1. BACKGROUND

1.1 In April 2006, at the point of dissolution of Argyll and Clyde NHS Board and the migration of the Clyde area and services into Greater Glasgow, we established a series of service and strategy reviews. This short summary describes the outcome of this process in relation to integrated care at the Vale of Leven Hospital. Our proposals are currently subject to independent scrutiny prior to public consultation.

1.2 The service and strategy reviews had a number of aims and drivers. These included:

- the need to modernise services in Clyde and ensure the right balance of local community and inpatient care and social and health care;
- the requirement to ensure safe and sustainable services;
- the imperative to ensure cost-effective provision of services and to identify action to address the £30 million gap between spending on health services and the available budgets we inherited with our Clyde responsibilities.

1.3 Mental Health and Older People Services

We inherited incomplete strategies for older people and mental health services from the former Argyll and Clyde, which had variable levels of Local Authority engagement and commitment, particularly in relation to imposed financial savings which were not supported by detailed plans. The services across Clyde were characterised by underdeveloped community services and an over reliance on beds, providing services to patients of variable quality and accessibility.

1.4 Acute Services

Argyll and Clyde had submitted proposals for acute services following an extensive planning, development and consultation process. These proposals had not been endorsed by the Health Minister and, therefore, had not been implemented, leaving a range of services in unstable and unsustainable arrangements. In relation to this consultation the pilot of the Integrated Care model, proposed to maintain emergency care at the Vale of Leven, had not been fully implemented.

1.5 Maternity Services

A relatively new pattern of maternity services was in place with Community Midwifery Units having replaced the previous consultant-led delivery services at the Vale of Leven and Inverclyde Hospitals.

1.6 The rest of this summary deals specifically with our proposals in relation to integrated care at the Vale of Leven.

2. CONCLUSION OF THE LOMOND INTEGRATED CARE PILOT

2.1 In 2005, services for Accident and Emergency patients were relocated from the Vale of Leven Hospital to the Royal Alexandra Hospital in Paisley following a review of emergency hospital services in 2004. That review concluded that it was not possible
to continue providing on-site, out-of-hours anaesthetic and medical junior cover at the Vale of Leven Hospital. The hospital did not have enough patient throughput to allow anaesthetists to maintain their skills and junior doctors to gain the training experience they needed. Consequently, it was proving very difficult to recruit staff to work there and out-of-hours services became reliant on locum cover.

2.2 In response, local GPs and hospital staff developed proposals for “Integrated Care” that would enable a proportion of emergency medical care to be retained at the Vale of Leven. This was worked up into a pilot project - the Lomond Integrated Care Pilot.

2.3 The Integrated Care Pilot was based on local GPs, after additional training, substituting for the overnight cover provided by anaesthetists and junior doctors. The most seriously ill patients would still go direct to the A&E in Paisley. Out-of-hours the intention was that GPs would stabilise and assess those requiring unscheduled medical care to determine if they should then be sent on to Paisley or admitted to the Vale of Leven.

2.4 When NHS Greater Glasgow and Clyde took on responsibility for the Vale of Leven, a commitment was made to proceed with the pilot to test out whether the approach was safe and sustainable. During the work to develop the pilot it became clear that there were clinical concerns about the safety of the proposed GP out-of-hours cover for patients who were seriously ill and did not bypass the hospital, or became seriously ill after admission. Therefore, it was not possible to proceed to full implementation and we established a planning and community engagement process to consider alternative options for providing unscheduled medical care for the Vale of Leven population.

2.5 Detailed service reviews were carried out by three workstreams looking at:
   • anaesthetics;
   • rehabilitation;
   • emergency medicine.

2.6 The groups consisted of different combinations of senior doctors from the Vale of Leven, Royal Alexandra and Greater Glasgow hospitals, NHS managers and GPs. Each group researched and reviewed the options and alternatives for the services.

2.7 Two groups, which included community interests, were set up through West Dunbartonshire Community Health Partnership:
   • a community engagement group - which reviewed the evidence and proposals emerging through the process across the workstreams. Members of the group were recruited from local communities, the local Patient Partnership Forum (PPF) and campaign groups;
   • a reference group - with responsibility for overseeing the whole of the review of integrated care, this had two members from the community engagement group;

3. THE ISSUES AND THE OPTIONS

3.1 A number of issues were examined by the workstreams:
   • changes to doctors’ contracts and European Union limits on the amount of time they can work;
• UK and Europe-wide shortages of skilled clinical staff, such as anaesthetists trained to provide intensive care cover;
• the number of patients anaesthetists need to see in order to meet their training and accreditation requirements.

3.2 The anaesthetics workstream in particular sought evidence of other ways or organising services elsewhere in the UK that could be introduced at the Vale of Leven. Rotas and staffing levels in Paisley and Glasgow were examined to see if it were possible to safely take on cover for the Vale overnight and at weekends.

4. CONCLUSIONS

4.1 By May 2007, the anaesthetics workstream concluded that it could find no viable solution that could provide on site, out-of-hours anaesthetic cover at the Vale of Leven Hospital.

4.2 All the other hospital sites were already having problems covering their anaesthetics rotas and could not spare staff to cover the Vale. The group could not find an alternative service model from elsewhere which could be safely applied to the Vale. Senior anaesthetists also reconfirmed their view that the Integrated Care model, with GPs providing out-of-hours cover for the emergency patients in the hospital, was not safe.

4.3 The emergency medicine workstream considered options for the future service to the Vale of Leven catchment area. The existing provision of 5,000 A&E emergency patient episodes for the Vale catchment at the Royal Alexandra Hospital meant that links and protocols were already in place between the two sites. It was concluded that, as anaesthetics was unsustainable at the Vale, it would be the safest option to transfer the additional 6,000 episodes - those needing medical, coronary and high dependency care - to Paisley. The Vale would still be able to provide non-urgent care for 90,000 remaining patient episodes.

4.4 It is important to state that the Community Engagement Group did not accept the conclusions of the review process.

5. WHAT NEXT?

5.1 The outcomes of our planning work were considered by the Board of NHS Greater Glasgow and Clyde in June 2007. These conclusions, and the process that led to them, are now being independently scrutinised.

5.2 This briefing sheet is a very short summary of a much more extensive report. If you want further information it can be accessed on the NHS Greater Glasgow and Clyde website at: