overall planning and engagement process when the Board presented the outcome of its review on 18 May 2007.

At the Community Engagement Group meeting on 18 May, lay representatives commented that their involvement had made no obvious difference to the Board's conclusions. The Board advised community representatives that they had taken all views into account and this was demonstrated through the proposed arrangements for emergency medicine (albeit that services would be delivered from the Royal Alexandra Hospital, Paisley) and the retention of rehabilitation beds at the Vale of Leven Hospital.

The NHS Board gave a commitment to inform staff about service change proposals in advance of the public consultation. It set up a Human Resources Group as part of its planning process and advised staff of the outcome of its review activity on the morning of 18 May 2007. The Board responded that having fed back the conclusions of its review to staff and the Community Engagement Group, it was important that the general public were also provided with accurate

information, which was why they had issued their press statement on the same day as the meeting with the Community Engagement Group.

The Scottish Health Council is of the view that the Board should have, at the outset, made clear to the Community Engagement Group members that it had already met with staff and others to feed back on the outcome of its service reviews. NHS Greater Glasgow and Clyde should also have alerted Group members to the press release that was being sent out at the beginning of the meeting and given them the opportunity to approve the reference to the work of the Community Engagement Group within the press statement. The press statement contained the following passage:

“Three groups of experts were established to look at anaesthetics, unscheduled medical care and rehabilitation services. These groups were made up of senior clinical and managerial staff.

From the outset the expert reviews have been subject to close scrutiny by community stakeholders and other interested parties. A Community Engagement Group was established to review the work of these groups and ensure community interests were represented.”

NHS Greater Glasgow and Clyde has commented to the Scottish Health Council that: “We ourselves accepted in the aftermath of the meeting that we should have made it clearer to the Community Engagement Group that their briefing was part of a wider series of briefings taking place that day.” NHS Greater Glasgow and Clyde has also said that “we do not accept that there was any need to clear in advance a factual reference to the role of the Community Engagement Group in a media briefing note designed to describe the review process and workstream outcomes”.

There appears to be a clear divide between the views of NHS Greater Glasgow and Clyde and those of local communities in relation to the provision of

anaesthetic cover at the Vale of Leven Hospital. The Board states that the current configuration of anaesthetic cover is unsustainable and it would be unsafe to proceed to the final phase of the Integrated Care Pilot. Local communities and West Dunbartonshire Council and Argyll and Bute Council are of the view that the Board has not fully and openly explored alternative options.

4.5 CONCLUSIONS AND RECOMMENDATIONS (for GENERAL CONCLUSIONS see Page 56)

NHS Greater Glasgow and Clyde set up a process to facilitate the input of community opinion into service options for acute services at the Vale of Leven Hospital. This included a Community Engagement Group and a Planning Reference Group that then liaised with the various workstream groups. It is clear however that some parts of the community do not feel that they have had the opportunity to influence the options development process, and that there is a high degree of opposition within the community to the proposal to reduce the services that are available at the Hospital.

It is important that NHS Greater Glasgow and Clyde does demonstrate a formal engagement and consultation process that “genuinely takes into account the views and suggestions”⁸ of local communities affected by change.

As a result of the Scottish Health Council monitoring process and discussions with NHS Greater Glasgow and Clyde to date, we have asked that the Board:

- identifies the purpose of formal consultation and makes it clear to people which parts of the proposals they can influence
- highlights where the Community Engagement Group has influenced the proposals for consultation and those aspects of the review outcome which they opposed

⁸ Consultation and Public Involvement in Service Change – Draft Interim Guidance, Scottish Executive Health Department NHS HDL (2002) 42

- makes sure that local communities and members of the public are fully informed of the Board's plans to invest resources in the Vale of Leven Hospital so that it can continue to meet the health needs of the 98,400 people who will still access the hospital
- has information leaflets reviewed by community and lay representatives to ensure that content is comprehensive and easy to understand
- makes available to the public and the Scottish Health Council the joint report produced by the Scottish Ambulance Service and NHS Greater Glasgow and Clyde to deal with additional patient transfers
- ensures that feedback from engagement is presented at public consultation events, and
- demonstrates engagement in other geographic/service areas, which may be affected by Clyde service change proposals (for example NHS Highland and mortuary services).

In addition, the Scottish Health Council recommends that the Board identifies and responds to the issues raised by affected communities and key stakeholders during their engagement process. These include:

- providing or sourcing independent evidence that full implementation of the Lomond Integrated Care Pilot is unsafe (this may be satisfied by the work of the Independent Scrutiny Panel).
- exploring other options for sustaining anaesthetic cover within the wider NHS Greater Glasgow and Clyde acute services context (for example, some members of public have queried whether accident and emergency services could be provided at the Golden Jubilee National Hospital, as is the case with Cardio-thoracic services).
- reviewing the research on the correlation between distance travelled and safe, clinical care, and reporting its findings to local communities.

- continuing to work with patients, members of the public and staff to inform and involve them in subsequent stages of this work as it proceeds to formal consultation.

5 CLYDE MENTAL HEALTH MODERNISATION

5.1 CONTEXT

In developing a strategy for mental health services, NHS Greater Glasgow and Clyde advised that it identified the strengths in NHS Argyll and Clyde's plans⁹ and reviewed these in the context of experience of developing comprehensive mental health services within NHS Greater Glasgow and Clyde, and throughout the United Kingdom.

The strategy was developed by the Clyde Mental Health Strategy Group, which includes representation from NHS Greater Glasgow and Clyde's Mental Health Partnership, NHS staff side representation, Acumen (representing user and carer interests), the four local authorities in Clyde (Inverclyde, Renfrewshire, East Renfrewshire and West Dunbartonshire) and the Community Health (and Care) Partnership for each of these areas. The scope of the strategy includes: adult mental health services; older people's mental health services; addictions inpatient services; and forensic services.

Since the population of East Renfrewshire and West Dunbartonshire was (prior to April 2006) split between NHS Greater Glasgow and NHS Argyll and Clyde there was a requirement to achieve equity of service across the new Board area. The Board explained therefore its aim to base the strategy on a framework and principles that were consistent across NHS Greater Glasgow and Clyde. However within these parameters, local planning groups were responsible for ensuring that the detailed service models were designed and adapted to the contexts and needs of each of the four local authority areas.

The Board has concluded from the work undertaken that there is a need to develop and expand community-based services across Clyde, which in turn will improve patient care and provide alternatives to hospital admission. The current

⁹ NHS Argyll and Clyde Clinical Strategy (2004)

lack of such a network has led to Clyde having a higher dependency and usage of inpatient beds compared with other parts of the country. In addition the quality of the environment varies across hospitals and there is a relatively high spend on hospital buildings and grounds compared with that in other areas. The Board has advised that by shifting the balance of care from inpatient services it will free up resources to progress the development of community-based services, and contribute to the overall financial recovery plan for Clyde.

A number of options were developed and further informed by feedback from local staff and service user representatives. The final proposals, which include significant service change and service redesign, were presented in NHS Greater Glasgow and Clyde's Board paper dated 26 June 2007. The Board's proposals for public consultation, subject to independent review, are:

- the transfer of low secure learning disability services from Dykebar Hospital to Leverndale Hospital
- the transfer of adult and elderly acute admission beds for mental health at the Vale of Leven Hospital to Gartnavel Royal Hospital, that is the closure of the Christie and Fruin Wards at the Vale of Leven Hospital
- the transfer of adult acute admission beds for mental health from the Royal Alexandra Hospital, Paisley to Dykebar Hospital
- the re-provision of continuing care beds for older people's mental health from Dykebar Hospital to partnership facilities.

In addition, as noted earlier, the Board also proposed changes to arrangements for low and medium secure forensic inpatient services for the West of Scotland.

Appendix E provides a detailed breakdown by the Board of how each locality within North and South Clyde will be affected by the proposals and Appendix F provides a summary of bed reductions sub-divided by clinical category.

Some services for patients in Helensburgh and Lochside are funded and commissioned by the Argyll & Bute Community Health Partnership and provided through a Service Level Agreement with NHS Greater Glasgow and Clyde. In accordance with commitments given by the then Minister for Health prior to the dissolution of NHS Argyll and Clyde, the Helensburgh and Lochside population should continue to access the same inpatient services available to those living in Dumbarton and Alexandria, notwithstanding the proposed transfer of inpatient services from the Vale of Leven Hospital to Gartnavel Royal Hospital.

NHS Greater Glasgow and Clyde reported that robust community services will need to be in place before any change is made to inpatient services. Therefore to cover the double running costs that would be incurred, the Board has said that it will provide non-recurrent transitional funding of up to £3 million each year for the period until March 2010.

The Board confirmed that the strategy will also enable mental health services to meet its contribution of £2 million to the NHS Greater Glasgow and Clyde financial recovery plan.

5.2 NHS GREATER GLASGOW AND CLYDE'S ENGAGEMENT ACTIVITY

Community Health Needs and Health Services Events

- The Board organised two events at the Beardmore Hotel, Clydebank for community and patient representatives on 26 February 2007 (afternoon and evening sessions) to provide an update on the Clyde reviews. A presentation and workshop were dedicated to mental health services.
- There were approximately 60 delegates at the afternoon session and 30 at the evening session and included representation from mental health groups including Dumbarton District Mental Health Forum, Clydebank Mental Health Forum and Who Cares?, as well as carer groups and the local authorities.

NHS staff and members of the public from the NHS Highland Board area were also in attendance.

- The presentation referred to the West Dunbartonshire Mental Health Strategy Group that was set up to develop an overview of all mental health services. NHS Greater Glasgow and Clyde reported that the Lomond population had access to fewer services than Clydebank; the Intensive Psychiatric Care Unit was moving from Lochgilphead to Gartnavel Royal Hospital; there was a requirement to re-establish the psychology service; and that Lomond mental health services will be part of the ongoing review of mental health services across Clyde.
- There was a number of people present in the afternoon workshop session from the West Dunbartonshire Mental Health Strategy Group. Delegates led discussion around the following items: the need for communication to improve staff and patients' awareness of what services are available across NHS Greater Glasgow and Clyde; concern that Argyll and Bute Council are significantly reducing their spend on respite services; requirement for Argyll and Bute Council to invest in psychotherapy services; improvement in partnership working with the voluntary sector; and a need to address the lack of support for carers. Two members of staff were present to facilitate the workshop and respond to delegates' questions.
- The Board produced a Feedback Report that aimed to capture the themes from the presentation and workshop discussions.

Pre-engagement Meetings

- The Board held four pre-engagement meetings targeted at mental health service users and carer groups in Renfrewshire (12 March), Inverclyde (15 March 2007), East Renfrewshire (15 March) and West Dunbartonshire (20 March).
- The purpose of these meetings was to update local service users and carer groups on progress with the review of mental health services, outline some of

the key issues and challenges and give them the opportunity to comment and provide feedback.

- The Scottish Health Council attended two of the four pre-engagement meetings in Renfrewshire and East Renfrewshire.
- The pre-engagement meeting in Renfrewshire was attended by around 10 people including service users and representatives from a number of mental health voluntary groups. Following a presentation by the Board on work done to date, participants were split into groups to discuss: what works well, where the gaps are and which services need to be local.
- The main issues of concern and discussion in Renfrewshire were: level of cuts in inpatient beds and patient/carer awareness of clinical criteria; lack of information in language that service users relate to and understand; staff awareness of alternative patterns of service; flexibility around patient pathways; and maintaining local inpatient services in good quality accommodation.
- The pre-engagement meeting in East Renfrewshire was attended by around 40 people, including service users, carers, mental health voluntary groups and staff. A graphic illustrator recorded the discussion at the event and participants were encouraged to ask questions – either verbally or in writing. The format and presentation was similar to that given at the Renfrewshire pre-engagement meeting.
- The main issues of concern and discussion in East Renfrewshire were: transport and access to services; communication, especially around the discharge protocol; and lack of clear information around services available.
- The Scottish Health Council has received the Board's formal feedback from the four pre-engagement meetings.
- The minutes of the Clyde Mental Health Strategy Group (28 March 2007) state that at the Inverclyde pre-engagement meeting people were concerned about keeping services local, with an emphasis on building on those which had already proven to be successful. It was also reported that at the West Dunbartonshire meeting there was some public concern about the future of

the Christie Ward, but that staff were positive about the emphasis placed on community services.

Community Engagement Meetings

- The Board organised three community engagement meetings to gauge stakeholders' views and reactions to their proposals around the reconfiguration of services. These meetings were held in Renfrewshire (21 May 2007), Inverclyde (22 May) and West Dunbartonshire (22 May).
- The meetings were an opportunity for stakeholders to influence the final proposals that would be considered by NHS Greater Glasgow and Clyde Board at its meeting on 26 June 2007 for public consultation subject to independent review.
- The community engagement meeting held in Paisley (joint event for Renfrewshire and East Renfrewshire) was attended by around 21 stakeholders, including service users and voluntary groups.
- Generally the Board's proposals at this meeting were well-received, though there were a number of issues raised. These included: the role of the voluntary sector; inter-agency working especially around discharge; the quality of accommodation provided at the Royal Alexandra Hospital; and representation of all stakeholders in the engagement process (the Board agreed to explore ways of capturing the views of black and minority ethnic and disability groups).
- The community engagement meeting held in Greenock (Inverclyde) was attended by 37 people, many of whom were mental health service users.
- The Board's proposals around shifting the balance of care from inpatient to community services were well-received, though people sought assurances around investment in community services. It was also noted that people are concerned about the re-provision of continuing care beds through a partnership arrangement with the local authority.
- Participants noted that during formal consultation the Board should: provide information to people prior to events; specify which parts of their proposals

are negotiable; hold service/condition specific events; and involve partners, for example service users or voluntary groups.

- The community engagement meeting held in Dumbarton (West Dunbartonshire) was attended by 24 people, of whom around 16 were community representatives and service users. Staff from NHS Highland, Argyll and Bute Council and West Dunbartonshire Council were also in attendance.
- Participants welcomed the development of community services, but many were disappointed in the Board's proposal to transfer older people's and adults' acute admission beds from the Vale of Leven Hospital to Gartnavel Royal Hospital.
- In particular, participants requested more information around medical cover arrangements and accommodation at Gartnavel Royal Hospital. They also referred to the good links with community teams and the Christie Ward and were concerned that these networks would break down.
- Participants at the Dumbarton meeting suggested that the following areas of work were missing from the Board's proposals: carers; transport and access for service users and visitors; patient choice; and the Helensburgh and Lochside issues. It was also suggested that the Board organise a visit for stakeholders to the new purpose-built facility at Gartnavel Royal Hospital.
- It was reported that the key issues that came out of the Highland Health Needs Assessment were transport, access and mental health.

Information and Communication

- The Board referred to its review of mental health services in four issues of the staff bulletin 'Core Brief' (23 November 2006, 18 May 2007, 21 May 2007 and 26 June 2007).
- The Clyde Mental Health Strategy Group discussed its Communication Plan for engagement activities and briefing materials on 31 January 2007.
- At the pre-engagement meeting in Renfrewshire on 12 March 2007, it was highlighted that there may be a difference in the language used by service

users and service planners and that the Board should consult with service users and groups when preparing consultation material.

- At the pre-engagement meetings in March 2007, participants noted that there was a lack of information for the general public about this review. Board representatives responded that during the review of services they would look at how they could address people's anxieties and take the opportunity to inform the public.
- The content of the presentations given at the three community engagement meetings on 21 and 22 May was consistent, with local context added.
- The Board produced a Media Briefing on 21 May 2007 which explained that detailed proposals were being developed to shift the balance of care and resources in mental health from inpatient services to community-based services.
- The consultation paper aims to guide people through the stages of why change is needed to develop a modern mental health service and what changes the Board considers necessary (and how these impact on services in each Community Health Partnership area). The paper also includes a section on the themes from pre-engagement feedback, access and summarising the benefits and limitations of the Clyde Mental Health Strategy.
- With regard to Regional medium secure forensic services, the Board reported that a letter had been sent to stakeholders (including local community councils and tenants associations) in the Stobhill Hospital area in June 2006 advising them of interim arrangements to accommodate patients from the West of Scotland in the Rowanbank Clinic. This letter was also sent to mental health patient and carer support groups across the West of Scotland and to national mental health groups.

5.3 COMMUNITY FEEDBACK AND PUBLIC RESPONSE TO PROPOSALS

Information in this section has been gathered from the Scottish Health Council's attendance at pre-engagement and engagement meetings organised by NHS Greater Glasgow and Clyde from February to May 2007.

Participants at the community engagement meetings appeared generally receptive to the Board's proposals to shift the balance of care and resources from inpatient services to community-based services, though stressed that an appropriate number of inpatient beds in good quality accommodation should be provided locally. Indeed many service users commented on the inequity of community services between the Greater Glasgow area and the Clyde area.

Carers at the Inverclyde community engagement meeting were concerned that NHS continuing care patients at Ravenscraig Hospital would have their status as continuing care patients changed and therefore would be returned home. NHS staff assured carers that those in continuing care, but assessed as no longer requiring it, would most likely be discharged to nursing home care or supported accommodation. The nature of routine clinical reviews and assessments does mean that the continuing care status of a patient can change. Occasionally, this may mean discharge home with necessary support and agreement of a relative or carer.

The Scottish Health Council noted that participants in West Dunbartonshire were particularly disappointed in the Board's proposals to transfer older people and adult acute admission beds from the Vale of Leven Hospital to Gartnavel Royal Hospital. They sought more information on the requirement for resident junior psychiatric medical cover on site and raised concerns about capacity and the quality of accommodation at Gartnavel Royal Hospital. They also noted the considerable additional travel distance, 16 miles one-way between the Vale of Leven Hospital and Gartnavel Royal Hospital and the impact this would have on patients and visitors. The Board advised that around 230 people use the Vale of Leven acute admission beds each year and that there are significant quality and clinical benefits in consolidating West Dunbartonshire inpatient mental health services at Gartnavel Royal Hospital.

Participants asked that the Board provide more information around funding arrangements with local authority partners, develop the role of the voluntary sector within its proposals and continue to work with NHS Highland to address the community-based needs of service users from Helensburgh and Lochside.

The Board reported that it received little response to the letter it sent to service user groups and community groups in 2006 on the interim arrangements to treat all West of Scotland medium secure patients at the Rowanbank Clinic, Stobhill Hospital. The Board now proposes that these interim arrangements be made permanent.

5.4 SCOTTISH HEALTH COUNCIL OBSERVATIONS

The Scottish Health Council has attended, as an observer, most of the Board's engagement meetings in relation to mental health services. The planning process adopted by the Board included service user and carer representation both on the Clyde Mental Health Strategy Group and on the local planning groups. The effectiveness of this approach was highlighted in the Board's feedback report of the Health Needs and Health Services community event (26 February 2007), which noted that many of the audience present in the mental health workshop were members of the Clydebank and Dumbarton Mental Health forums and that they felt engaged with the planning process as a result of their involvement with the West Dunbartonshire Mental Health Strategy Group. The main methods of engagement were through the Clyde Mental Health Strategy Group, local planning group meetings, the Health Needs and Health Services community event held in February 2007, the pre-engagement meetings and the community engagement meetings. The Board also had regular meetings with the Scottish Health Council who fed back their observations and recommendations on the implementation of the engagement process. This feedback was provided on a formal and informal basis.

The Scottish Health Council finds that stakeholders did appear to exert an influence on the Board's options during the engagement period. For example, the Board proposed on 21 May 2007 that adult acute admission beds be consolidated at the Royal Alexandra Hospital, Paisley. During the community engagement meetings, stakeholders expressed concern that the Royal Alexandra Hospital was unlikely to offer the same high standard of current purpose-built accommodation as at the Dykebar site. The Board explored this issue and found that the costs of bringing the Royal Alexandra Hospital wards up to the same standard as those offered at the Dykebar site would be substantial. The original proposal was therefore revised, with all adult mental health admission beds being consolidated at Dykebar Hospital.

Participants at the Health Needs and Health Services event expressed the view that all services need to be easy to access. The Board acknowledged the additional distance that service users and carers would have to travel in West Dunbartonshire, Helensburgh and Lochside to access older people's and adults' acute admission services as a result of its proposal to transfer acute inpatient beds from the Vale of Leven Hospital to Gartnavel Royal Hospital but stated that on balance it considered the clinical benefits to be greater.

The Scottish Health Council also notes that a member of staff from NHS Highland was invited to sit on the West Dunbartonshire Mental Health Strategy Group.

5.5 CONCLUSION

The Scottish Health Council finds that key stakeholders had the opportunity to influence the planning process at a strategic level and how emerging principles might be implemented locally. There was also an opportunity for service users to attend locality engagement events, where they could use their experience to comment on current service provision.

Further to the Scottish Health Council's investigations and discussions with the Board we have requested that NHS Greater Glasgow and Clyde:

- continues to consult with stakeholders who have been involved in the Board's engagement activity at a local level, both on issues of significant service change and service redesign
- works with patients and carers at the State Hospitals Board for Scotland and those from any other affected Board area around plans to make permanent the interim arrangements to use Rowanbank Clinic, Stobhill Hospital, as the West of Scotland Medium Secure Forensic Unit.

6 REVIEW OF MATERNITY SERVICES

6.1 CONTEXT

NHS Argyll and Clyde undertook a review of maternity services in 2003 which resulted in the redesign of services to the current configuration of consultant and midwifery led units at the Royal Alexandra Hospital, Paisley and Community Maternity Units (midwifery led) at Inverclyde Royal Hospital and the Vale of Leven Hospital. In addition to women from across Clyde using these services, women from communities in North Ayrshire and Argyll and Bute also attend these units.

In December 2006, NHS Greater Glasgow and Clyde established the Clyde Maternity Services Review Reference Group. The objectives of this Group were to undertake a review of maternity services in Clyde with two principles, to review the impact of changes which are planned to maternity services in Greater Glasgow on services in Clyde and to review the utilisation of the Community Maternity Units in Clyde where substantially fewer births are occurring than was projected.

While the Board reported that the Community Maternity Units are busy in their provision of antenatal and postnatal services they advised that the birthing suites are significantly under utilised. Within Inverclyde and Vale of Leven around 30% (27% at the Vale of Leven Hospital, 32% at Inverclyde Royal Hospital) of pregnant women chose to deliver at their local Community Maternity Unit. Of the 30% women who chose the Community Maternity Unit, around 30% (36% at the Vale of Leven Hospital, 25% at Inverclyde Royal Hospital) actually delivered within the unit. The Board reported that this equates to 9% of the total caseload, therefore 91% of women from the Inverclyde and Vale of Leven catchment area deliver in maternity units distant from their local Community Maternity Unit. Appendix G gives a breakdown of the number of deliveries at the Community

Maternity Units. The Board also reported that the number of women who are transferred from the Community Maternity Units from Inverclyde Royal Hospital and the Vale of Leven Hospital to the Consultant-Led Unit during labour is significantly higher than the Scottish average.

Following a period of engagement with service users and staff the Clyde Maternity Services Review Reference Group undertook an option development and appraisal process on four short listed options, which were assessed and scored on their relative benefits, risks and costs. The preferred option was for there to be a single Community Midwife-led delivery service for Clyde based at the Royal Alexandra Hospital, Paisley. The Community Maternity Units at Inverclyde Royal Hospital and the Vale of Leven Hospital would retain all aspects of their antenatal and postnatal care with the exception of deliveries. Women in Clyde could choose to deliver at the unit in Paisley or one of the Glasgow units. The Board has predicted that this proposal will impact on approximately 150 women each year in total. This option was considered and approved for public consultation by NHS Greater Glasgow and Clyde Board at its meeting on 26 June 2007 subject to the outcome of independent review.

6.2 NHS GREATER GLASGOW AND CLYDE'S ENGAGEMENT ACTIVITY

Initial Engagement Meetings

- NHS Greater Glasgow and Clyde held two engagement meetings on 9 January 2007 in Renfrew (one in the afternoon and one in the evening). The aim of these meetings was to offer key stakeholders from across the Clyde area an early opportunity to hear about the issues which had prompted the review of maternity services and to help shape the maternity services review and engagement processes. In addition, these meetings were intended to identify members of the public and service users to participate in the Clyde Maternity Services Review Reference Group.

- While the afternoon meeting was attended by approximately 30 people and the evening event had four people in attendance it was mainly staff and partner organisations that were represented. The Board reported that one service user (that is somebody who had experience of using the maternity service) attended the afternoon meeting and no service users attended the evening meeting.
- Support requirements, for example crèche facilities, mobility requirements and translation services were provided by the Board to enable service users to attend.
- Following these meetings, there was a strong message from attendees that meetings should not be held in the evenings and that for future engagement the Board should go to where service users are rather than ask them to come to public meetings.

Engagement Events

- Following the initial engagement meetings in January, three further engagement events were held in Inverclyde and West Dunbartonshire. These events were promoted in the Community Maternity Units, GP surgeries, chemists, baby shops, post offices and at local community venues. In addition a school bag drop to nursery and primary school pupils was undertaken in Inverclyde.
- The Inverclyde event was held in a children's play centre in Greenock on 28 February and was attended by 10 women. The West Dunbartonshire event was held in a children's play centre in Alexandria on 7 March and was attended by approximately 35 people. In response to feedback from working mothers an evening event was also held in the Community Maternity Unit at the Vale of Leven Hospital. This event was held on 13 March and was attended by 8 people.
- Although attendance at these events was relatively low it was noted that all women were recent and/or current users of maternity services in the local

area. Some women were accompanied by friends, partners and some by their mothers.

- The purpose of these events was to try and build up an explanatory account of women's decision-making in maternity care in particular the reason why women chose to or chose not to deliver at the Community Maternity Units. These events also provided participants with the opportunity to discuss local issues in maternity care and were supported by members of the Maternity Services Review Reference Group and midwives from the local services.

Health Needs and Health Services Events

- Two Health Needs and Health Services events were held in West Dunbartonshire on 26 February 2007 (afternoon and evening events) as part of the wider review of Clyde Services. A presentation giving further information on the maternity services review in relation to the Vale of Leven Hospital was provided at each event together with a workshop session on maternity services. These events were attended by approximately 90 people with representation from West Dunbartonshire and the NHS Highland Board area. It is noted that the maternity service workshop in the afternoon was not well attended and there were no attendees at the evening workshop.

Follow-up Engagement Events

- Follow-up engagement events were held on 30 and 31 May 2007 in West Dunbartonshire and Inverclyde respectively. In response to feedback from service users who could not attend the scheduled afternoon session an evening event was also arranged at the Vale of Leven Hospital on 30 May 2007.
- Support requirements for example crèche facilities, mobility requirements and translation services were identified and addressed by the Board.
- Attendance at the events in West Dunbartonshire was low with nobody present at the afternoon session and two people in attendance at the evening session. Initial estimates suggested that 20 people attended the event held in

Inverclyde, although the Board has since advised that the figure was nearer to 40.

- The purpose of these events was to discuss the review process undertaken to date, the upcoming process and to obtain views on how best to proceed with the public consultation process. An overview of each of the four options that the Reference Group was considering was provided. The benefits and issues in relation to each option together with a description of what services would be available at the Community Maternity Units under each option was provided.

Review Process

- The Clyde Maternity Services Review Reference Group was established in December 2006 and consisted of the Board's staff side representatives, financial staff and management representatives. This Group was tasked to look at alternative models of care for the Community Maternity Units, within the principles of providing a value-for-money service across Clyde whilst maintaining local access to maternity care.
- At the first meeting of the Reference Group which took place on 20 December 2006 there was discussion around expanding the membership of the Group. It was agreed that a representative from NHS Highland (from the Helensburgh area) and a GP from North Ayrshire should be invited. In addition, further midwife and GP representation should be sought. The engagement events taking place in January were to be used to identify membership for the Group from members of the public and user groups. However, since only one service user attended the January 2007 events, the Board attempted (with very limited success) to recruit service users to the Reference Group from the participants who attended the February and March 2007 events.
- The first meeting of the Reference Group discussed the current model of maternity service provision in Clyde, the number of deliveries in each unit in comparison to the assumptions made by NHS Argyll and Clyde and the current model of maternity services in Greater Glasgow.

- At the second meeting of the Reference Group on 2 February 2007 the expanded membership of the Group included representation from across Clyde (from the Royal Alexandra Hospital, Inverclyde Royal Hospital and the Vale of Leven Hospital), NHS Highland, NHS Ayrshire and Arran and the Scottish Ambulance Service. In addition to the Reference Group a number of subgroups were established – these were the Executive Group, the Working Group and the Human Resources Group. The Working Group was tasked with developing the options for future service delivery; there was no service user input to this process.
- The Working Group began by establishing and defining those services which are regarded as essential to the provision of a local service. An exercise was undertaken to come up with a list of options which would deliver these requirements. This information was shared with operational staff and following this no further options or changes to essential service provision were proposed. The Group progressed from this list of options to a short-list of four which retained all essential local service provision. The four short-listed options were:
 - 1 Status Quo (deliveries at the three Community Maternity Units in Clyde)
 - 2 Retain local births at all units through on-call shift pattern at the Vale of Leven Hospital and Inverclyde Royal Hospital
 - 3 Retain local births through Caseload Management at the Vale of Leven Hospital and Inverclyde Royal Hospital
 - 4 Single Community Midwife-led delivery service for Clyde, sited at the Royal Alexandra Hospital.
- Although there was not direct service user input into the option generation process, views on maternity services were sought from service users at the engagement events held in January, February and March 2007. At the follow-

up engagement events held in May 2007 service users were given the opportunity to discuss the four short-listed options.

- The engagement events that took place in February and March in children's play centres and the Vale of Leven Community Maternity Unit were used as an opportunity to get direct service user involvement in the Clyde Maternity Services Review Reference Group. Following on from these events only one service user volunteered to become a member of the Group. The first meeting attended by the service user was the option appraisal exercise which took place on 23 May 2007.
- An option appraisal process was carried out on 23 May 2007 with 24 members of the Reference Group, including NHS staff, a service user, staff side representatives, financial staff and managers. The four options were assessed and scored on their relative benefits, risks and costs. The preferred option was Option 4 that is a single Community Midwife-led delivery service for Clyde should be based at the Royal Alexandra Hospital.

Staff Meetings

- Staff briefing meetings were held at the maternity units at the Royal Alexandra Hospital, Inverclyde Royal Hospital and the Vale of Leven Hospital in the week commencing 5 March 2007.

Information and Communication

- NHS Greater Glasgow and Clyde issued a 'Core Brief' staff bulletin on 23 November 2006 which outlined the Board's planning and public engagement process in relation to the "Clyde Health and Service Strategies". In this document reference was made to the forthcoming review of maternity services in Clyde.
- In Spring 2007 NHS Greater Glasgow and Clyde produced a newsletter to provide feedback on the Clyde Maternity Services Review and this was sent to those who had participated in previous events. The newsletter gave information on why maternity services were under review, thanked those who

had taken part and highlighted the issues which had been raised at the engagement events (what women like about the care provided in the Community Maternity Units, why women do not use the Community Maternity Units and the local issues that needed to be considered in the review). Contact details for a member of the Clyde Maternity Services Review Reference Group was provided so that people could request further information on the review, get involved in the review or give their views on maternity services.

- NHS Greater Glasgow and Clyde's 'Core Brief' which was issued on 18 May 2007 in relation to services at the Vale of Leven Hospital highlighted the option appraisal exercise that was taking place noting that the outcome would not be available until the end of that month.
- Following NHS Greater Glasgow and Clyde's Board Meeting which took place on 26 June 2007 a further 'Core Brief' was issued which highlighted that the closure of the delivery service at Inverclyde Royal Hospital and the Vale of Leven Hospital would go forward as the maternity service proposal for public consultation subject to independent review. At this point NHS Greater Glasgow and Clyde issued a press release to this effect.
- NHS Greater Glasgow and Clyde outlined its strategy for public consultation in its Board paper of 26 June 2007.

6.3 COMMUNITY FEEDBACK AND PUBLIC RESPONSE TO PROPOSALS

Information in this section has been gathered from media articles, reviewing feedback from services users and attendance at engagement events.

- There has been criticism from members of the public and staff that the decision to centralise deliveries at the Royal Alexandra Hospital is a financial one. NHS Greater Glasgow and Clyde has acknowledged that the driver for change is to address the £30 million deficit inherited from Clyde. They reported that the cost per birth at Inverclyde Royal Hospital and the Vale of

Leven Hospital is £5,696 and £5,753 respectively compared to the cost of the midwife-led service at the Royal Alexandra Hospital which is £1,836 per birth. The Board advised that this proposal will contribute an estimated £500,000 saving to the reduction of the Clyde financial deficit.

- Engagement events held with service users discussed the reasons why women chose to or chose not to deliver at the Community Maternity Units. Service users reported that they valued the wide range of services offered at the Community Maternity Units, the continuity of a small midwifery team and the one-to-one experience of care. As service users who attended the engagement events either used or wanted to use the Community Maternity Units it was difficult to identify why people did not chose to attend the Community Maternity Units. There was the perception however, that GPs steered women towards the Consultant-Led Unit and that women lacked information on their options. It was also highlighted that the strict criteria for delivering in the Community Maternity Units resulted in more women delivering at the Consultant-Led Unit.
- There has been opposition from staff and members of the community in both Inverclyde and West Dunbartonshire regarding the proposals to centralise the delivery service in Paisley. While it is recognised that the birth rate in the Community Maternity Units is low, staff have reported that they want to have the opportunity to provide information on the range of services available at the units and to reassure people that it is safe to have their babies locally.
- Following the outcome of the review and the proposal to close the delivery service at Inverclyde Royal Hospital and the Vale of Leven Hospital, staff at the Community Maternity Units have been campaigning to keep the delivery service local.
- At the community rally held in Alexandria on Saturday 8 September 2007, protesters highlighted their dissatisfaction with the proposal to withdraw delivery services at the Vale of Leven Hospital.

6.4 SCOTTISH HEALTH COUNCIL OBSERVATIONS

The Scottish Health Council has observed and appraised the process used to inform and engage with people who use the Community Maternity Units in Clyde.

While service users who were engaged in the process gave their views on why they chose to or chose not to deliver at the Community Maternity Units, no service users were directly involved in developing the options for service delivery which were considered during the option appraisal process. The engagement events held in February and March 2007 were used as an opportunity to recruit service user involvement on to the Clyde Maternity Services Review Reference Group and following these events one person volunteered to get further involved in the review. One service user did participate in the option appraisal process and other service users were provided with information regarding the perceived benefits and risks to each of the four options.

While NHS Greater Glasgow and Clyde hosted a number of engagement events where service users could influence the review process the attendance at these events was quite low. It is generally understood that this group of service users is difficult to access and so efforts were made by the Board to increase participation through advertising and holding events in locations where service users are likely to be. Although there is some opposition to the Board's proposals, the Board did take steps to recruit users onto the engagement groups in accordance with the guidance.

The Scottish Health Council notes that NHS Greater Glasgow and Clyde demonstrated some joint working through representation on the Reference Group from NHS Ayrshire and Arran, NHS Highland and the Scottish Ambulance Service.

6.5 CONCLUSION

Although there was a very low level of direct user involvement in the option development and option appraisal processes, service users were given the opportunity to participate in Board discussions through community engagement meetings held at local children's play centres and the Community Maternity Unit at the Vale of Leven Hospital. The guidance is not prescriptive on what would be an acceptable level of user involvement.

The Scottish Health Council notes that two key issues were raised during the review process which NHS Greater Glasgow and Clyde should consider during the formal consultation exercise. These were

- transport to Paisley and Glasgow
- the ability for women to make an informed choice with regards to where to give birth.

The Board should also consider the potential impact on the Consultant-Led Units in Paisley and on Glasgow services as well as the potential increase in requests for ambulance transfers from home to the birthing units. The Board has confirmed that it had already noted these issues and would address these during formal consultation.

7 BALANCE OF OLDER PEOPLE'S CARE: JOHNSTONE HOSPITAL

7.1 CONTEXT

In November 1999 the Joint Officers Group, consisting of representatives from the five local authorities, three NHS Trusts and the former NHS Argyll and Clyde Board agreed there was a need for a multi-agency strategy for older people within Renfrewshire and East Renfrewshire.

This Group produced the "New for Old" document, which was a ten-year strategy for increasing the range of life choices for older people in Argyll and Clyde and was the basis on which the former NHS Argyll and Clyde Board had carried out various community engagement and consultation exercises on its proposals for the future of older people's services within Johnstone Hospital and Renfrewshire.

These proposals were however suspended as a result of the dissolution of NHS Argyll and Clyde in March 2006. The newly-formed NHS Greater Glasgow and Clyde gave a commitment to revisit NHS Argyll and Clyde's planning proposals and in November 2006 confirmed that it would review older people's services within Renfrewshire.

This would be set in a context of a wider review programme by the newly established Older Peoples Joint Planning, Performance and Implementation Group (OPJPPIG), which included representation from Renfrewshire Community Health Partnership, Clyde acute services, mental health services, the voluntary sector and Renfrewshire Council. This Group had responsibility for the development and implementation of older people's services.

A number of key policies such as "All our futures"¹⁰, "Better outcomes for older people"¹¹ and "Delivering for Health"¹² were produced by the Scottish Executive

¹⁰ *All our Futures: Planning for a Scotland with an Ageing Population*, Scottish Executive (2007)

and have been influential in establishing the principles and framework for the development of NHS Greater Glasgow and Clyde's Strategy for Older Peoples Services within Renfrewshire.

Following the review of older people's services in Renfrewshire, the Board concluded that there was a need for fewer NHS continuing care beds, a stronger relationship between the acute assessment and continuing care services, and that NHS continuing care must be provided within a modern accommodation setting.

At its Board meeting on 26 June 2007 NHS Greater Glasgow and Clyde approved that the proposal of closing Johnstone Hospital and reducing the number of continuing care beds from 60 to somewhere in the region of 35 should be put forward for public consultation subject to the outcome of independent review.

NHS Greater Glasgow and Clyde has noted that following the outcome of the public consultation the service specification for the required model of care will be finalised. A process to finalise a location and provider of the future service will then take place.

7.2 NHS GREATER GLASGOW AND CLYDE'S ENGAGEMENT ACTIVITY

Community Engagement Meetings

- Two community engagement meetings in relation to older people's services were held by NHS Greater Glasgow and Clyde in 2007. Both these meetings were held at the Glynhill Hotel in Renfrew.
- The first meeting specific to the balance of older people's care services at Johnstone Hospital was held on 8 February 2007 and was chaired by the

¹¹ *Better Outcomes for Older People: Framework for Joint Services*, Scottish Executive (2005)

¹² *Delivering for Health*, Scottish Executive (2005)

Director of Renfrewshire Community Health Partnership. The purpose of this initial meeting was to provide key stakeholders and service users with the opportunity to find out about the work undertaken to date around older people's care and to help shape the review process. Around 45 people attended, some of whom were relatives of patients within Johnstone Hospital. Other participants included local authority staff, and voluntary sector representatives and local people.

- The main topics for discussion were the different models for providing care for older people within the NHS setting and within the community setting in Renfrewshire. A presentation was also given by the Director of North Glasgow Community Health and Care Partnership on the Greater Glasgow model of services for older people.
- A follow-up engagement meeting on the balance of older people's care services in Renfrewshire took place on 22 May 2007. The timing of this meeting was changed and the location of the venue chosen to facilitate the requests of participants from the previous event held on 8 February 2007. This meeting was also chaired by the Director of Renfrewshire Community Health Partnership and around 30 people attended. Participants were drawn from relatives and carers of patients resident in Johnstone Hospital, voluntary representatives and local people.
- The purpose of the follow-up engagement meeting was to provide an update on the review process and the options proposed by the Working Group on the future delivery of services. It had developed these options taking information on current resource availability and feedback from the workshops held at the previous event into account.
- The main topics of discussion were: impact on existing patients in Johnstone Hospital; concerns around the reduction in the number of NHS continuing care beds; carers' needs; concerns around level of support, for example respite care, provided within the community; and engagement with the wider public.

- In response to concerns raised by patients and carers at Johnstone Hospital, the Scottish Health Council asked the Board to hold a patients' and carers' forum, which was arranged for 13 September 2007 but has been delayed due to the independent review.

Information and Communication

- NHS Greater Glasgow and Clyde issued a 'Core Brief' on 23 November 2006 which outlined the Board's planning and public engagement process in relation to the "Clyde Health and Service Strategies". In this document reference was made to the forthcoming review of older people's care and services at Johnstone Hospital.
- Renfrewshire Community Health Partnership shared feedback from the initial engagement event in March 2007 with participants. Information circulated included a summary of the opening presentation together with participants' questions and responses, the key themes arising from the group sessions and an outline of the next steps.
- NHS Greater Glasgow and Clyde issued a 'Core Brief' on 21 May which provided an update for staff on the review of older people's services in Renfrewshire.
- Following NHS Greater Glasgow and Clyde's Board Meeting which took place on 26 June 2007 a 'Core Brief' was issued which highlighted that the transfer of the continuing care service for frail, older people at Johnstone Hospital to partnership facilities would go forward as the proposal for public consultation subject to independent review. At this point NHS Greater Glasgow and Clyde issued a press release to this effect.
- NHS Greater Glasgow and Clyde outlined its strategy for public consultation in its Board paper of 26 June 2007.
- Information relating to the engagement meetings was shared through Renfrewshire Community Health Partnership's Public Partnership Forum.
- In June 2007 Renfrewshire Community Health Partnership produced and shared a feedback report from the engagement meeting held on 22 May with

participants. The information included a summary of the opening presentation, participants' questions, key themes and next steps.

7.3 COMMUNITY FEEDBACK AND PUBLIC RESPONSE TO PROPOSALS

Information in this section has been gathered from the Scottish Health Council's attendance at engagement meetings organised by NHS Greater Glasgow and Clyde from February to May 2007.

There has been little media coverage or major public objection to the proposals for older people's services in Renfrewshire however concerns have been expressed by relatives and carers of patients within Johnstone Hospital. To address this the Board has said that a patients' and carers' forum is to be established which will give patients, relatives, carers and advocates the opportunity to discuss their concerns with the Board and provide an opportunity for the Board to address their specific issues.

7.4 SCOTTISH HEALTH COUNCIL OBSERVATIONS

The Scottish Health Council observed the community engagement meetings relating to older people's services and has provided the Board with feedback including that obtained from attendees.

At the engagement meetings it was noted that stakeholders were unclear whether the review process was specific to Johnstone Hospital or to the wider context of older people's care in Renfrewshire. NHS Greater Glasgow and Clyde highlighted that the review was specific to both issues and that it was important to ensure that the needs of those who wanted to focus specifically on Johnstone Hospital were met as well as the needs of those with a more general interest in the future shape of services.

Feedback from attendees at the initial engagement event indicated that it would have been appropriate for this meeting to be divided into two workshop groups to address the specific interests of those present. The Scottish Health Council notes the Board's intention to establish a patients' and carers' forum at Johnstone Hospital to address the specific concerns of key stakeholders as part of the formal consultation process.

Following on from the initial engagement meeting the Scottish Health Council asked the Board to share with key stakeholders the criteria for deciding what constitutes 'NHS continuing care'. The definition of 'continuing care' and what this means, together with some examples of patients who would be classed as 'continuing care patients', was shared at the follow-up engagement meeting which took place in May 2007.

Feedback from participants at the engagement meetings noted that communication was at times "confusing" and "full of jargon". The Scottish Health Council has discussed these issues with NHS Greater Glasgow and Clyde and the Board has advised that summary leaflets and consultation materials will be reviewed by members of the public in advance of the public consultation period.

7.5 CONCLUSION

The Scottish Health Council has observed and appraised the process used to inform and engage with patients, carers, local people and voluntary sector representatives with regards to older people's services within Renfrewshire.

The Scottish Health Council has asked NHS Greater Glasgow and Clyde to ensure that detailed information on the planning work underlying its proposals is widely available. The Board has also been asked to ensure that information is distributed well in advance of meetings.

8 GENERAL CONCLUSIONS

This has been a complex engagement exercise encompassing four areas of service provision; raising issues involving safety, workforce, and public acceptability, and which have consequences beyond the boundaries of NHS Greater Glasgow and Clyde. The Scottish Health Council has maintained regular dialogue with NHS Greater Glasgow and Clyde on their informing and engagement process, and has regularly highlighted issues and concerns to them. A number of suggestions to further develop and improve the formal consultation of these proposals are contained within this report and have been raised with the Board. The Board has been generally responsive to most of these suggestions.

It is the Scottish Health Council's view that so far NHS Greater Glasgow and Clyde has taken reasonable steps to inform and engage with service users and members of the public in relation to the "Clyde Health and Service Strategies" Review. There has been a range of activities including engagement groups, public representation on reference groups, and public meetings. It is clear that some parts of the community across NHS Greater Glasgow and Clyde and NHS Highland Board areas do not support the Boards' proposals.

This report makes a number of recommendations for how NHS Greater Glasgow and Clyde should take forward the formal consultation on these plans, as it is important the Board is able to demonstrate that it has made a genuine attempt to take into account the views of local communities.

A final report, including the Scottish Health Council assessment of the whole engagement process, will be available after the consultation has been completed.

9 RECOMMENDATIONS

The Scottish Health Council notes that NHS Greater Glasgow and Clyde and NHS Highland have agreed that NHS Greater Glasgow and Clyde has lead responsibility for including residents of the NHS Highland area who use services affected by these proposals. However we would expect NHS Highland to co-operate and provide support for this process as indicated in the guidance.¹³ We would also expect other Boards to provide the same support in relation to other services included in this formal consultation that affect residents in their respective areas.

9.1 INTEGRATED CARE AT THE VALE OF LEVEN HOSPITAL

As a result of the Scottish Health Council monitoring process and discussions with NHS Greater Glasgow and Clyde to date, we have asked that the Board:

- identifies the purpose of formal consultation and make it clear to people which parts of the proposals they can influence
- highlights where the Community Engagement Group has influenced the proposals for consultation and those aspects of the review outcome which they opposed
- makes sure that local communities and members of the public are fully informed of the Board's plans to invest resources in the Vale of Leven Hospital so that it can continue to meet the health needs of the 98,400 people who will still access the hospital
- has information leaflets reviewed by community and lay representatives to ensure that content is comprehensive and easy to understand
- makes available to the public and the Scottish Health Council the joint report produced by the Scottish Ambulance Service and NHS Greater Glasgow and Clyde to deal with additional patient transfers

¹³ *Consultation and Public Involvement in Service Change – Draft Interim Guidance*, Scottish Executive Health Department NHS HDL (2002) 42

- ensures that feedback from engagement is presented at public consultation events, and
- demonstrates engagement in other geographic/service areas, which may be affected by Clyde service change proposals (for example NHS Highland and mortuary services).

In addition, the Scottish Health Council recommends that the Board identifies and responds to the issues raised by affected communities and key stakeholders during their engagement process. These include:

- providing or sourcing independent evidence that full implementation of the Lomond Integrated Care Pilot is unsafe (this may be satisfied by the work of the Independent Scrutiny Panel)
- exploring other options for sustaining anaesthetic cover within the wider NHS Greater Glasgow and Clyde acute services context (for example, some members of public have queried whether accident and emergency services could be provided at the Golden Jubilee National Hospital, as is the case with Cardio-thoracic services)
- reviewing the research on the correlation between distance travelled and safe, clinical care, and reporting its findings to local communities.

9.2 CLYDE MENTAL HEALTH MODERNISATION

Further to the Scottish Health Council's investigations and discussions with NHS Greater Glasgow and Clyde we have requested that the Board:

- continues to consult with stakeholders who have been involved in the Board's engagement activity at a local level, both on issues of significant service change and service redesign
- works with patients and carers at the State Hospitals Board for Scotland and those from any other affected Board area around plans to make permanent

the interim arrangements to use Rowanbank Clinic, Stobhill Hospital, as the West of Scotland Medium Secure Forensic Unit.

9.3 REVIEW OF MATERNITY SERVICES

The Scottish Health Council notes that two key issues were raised during the review process which NHS Greater Glasgow and Clyde should consider during the formal consultation exercise. These were

- transport to Paisley and Glasgow
- the ability for women to make an informed choice with regards to where to give birth.

The Board should also consider the potential impact on the Consultant-Led Units in Paisley and on Glasgow services as well as the potential increase in requests for ambulance transfers from home to the birthing units. The Board has confirmed that it had already noted these issues and would address these during formal consultation.

9.4 BALANCE OF OLDER PEOPLE'S CARE: JOHNSTONE HOSPITAL

The Scottish Health Council has asked NHS Greater Glasgow and Clyde to ensure that detailed information on the planning work underlying its proposals is widely available. The Board has also been asked to ensure that information is distributed well in advance of meetings.

9.5 GENERAL RECOMMENDATIONS

The Scottish Health Council recommends that in future informing and engaging activities, NHS Greater Glasgow and Clyde:

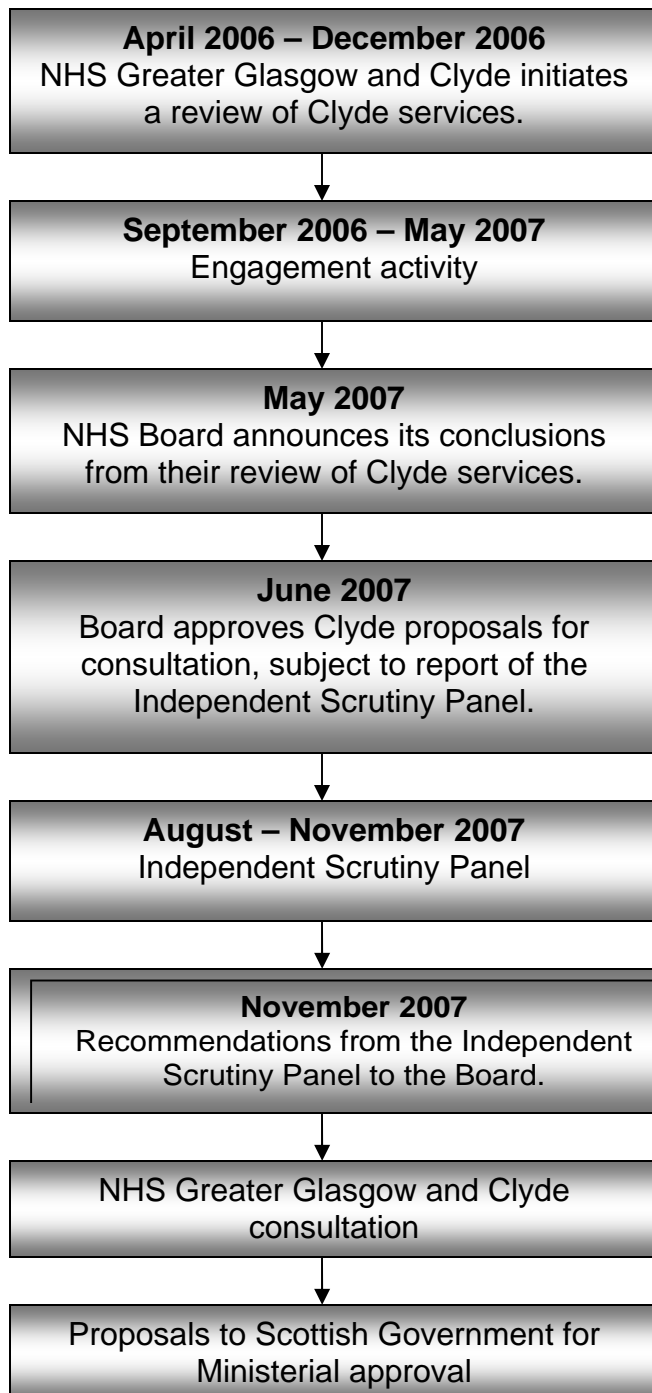
- ensures stakeholders are involved in the detailed planning of proposals from the outset

- ensures that formal Terms of Reference are clearly set out when establishing a new group and that there is common understanding and agreement to the Terms of Reference
- provides resources, support and facilitation for lay representatives and staff to enable them to be effectively involved in planning and engagement groups
- develops strong working relationships and engagement mechanisms with neighbouring Boards whose populations may be affected by proposed service change to ensure all affected populations are involved in the process of informing and engagement
- monitors the sharing of information and opportunities for engagement for all those who may be affected by service change
- evaluates their engagement processes and identifies and addresses areas of learning
- develops its relationships with local communities so they can have confidence and trust that any decisions made by the Board are in their best interests.

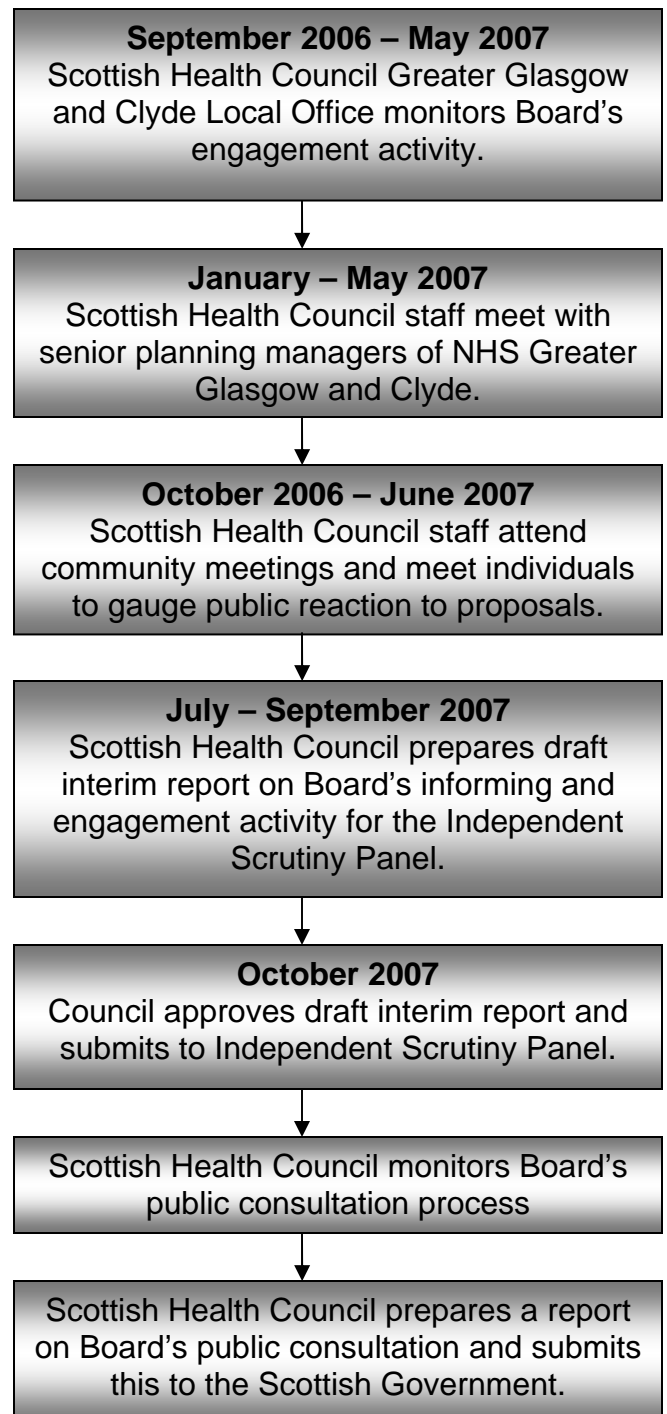
APPENDIX A

Review of NHS Greater Glasgow and Clyde's 'Clyde Health and Service Strategies' informing, engaging and consultation process

NHS Greater Glasgow and Clyde Process



Scottish Health Council Process



APPENDIX B

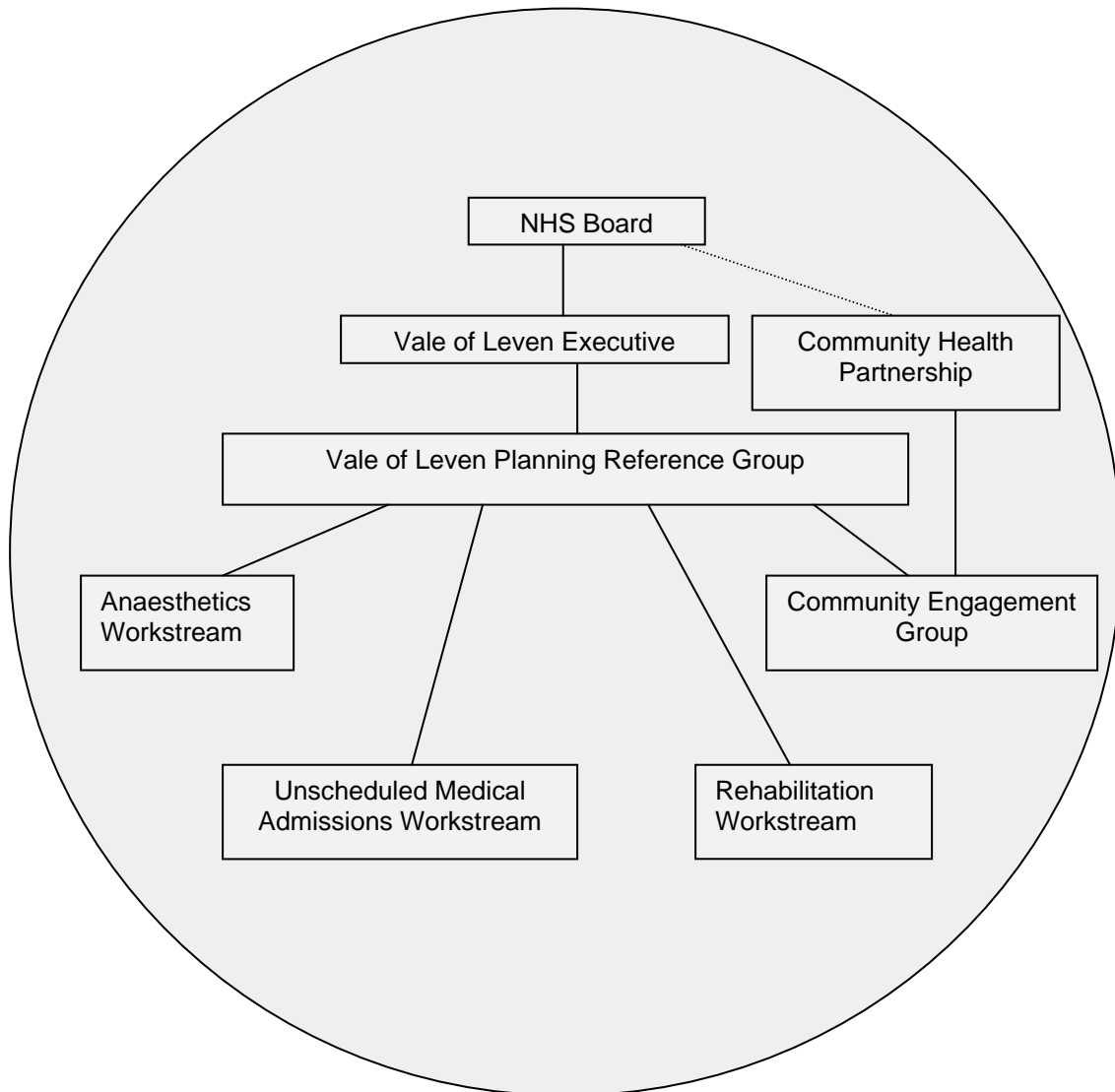
Common Principles for NHS Greater Glasgow and Clyde's Consultation

NHS Greater Glasgow and Clyde stressed that the principles underpinning their proposals for the Clyde Health and Service Strategies were:

- safe and sustainable services to be provided as close to communities as possible
- wherever possible services should be provided outside hospitals in primary and community care settings
- accessibility to services for patients and their visitors
- delivery of services in an economic way which represents a proper utilisation of public finances
- a single, co-ordinated process to engage staff
- developed within the frameworks of national policy.

APPENDIX C

Scottish Health Council Diagram to show the groups set up by the Board in relation to integrated care at the Vale of Leven Hospital



* Circle depicts Vale of Leven Hospital catchment area.

APPENDIX D

Meetings in relation to Integrated Care at the Vale of Leven Hospital (until 26th June 2007)

Community Engagement Group meetings

(Scottish Health Council present at all meetings)

- 23 October 2006
- 23 November 2006 (Anaesthetics)
- 19 December 2006 (Unscheduled Medical Care)
- 23 January 2007 (Rehabilitation)
- 09 May 2007
- 18 May 2007

Reference Group meetings from which minutes provided:

- 10 October 2006
- 10 November 2006
- 08 December 2006
- 12 January 2007
- 16 February 2007

Public meetings organised by community groups

- 11 October 2006 – Scottish Socialist Party event held at Christie Park Primary School (approximately 30 people in attendance)
- 12 June 2007 – United Campaign Group event held at Bonhill Parish Church (approximately 550 people in attendance with around 200 people refused entry to hall on safety and capacity grounds)
- 20 June 2007 – United Campaign Group event held at Riverside Church, Dumbarton (approximately 200 people in attendance)
- 26 June 2007 – Vale Hospital Watch Group event held at Victoria Halls, Helensburgh (approximately 450 people in attendance)

NHS Greater Glasgow and Clyde Community Events

(Scottish Health Council present at all events)

- 21 September 2006 – The Vale of Leven Integrated Care Pilot Public Meeting held at Dumbarton Football Club (approximately 300 people attended)
- 26 February 2007 – Health Needs and Health Services events held in Beardmore Hotel, Clydebank (one in afternoon and one in evening), total in attendance for two events equated to approximately 100 participants
- 21 May 2007 – Unscheduled Medical Admissions at the Vale of Leven Hospital event held at Beardmore Hotel, Clydebank (approximately 120 people attended)

Meetings between Scottish Health Council and NHS Greater Glasgow and Clyde on future proposals for Clyde services:

- 13 October 2006
- 13 November 2006
- 04 December 2006
- 31 January 2007
- 17 April 2007
- 23 May 2007

APPENDIX E

NHS Greater Glasgow and Clyde's detailed proposals for mental health services in Clyde

Inverclyde

- keep Inverclyde adult and older people's acute admission services on the Inverclyde Royal Hospital site
- close older people's continuing care beds on the Ravenscraig site, and re-provide 33 older people's mental health continuing care beds in a community-based partnership arrangement within Inverclyde
- close adult continuing care beds on the Ravenscraig site, and re-provide 9 adult mental health continuing care beds within Inverclyde.

Renfrewshire

- keep 40 older people's mental health acute beds at the Royal Alexandra Hospital, Paisley
- close older people's mental health continuing care beds on the Dykebar site and re-provide 59 continuing care beds on a community based partnership arrangement with Renfrewshire
- consolidate all adult acute admission mental health beds in the good quality accommodation on the Dykebar site
- reduce the overall number of adult continuing care beds and re-provide 12 beds within the Dykebar site.

East Renfrewshire

- consolidate adult mental health beds for all of East Renfrewshire from Leverndale Hospital
- explore proposals to consolidate the small number of older people's mental health acute admission beds for all of East Renfrewshire on a single hospital site – either at Leverndale Hospital or at the Royal Alexandra Hospital

- close older people's mental health continuing care beds on the Dykebar site and re-provide continuing care beds in a community-based partnership arrangement.

West Dunbartonshire: Dumbarton and Alexandria

- transfer 24 acute admission beds (12 adult and 12 older people's) for the Dumbarton and Alexandria catchment area to Gartnavel Royal Hospital, in addition to the 24 beds (10 adult and 14 older people's) already provided at Gartnavel Royal for the Clydebank catchment population
- move Intensive Psychiatric Care Unit beds from Lochgilphead Hospital to an additional two beds in Gartnavel Royal Hospital
- reprovide the 12 NHS continuing care beds for older people within West Dunbartonshire using a partnership model (to serve the population of West Dunbartonshire and Helensburgh/Lochside).

Specialist services for the South Clyde catchment areas (Inverclyde/ Renfrewshire/ East Renfrewshire)

- transfer specialist addiction beds for South Clyde from Ravenscraig Hospital to the Southern General Hospital (consolidated with South and West Greater Glasgow service)
- transfer the Intensive Psychiatric Care Unit which serves South Clyde from Dykebar Hospital to Inverclyde Royal Hospital
- develop eight intensive rehabilitation beds for South Clyde on the Dykebar site
- extend the funding for early onset psychosis services, currently provided for a specialist service for the South Glasgow population, to include the South Clyde population

Specialist services for the North Clyde catchment area (Dumbarton and Alexandria)

- transfer Intensive Psychiatric Care Unit beds from Lochgilphead to an additional two beds for West Dunbartonshire in the Gartnavel Royal Intensive Psychiatric Care Unit
- access to the intensive rehabilitation beds at Gartnavel Royal Hospital
- extend access for all West Dunbartonshire population to specialist co-morbidity beds at Stobhill Hospital
- enable Dumbarton and Alexandria population to access early onset psychosis services by increasing funding

Development of highly specialist services: Greater Glasgow and Clyde and regional services

- centralise medium secure services formerly planned on the Dykebar site (for patients resident in NHS Argyll and Clyde, NHS Ayrshire and Arran, NHS Dumfries and Galloway and NHS Lanarkshire) within the new 74 bed Rowanbank Unit (opened in July 2007) at Stobhill Hospital, Glasgow.
- consolidate low secure beds for Greater Glasgow and Clyde at Leverndale Hospital
- consolidate low secure services for patients with learning disabilities (from NHS Ayrshire and Arran, NHS Fife, NHS Greater Glasgow and Clyde and NHS Lanarkshire) at Leverndale Hospital

APPENDIX F

Summary of bed reductions sub-divided by clinical category

Mental health significant service change proposals

Continuing care beds for older people

	Current no of beds	Proposed no of beds
Inverclyde	80	33
Renfrewshire	59	52
East Renfrewshire (Clyde pop)	7	7
West Dunbartonshire	8	8
Total	154	100

Continuing care beds for adults

	Current no of beds	Proposed no of beds
Inverclyde	31	9
Renfrewshire	108	12
East Renfrewshire	15	2
West Dunbartonshire	3	3
Total	157	26

Acute admission beds for older people

	Current no of beds	Proposed no of beds
Inverclyde	20	20
Renfrewshire	35	35
East Renfrewshire	5	5
West Dunbartonshire	8	12
Total	68	72

Acute admission beds for adults

	Current no of beds	Proposed no of beds
Inverclyde	45	20
Renfrewshire	66	42
East Renfrewshire	9	6
West Dunbartonshire	18	12
Total	138	80

Specialist beds for north and south Clyde

	Current no of beds	Proposed no of beds
Intensive Rehabilitation	0	11
Intensive Psychiatric Care Unit	11	13
Addictions	11	8
Alcohol Related Brain Damage	0	1
Total	22	33

Board's proposals for service redesign

- transfer of 8 Intensive Psychiatric Care Unit beds from Dykebar to a 10 bedded unit at the Inverclyde Royal Hospital
- transfer 11 addiction beds from Ravenscraig Hospital to the Southern General (8 addiction beds for Clyde, 8 addiction beds for South and West Glasgow, 8 Alcohol Related Brain Damage beds)
- make permanent the interim arrangements for medium secure mental health services at Rowanbank Clinic (West Scotland catchment)
- low secure adult mental health beds to be provided at Leverndale Hospital
- Adult continuing care beds for South Clyde (reduced from 154 to 23) currently provided at Ravenscraig and Dykebar Hospital
- Relocate Intensive Psychiatric Care Unit beds from Lochgilphead Hospital to an additional two beds at Gartnavel Royal Hospital.

APPENDIX G

Utilisation of Community Maternity Units in Clyde between 2004 and 2006

Vale of Leven Hospital

NHS Argyll and Clyde anticipated* that the use of the Vale of Leven Community Maternity Unit would have been for between 179 and 210 births based on a caseload of 844 i.e. 21-25% of the caseload would have delivered in the Community Maternity Unit.

Actual Activity				
Year	Bookings	Births	Caseload	%Births:caseload
2004	140	61	758	8%
2005	162	64	735	9%
2006	204	74	744	10%

Based on 2006 information, the Vale of Leven Community Maternity Unit delivered between 35% and 41% of predicted births or 8 -10%.

Inverclyde Royal Hospital

NHS Argyll and Clyde anticipated* that the use of the Inverclyde Royal Hospital Community Maternity Unit would have been for between 204 and 240 births based on a caseload of 960 i.e. 21-25% of the caseload would have delivered in the Community Maternity Unit.

Actual Activity				
Year	Bookings	Births	Caseload	%Births:caseload
2004	180	91	911	10%
2005	316	115	841	14%
2006	287	73	892	8%

Based on 2006 information, Inverclyde Royal Hospital Community Maternity Unit delivered between 30% and 36% of predicted births or 8 -13%.

* Anticipated figures were projected by the review of maternity services undertaken by NHS Argyll and Clyde in 2003.

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