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A Report on NHS Greater Glasgow and Clyde's Consultation on Changes to Inpatient Rehabilitation Services in East Glasgow and the Possible Closure of Lightburn Hospital

December 2010



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1. Executive Summary

- 1.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government Health Directorate to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.

- 1.2. Our report on NHS Greater Glasgow and Clyde's process for involving local people in the development of proposals for service change affecting Lightburn Hospital outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by patients, carers and members of the local community in response to the consultation proposals.

- 1.3. In July 2010, NHS Greater Glasgow and Clyde reported to the Scottish Health Council that it had reviewed inpatient beds for elderly people in North and East Glasgow and that it intended to engage with people on options for change. During July and early August, NHS staff involved patients, carers and public representatives in developing and assessing options for the future of these inpatient services. Following this, at a meeting on 17 August, the Board agreed to carry out a formal public consultation process, during the period from 30 August to 30 November 2010. The Board issued a press release on 29 November stating that the consultation period was extended until 13 December 2010 to ensure every opportunity is given for people to comment on the proposals – including specific proposals that have emerged during the consultation period for day hospital and outpatient services.

1.4. Lightburn Hospital provides outpatient and day hospital services for older people in East Glasgow (this accounts for around 1845 and 935 attendances a year respectively), as well as providing inpatient beds for rehabilitation (around 450 patients a year). The Board accepted, at the start of its engagement and consultation, that if a decision were taken to relocate the inpatient rehabilitation beds, this could affect the remaining outpatient and day hospital services. This could mean that outpatient and day hospital services could be moved to another location and Lightburn Hospital closed.

1.5. NHS Greater Glasgow and Clyde used a range of methods during its engagement and consultation process. This included: one-to-one interviews; focus groups; meetings with local community groups (including Public Partnership Forums in North and East Glasgow and East Dunbartonshire); public meetings; full and summary consultation papers; distribution of consultation materials to public libraries, local faith groups, community councils and other local groups; and information on its website. The Scottish Health Council's verification has shown that people generally found the Board's information to be in plain language and easy to understand.

1.6. The main concerns raised by people during the engagement and consultation were: the perception that a decision had already been taken to close Lightburn Hospital; transport links from East Glasgow to Stobhill Hospital were poor; that financial savings were the main driver for change; and, that public feedback would not influence the recommendation made by the Board to the Cabinet Secretary for Health and Wellbeing. In addition, in October the East Glasgow Parkinson's Support Group Lightburn distributed a petition to oppose the closure of Lightburn Hospital.

1.7. Whilst the Scottish Health Council acknowledges the work undertaken by NHS staff in conducting this engagement and consultation, and the range of methods they have used to engage with people, there are a number of aspects of the process that we believe could have been improved. These are outlined in our report.

1.8. The Scottish Health Council, based on the information it has obtained up to the time of writing this report, believes that NHS Greater Glasgow and Clyde has, in part, followed the Scottish Government's guidance on involving local people in its review of inpatient rehabilitation services for elderly people in North and East Glasgow. The two areas where the NHS Board has not yet demonstrated compliance with the guidance are in relation to the equality and diversity impact assessment and the transport needs assessment¹ and how these have both impacted on the proposals for patients and the public.

1.9. The Scottish Health Council report will be submitted to the NHS Greater Glasgow and Clyde Board meeting on 21 December 2010, where the Board will consider the outcome of the consultation. Following discussion, and if approval is sought for the transfer of inpatient rehabilitation services for older people from Lightburn to Stobhill Hospital, NHS Greater Glasgow and Clyde will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In the submission, the Board should demonstrate how they have taken into account the suggestions and concerns that arose during the consultation.

1.10 The Scottish Health Council has identified a number of learning points from this engagement and consultation, for example NHS Boards should avoid, where possible, carrying out engagement and consultation on service change during the main holiday periods; NHS staff should consider the full range of potential stakeholders at the earliest stage in service change. Other learning points are contained within section 10 of the report.

¹ A draft transport needs assessment was received by the Scottish Health Council on 3 December 2010 – this was too late to be considered in time for inclusion in our report.

2. Introduction

2.1 NHS Boards are required to engage and consult with people when they are considering a change to local health services. Guidance² produced by the Scottish Government sets out how Boards should do this. When a Board is proposing a service change that is regarded by the Scottish Government as being a 'major' change, the Scottish Health Council produces a report setting out its views on whether the relevant Board has involved people in line with the expectations set out in the guidance. The Scottish Health Council's report is taken into account by the Board and the Scottish Government in deciding how to proceed with the service change.

2.2 Producing reports on major service change is one of the ways in which the Scottish Health Council carries out its role to help the NHS in Scotland improve how it involves patients and the public in decisions about health services.

2.3 This report sets out the Scottish Health Council's view on how NHS Greater Glasgow and Clyde has involved local people when it has been developing proposals for service changes affecting Lightburn Hospital.

2.4 In July 2010, NHS Greater Glasgow and Clyde reported to the Scottish Health Council that it had reviewed inpatient beds for elderly people in North and East Glasgow and that it intended to engage with people on options for change. During July and early August, NHS staff involved patients, carers and public representatives in developing and assessing options for the future of the inpatient rehabilitation services. Following this, at a meeting on 17 August, the Board agreed to carry out a formal public consultation process, during the period from 30 August to 30 November. This consultation period was subsequently extended until 13 December 2010.

² Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), The Scottish Government, 10 February 2010. In this report, the phrase 'the guidance' shall refer to this Chief Executive Letter (CEL).

2.5 The Board has indicated³ that changes to the way it provides services are needed because there will be:

- a reduction in the availability of junior doctors and the need to ensure medical rotas are compliant with working time regulations
- opportunities for improved access to diagnostic equipment
- fewer patients needing transfer to a rehabilitation ward
- cost savings by reducing the number of hospital sites, and
- better accommodation.

2.6 Lightburn Hospital provides outpatient and day hospital services for older people in East Glasgow (this accounts for around 1845 and 935 attendances a year respectively), as well as providing inpatient beds for rehabilitation (around 450 patients a year). The Board agreed, at the start of its engagement and consultation, that if a decision was taken to relocate the inpatient rehabilitation beds, this could affect the remaining outpatient and day hospital services. This could mean that outpatient and day hospital services could need to move to another location(s) and Lightburn Hospital could close.

2.7 The Scottish Government has indicated that it views the proposal to change inpatient rehabilitation services for older people in East Glasgow, with the resulting possible closure of Lightburn Hospital, as a major service change.

3. Has the Board involved local people in line with the guidance?

3.1 The Scottish Health Council, based on the information it has obtained up to the time of writing this report, believes that NHS Greater Glasgow and Clyde has, in part, followed the Scottish Government's guidance on involving local people in its review of inpatient rehabilitation services for elderly people in North and East Glasgow. The two areas where the NHS Board has not yet demonstrated compliance with the guidance are in relation to the equality and diversity impact

³ Hospital Services for Older People in the North and East of Glasgow, Key issues and potential options for consideration in the redesign of assessment and rehabilitation services, Briefing Paper to Public Participants, NHS Greater Glasgow and Clyde (July)

assessment and the transport needs assessment⁴ and how these have both impacted on the proposals for patients and the public.

3.2 There are also a number of aspects of the process which we believe could have been improved, and these are outlined later in this report.

3.3 The Scottish Health Council has arrived at this conclusion having undertaken a range of quality assurance activities, including:

- attendance at public meetings organised by NHS Greater Glasgow and Clyde and talking to local people who took part in these meetings
- asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and a focus group
- meeting with NHS staff with responsibility for this major service change on a number of occasions during July to November to discuss the engagement and consultation process and to offer and provide advice, support and feedback
- reviewing NHS documents relating to the service change
- gauging the availability of information available in public areas of East Glasgow e.g. libraries, health centres, hospitals, and
- reviewing media coverage.

3.4 The questions and comments reported in the boxes throughout this report are indicative of some of the most common themes that have emerged from patients, carers and the public during the engagement and consultation process. These questions and comments were raised either at meetings arranged by NHS staff (at which local Scottish Health Council staff were present) or in response to the Scottish Health Council's verification activity e.g. questionnaires, telephone interviews and a focus group.

⁴ A draft transport needs assessment was received by the Scottish Health Council on 3 December 2010 – this was too late to be considered in time for inclusion in our report.

4. Planning

4.1 Once an NHS Board decides to consider making changes to a service, it has to develop plans to show how it will involve local people throughout the process.

4.2 Following a decision to review services for older people in North and East Glasgow, NHS Greater Glasgow and Clyde carried out a scoping exercise in June 2010, which considered:

- the nature of the service
- the communities of interest
- the profile of the local community, and
- key issues of interest to patients, carers and the public.

4.3 The outcome from this activity was shared with the Board's Acute Operating Division Patients' Panel. The Patients' Panel was set up as a sounding board to help NHS Greater Glasgow and Clyde's acute hospital services understand some of the issues for patients. The feedback from this activity was used to inform the Board's approach to engagement with patients, carers and community representatives. The Scottish Health Council was informed about the outcome of this activity in a letter dated 1 July 2010, where it was advised of the proposed service change and invited to attend planning meetings with NHS staff during July.

4.4 NHS Boards have a responsibility to ensure their processes and proposals are subject to an equality and diversity impact assessment. NHS Greater Glasgow and Clyde carried out an equality and diversity impact assessment of its engagement process on 16 July. This helped NHS staff to identify the groups of people who would be affected by the proposal: more women than men; more people from white British communities; some people with physical disabilities and older people. It was also recognised that there could be cost implications for people who wished to engage in the process. NHS staff designed their engagement process to address these factors e.g. direct

access to patients on wards and outpatient clinics/day hospital, male and female interviewers were available to gather views, advocacy groups for older people were invited to participate; and participation expenses reimbursed.

4.5 We have been advised by NHS Greater Glasgow and Clyde that a further equality and diversity impact assessment was commenced in November. The outcome of this equality and diversity impact assessment has not been shared with us at the time of writing this report.

5. Informing

5.1 The guidance states that people who may be affected by a proposed service change should receive appropriate information. NHS Greater Glasgow and Clyde produced a briefing paper for public participants in July 2010. This was sent to a sample of patients and carers, specific interest groups and community organisations inviting them to take part in the engagement process by participating in focus groups and, if they chose to, option appraisal and scoring. In this briefing paper the Board aimed to outline:

- why change was needed e.g. review of the composition of assessment and rehabilitation beds
- issues that should be considered if rehabilitation beds are provided from one hospital site, for example access to diagnostic equipment, accommodation, workforce planning. The briefing paper outlined the current arrangements within the Department of Medicine for the Elderly⁵ (DME) and how the proposal had been influenced by other changes within the service. The paper explained that a separate piece of work had been undertaken to bring together orthopaedic rehabilitation beds from North and East Glasgow to Stobhill Hospital, which would lead to a reduction of 15 beds at Lightburn Hospital. It also highlighted that a new model of care would result in an increase in the number of assessment beds based at Glasgow Royal Infirmary with a corresponding reduction in the number of rehabilitation beds. Added to this, a decision was taken by the NHS Board in 2008 to procure 48

⁵ The DME provides assessment and rehabilitation beds for older people (aged over 65 years).

rehabilitation beds at Stobhill Hospital.

5.2 The briefing paper provided information about the Board's three proposed options (for inpatient rehabilitation, day hospital and outpatient services) and invited participants to consider these and also to identify any further options. Alternative sites for the day hospital and outpatient clinics were not identified at this stage.

5.3 Information on the review and options for change were not made more widely available to the public, for example on the Board's website, until the proposals were considered at the Board meeting on 17 August.

5.4 Whilst the Scottish Health Council did not receive the Board's plan for Informing and Engaging Community Stakeholders until 23 July 2010, it did meet with NHS staff on three occasions during July to gather information and provide comment on the engagement process being proposed.

6. Engaging

6.1 The guidance states that NHS Boards should develop options through a process that is open, transparent and accessible, which can be delivered within available resources, and in which potentially affected people and communities are proactively engaged.

6.2 One-to-one meetings

During July 2010 NHS Greater Glasgow and Clyde carried out a total of 23 one-to-one meetings with patients and carers from rehabilitation, day hospital and outpatient services at Lightburn Hospital. The purpose of these meetings was:

- to gather information from patients and carers about their experience and views of the service
- to advise them that the Board was considering some changes to the way services are delivered

- to ask how the proposed changes may impact on them, and
- to find out what aspects of the service matter most to them.

6.3 NHS staff carrying out these one-to-one meetings reported a number of common themes. These were:

- patients valued their experience at Lightburn Hospital
- staff were praised for their care, friendliness and attention
- most inpatients were not concerned where they were transferred for rehabilitation as long as the care was good
- most inpatients were concerned about their visitors' ability to access the hospital if services were based at a different site
- people attending outpatients and day hospital services were less concerned about where they attended for their appointments as long as transport continued to be provided.

6.4 Focus Groups

NHS Greater Glasgow and Clyde invited carers and representatives from health-related and community organisations to take part in two focus groups in July. The ten people who attended the first focus group (held on 22 July) included carers and representatives from patient and carer groups. NHS staff felt that current inpatients may be too frail to take part in these meetings. The second focus group (held on 27 July) included nine people from patient and carer groups as well as geographic and community structures, for example East Glasgow Public Partnership Forum and Gartcraig Community Council. Those invited were offered a range of supports to encourage participation, for example transport to meetings, and dedicated contact person.

6.5 A letter to people taking part in the process stated that the purpose of engagement⁶ was to “discuss the future of some rehabilitation services for the elderly in East Glasgow and how these may impact on Lightburn Hospital”. Specifically the focus groups were designed to review existing rehabilitation services, identify options for future services and clarify what the important

⁶ Letter to participants of the focus group/option appraisal sessions

issues are for patients and carers. Participants were advised in the briefing paper that the Board had identified three possible options and that it would be interested in their views on these and suggestions for any additional options.

The three options were:

- Option 1 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds split between Stobhill and Lightburn Hospitals.
- Option 2 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds at Stobhill Hospital. Under this option all inpatient beds at Lightburn Hospital would be closed. If no other services required use of the site then the overall aim would be to relocate existing day hospital and outpatient activity to alternative settings and close the Lightburn Hospital site.
- Option 3 – assessment beds at Glasgow Royal Infirmary and rehabilitation beds at Lightburn Hospital.

6.6 NHS staff gave a presentation at the focus groups explaining why the Board considered this review important and seeking to develop options for rehabilitation beds, outpatient clinics and the day hospital.

6.7 Scottish Health Council representatives attended these focus groups and agree that they achieved their purpose (as outlined above).

Focus Groups - what people told the Board about the proposals

“Really welcome this session and the opportunity to contribute to discussions around the future of Lightburn Hospital.”

“Stobhill Hospital is one of the worst hospitals to get to from the East of Glasgow.”

“Keen to see detailed financial figures for the proposed changes.”

“The NHS has already made up its mind and the outcome for Lightburn Hospital is a foregone conclusion.”

Focus Groups - what people told the Scottish Health Council about the process

Questionnaires were given to 19 participants, 16 were completed and returned. Most people were satisfied with the amount of information provided (12 out of 16 respondents) though one person commented that the briefing paper should have had more precise information e.g. current number of assessment/rehabilitation beds at each location.

All respondents (16 out of 16) indicated that they would be happy to be involved in future consultation activity relating to Lightburn Hospital.

6.8 Public Partnership Forums

NHS staff gave a presentation on the proposed changes to 10 members of the East Glasgow Public Partnership Forum on 27 July. They outlined the engagement work that had been carried out on the proposal and the reasons for, and benefits of, change. A question and answer session followed, during which concerns were raised by Public Partnership Forum members on patient and visitor travel and location of the outpatient clinics and day hospital in East Glasgow.

6.9 Option Appraisal and Scoring

The guidance states that NHS Boards should work with local people to develop options that are robust, evidence-based, person-centred, sustainable and consistent with clinical standards and national policy.

6.10 An option appraisal and scoring event on options for elderly rehabilitation beds in North and East Glasgow took place on 3 August 2010. Options for the relocation of outpatient clinics and the day hospital were not included in this process.

6.11 A total of 27 participants took part in the appraisal and scoring of options. This group was made up of 18 participants (drawn from those people who had attended the focus groups in July) and nine members of staff.

6.12 At the focus groups, participants developed a long list of options, which they discussed and from which they agreed a shortlist. The two focus groups i.e. patients/carers and people from the community agreed the same shortlist. At the option appraisal session, NHS staff provided an overview of the discussions at each focus group and how the shortlist had been developed for appraisal. Participants were then advised of the criteria that had emerged from discussions in the focus groups and these in turn were proposed by Board staff as being the criteria for scoring each option against – alongside the Board's objectives for the service redesign. The seven criteria were:

1. Quality of patient accommodation
2. Save money (though this was not weighted or scored by participants)
3. Transport for visitors – public transport and parking
4. Reduced number of sites to two
5. Discharge planning
6. Quality of care
7. Access to required diagnostics on site.

6.13 Participants were split into three groups: 1. patients/carers 2. people from community interest groups and 3. NHS staff. Each group allocated weightings to each of the criteria. Participants were then invited to apply individual scores to the criteria.

6.14 The Scottish Health Council observed the option appraisal and scoring and carried out further verification activity with patient and public representatives. The Scottish Health Council noted a number of shortcomings with the way in which the option appraisal was carried out and feedback about these was subsequently provided to the Board. Shortcomings included:

- the time allocated to explain the option appraisal process, review the criteria, agree the weightings and score the options was one hour and five minutes. This is a short period given the complexity of the process.

- there was some dissatisfaction among patient, carer and public representatives that NHS staff had included ‘Reduced number of sites to 2’ as a benefit/ criteria as this was a Board objective; and,
- participants from groups 1 and 2 appeared to find the process confusing and were unsure about how to allocate scores; some people expressed difficulty in completing the scoring form.

6.15 NHS staff have confirmed that they will carry out an evaluation of their process and use the learning from this to inform future exercises.

Option Appraisal - what people told the Board about the proposals

Concern for patients feeling ‘displaced’ and isolated from their own locality.

It would be more accessible for patients from East Glasgow to have rehabilitation beds located at Glasgow Royal Infirmary.

There was a lack of clarity around where the saving of £500,000 would come from.

Option Appraisal – what people told the Scottish Health Council about the process

Eighteen questionnaires were handed out to participants and 12 were completed and returned

Eleven out of 12 respondents felt that they had received enough information to enable them to take part in the option appraisal and scoring exercise.

Ten respondents felt that their views were listened to.

Twelve respondents indicated that they were happy with the Board’s approach to feedback.

6.16 The Scottish Health Council sought to gather people’s views on NHS Greater Glasgow and Clyde’s engagement process, prior to the Board meeting on 17 August. We invited the 18 participants who attended the option appraisal session to take part in a telephone interview. Five people agreed to provide feedback using this method and interviews were carried out 2-3 days after the option appraisal session. A summary of their response is given in the following table.

Engagement – what people told the Scottish Health Council about the Board’s overall process

Four respondents indicated that they had received enough information on why change is being proposed, although one person found the briefing paper confusing.

Three respondents were of the view that the Board has already made a decision, and two people suggested that the process was carried out two years too late⁷.

All five respondents identified areas for improvement in the Board’s engagement process e.g. groups should have been mixed at the option appraisal and scoring to include carers, community representatives and staff, more time should have been given overall for option appraisal and scoring.

All five respondents felt their views had been listened to.

6.17 On 12 August, the Scottish Health Council advised NHS Greater Glasgow and Clyde that its public involvement up to that point was broadly in accordance with the guidance. We noted that NHS staff had met with a sample number of people who would be affected by the service change and offered a range of supports to encourage public engagement e.g. transport to meetings, dedicated contact person, arranged visits to Lightburn and Stobhill Hospitals. However we expressed concern that engagement on the Board’s proposal had taken place over the main holiday period in Glasgow i.e. July-early August. We noted that there had been no opportunity for people in North Glasgow to be involved in the engagement process, although one of the options was for all rehabilitation beds to be provided from Lightburn Hospital. Similarly we were of the view that NHS Greater Glasgow and Clyde should have given greater consideration to transport arrangements on the basis that two of the proposals would involve the consolidation of rehabilitation beds.

6.18 With regard to the option appraisal process, we outlined our view that further engagement was required prior to the Board proceeding to formal consultation. We advised that this should focus on:

- sharing the outcome of the option appraisal and scoring with participants who took part in the process

⁷ This is a reference to the Board decision in 2008 to procure 48 purpose-built Department of Medicine for the Elderly rehabilitation beds at Stobhill Hospital

- seeking input from patient and public representatives in the development of the consultation documents and plan
- sharing the Board's consultation plan with people who participated in the option appraisal process

6.19 In addition, since options around the possible relocation of outpatient and day hospital services were not appraised during the option appraisal process, we suggested that the Board seek advice from the Scottish Government Health Directorate regarding whether, in its view, further work would be desirable in terms of option appraisal. NHS staff agreed to consider our advice and use this to inform their further engagement activities as outlined below.

6.20 **Feedback session**

A feedback session was subsequently held by Board staff on 26 August 2010 (prior to the start of formal consultation) and was attended by 11 carer and community representatives who had taken part in the focus groups and option appraisal.

6.21 People were given information about the outcome of the option appraisal and scoring i.e. that each group favoured a different option. Taking financial information into account, people were advised that the Board's preferred option was option 2 i.e. consolidation of rehabilitation beds at Stobhill Hospital. People were advised that a decision had been made at NHS Greater Glasgow and Clyde's Board meeting on 17 August to proceed to formal consultation from 30 August to 30 November on the three options. Participants were given the opportunity to ask questions about the consultation and provide feedback on the engagement process.

6.22 As part of the feedback session, participants were then invited to review the draft consultation materials (i.e. full consultation paper and summary leaflet) and provide comment. They responded that it would have been helpful to have had more time to read this information in advance of the meeting. Many of the changes suggested by participants were taken into account by the Board, for

example the options being considered were brought to the front of the document.

6.23 An overview of the consultation plan was provided by NHS staff and people were asked to give their views on this plan. Participants suggested:

- that advertisements be placed in the 'Evening Times' newspaper
- that Solus screens in housing associations be used to promote the consultation
- information be shared with Community Reference Groups, and
- accessible venues for public meetings (e.g. John Wheatley College Campus in Easterhouse and Shettleston).

6.24 Some of these suggestions were implemented by NHS staff, for example a meeting was held with Baillieston, Shettleston and Greater Easterhouse Community Reference Group on 4 October 2010.

Feedback - examples of questions people asked the Board and notes of the Board's response
<i>Is it a foregone conclusion that Lightburn Hospital will close?</i> NHS staff referred to the three month consultation period about to be undertaken, and that a decision has not been made.
<i>How can we get better transport links? Can buses get into the Stobhill site?</i> NHS staff advised that a process was being developed for looking at transport for patients and carers and that this would include attending the East Glasgow Public Partnership Forum. A commitment was given to taking this issue forward during the consultation. Several buses go into the Stobhill site and speed bumps have recently had their corners removed so that low floor buses are now able to drive through the hospital grounds.
<i>Can we have numbers for people who visit the day hospital and outpatient department?</i> The number of patients using the day hospital at Lightburn Hospital is 371 new patients each year. Ten outpatient clinics are held each week and there are a total of 1845 attendances each year.

7. Consulting

7.1 The guidance states that when an NHS Board consults on a major service change, it should:

- produce a balanced and accessible consultation document that enables people to come to an informed view
- explore innovative and creative methodologies and approaches to ensure the process is inclusive
- where a preferred option is indicated by the Board, it must be clear that all responses to the consultation will be considered
- the consultation period should last for a minimum of three months.

7.2 NHS Greater Glasgow and Clyde indicated, through its consultation plan, that it would initiate a range of methods to consult with the public. Examples included:

- the main consultation paper was made available to the public on the Board's website. It was also shared directly with 32 contacts on the Board's Involving People database who had previously stated an interest in the subject matter.
- summary consultation leaflet that aimed to be succinct and easy-to-read. This made use of graphics and was distributed to community and voluntary groups, local faith groups, public libraries, housing associations, GP practices, community councils etc
- two public meetings – one held in the afternoon and one in the evening
- drop-in sessions and displays at health centres and local public venues e.g. Shandwick Shopping Centre, Glasgow Fort and Parkhead Forge
- Solus screens were used in 11 health centres and social work facilities in North Glasgow to inform people about the consultation (information was shown on an hourly basis)
- dedicated web pages, linked from the Board's home page.

7.3 NHS Greater Glasgow and Clyde stated in its summary consultation leaflet that the consultation period would run for three months from 30 August to 30 November, at the end of which it would assess the comments it received in relation to its preferred option, the other two identified options and any

alternative suggestions that may come forward as a result of the consultation. Feedback from the consultation will be taken into account at the Board meeting on 21 December 2010 when Board members are expected to make a decision on proposals for the future provision of inpatient rehabilitation services, and any resulting implications for outpatient clinics and the day hospital currently provided at Lightburn Hospital.

7.4 Public Partnership Forums

The guidance indicates that Public Partnership Forums can be used as a means to involve local people in the design and delivery of health services. NHS staff gave a presentation on the consultation for rehabilitation services at Lightburn Hospital to 13 members of the East Glasgow Public Partnership Forum on 31 August. As part of this, there was a discussion around access and transport. NHS staff responded to public perceptions on travel times and referred to the journey times given by Traveline – these suggested that no-one would have to travel for more than one and a half hours. Reference was also made to the Evening Visitor Transport Service, and Public Partnership Forum members were encouraged to take part in a working group to promote this service.

7.5 NHS staff attended a meeting of the North Glasgow Public Partnership Forum meeting on 28 October, which was attended by 12 members. They gave information on the consultation proposal and process for the transfer of rehabilitation beds from Lightburn Hospital to Stobhill and asked for people's views to be submitted by 30 November. There was a discussion on the re-balancing of assessment and rehabilitation beds and NHS staff gave the view that a more effective and efficient service will be provided to patients, for example more therapists available on site, better facilities.

7.6 NHS staff also gave a presentation on the consultation for rehabilitation services at Lightburn Hospital to 10 members of the East Dunbartonshire Public Partnership Forum on 9 November. The main issues raised were: transport, quality of care (e.g. consultant-led services) and discharge planning (with consideration of the possible impact on social care).

7.7 Partnership working

The guidance states that NHS Boards should also include involvement of and partnership working with wider stakeholders and other agencies. On the basis that discharge planning was identified by patients, carers and public representatives as a criterion for the option appraisal, NHS Greater Glasgow and Clyde should work in partnership with local authorities served by Lightburn Hospital. NHS staff have advised the Scottish Health Council that there should be no impact on social care on the basis that beds are being moved rather than reduced and that the consultation proposals have been discussed at its joint planning group with Glasgow City Council for Older People. We are also aware that the consultation was discussed at the East Glasgow Community Health and Care Partnership Committee on 4 October at which local authority staff were present.

7.8 NHS staff have advised us that meetings were held with two Community Reference Groups (attended by 28 people) and five Area Committees (attended by 67 people) in East Glasgow during October and November.

7.9 Patient support group

During the consultation, it was noted that NHS Greater Glasgow and Clyde had not previously advised the Parkinson's Lightburn Glasgow East Support Group of the engagement process and so members had not had the opportunity to participate in option development and appraisal – more than 330 patients with Parkinson's Disease attend the outpatient clinic at Lightburn Hospital each year. Whilst NHS staff arranged to meet with patients to discuss the proposals (this meeting took place on 4 November with 26 people in attendance), the group had already initiated a petition to 'Save Lightburn Hospital'. Petitions were

circulated to local venues including places of worship and local shops and it is understood that this petition was to be presented to the Chair of NHS Greater Glasgow and Clyde at the end of November and to the Cabinet Secretary for Health and Wellbeing.

7.10 Public meetings

NHS Greater Glasgow and Clyde hosted two public meetings – one in the afternoon of 18 October at which 15 people attended, and the other in the evening of 21 October at which six people attended. These public meetings were publicised using posters (in the local health centres, GP surgeries and Lightburn Hospital), in the summary leaflet and on the Board's website. Information on the public meetings was also included in the following newspapers: 'The Re-Gen', 'The Glaswegian', 'The Local News' and the Kirkintilloch, Bishopbriggs and Springburn Herald series. Discussions at the public meetings were recorded and audio recordings are available on the Board's website. The main issues raised by the public were: capacity for the relocation of rehabilitation services at Stobhill Hospital and the day hospital at a local health centre; lack of clarity around bed numbers; concern at the further loss of hospital care in East Glasgow and transport to Stobhill Hospital.

Public Meetings – What people told the Scottish Health Council about the process (nine questionnaires were sent out and three were completed and returned)

Two of the three people who responded indicated that they had received sufficient information and all three respondents felt that the information was written in plain language and easy to understand.

Two people did not think the public meetings had been well advertised. All respondents agreed that they had been offered support to take part in the meeting, that the venue was easy to access and they had the opportunity to ask questions.

None of the respondents felt that what was discussed at the meetings will influence the decision taken by the NHS Board or the Scottish Government.

7.11 Around 40 people attended a public meeting arranged by local Members of the Scottish Parliament (MSPs) on 5 October. NHS staff were present to provide an overview on the proposals for Lightburn Hospital and to respond to questions from the community. One of the speakers has been a patient at the

Parkinson's Clinic since 2003 and is a member of the Parkinson's Lightburn Glasgow East Support Group. He reflected on how the proposed changes may impact on patients and relatives. People raised concerns around the cost and time of additional travel to Stobhill Hospital and sought further clarity on the consultation process.

7.12 Drop-in sessions

During September to November NHS staff arranged seven drop in sessions located in shopping centres and health centres in North and East Glasgow and East Dunbartonshire. They also arranged four sessions at Lightburn Hospital during weekend visiting times. We are advised that NHS staff met with 319 people during these drop-in/outreach sessions. The main issues discussed were: lack of public transport to Stobhill Hospital from East Glasgow, concern that a local service was being lost and issues around the model and quality of care.

What people told the Scottish Health Council about the consultation process

Questionnaire (72 questionnaires sent to community groups; five completed and returned)

Three out of five respondents felt that they had received sufficient information on the Board's proposal and had opportunities to be involved in the process

None of the respondents felt that what was said or discussed will influence the final proposals presented to the NHS Board or the Scottish Government

Focus group (16 invitations were sent to community groups and individuals asking if they would like to take part in a focus group; two people attended i.e. one individual and one community representative)

The information provided at the public meetings was clear and people were given the opportunity to ask questions

People should have been involved earlier in the process

There was a view that the engagement period was not long enough and should not have been held over the Glasgow Fair and summer period.

More work should have been done around transport prior to the consultation.

Participants felt that whilst there were opportunities to get involved in the consultation, a decision had already been made. They therefore indicated that they believed NHS Greater Glasgow and Clyde is not listening to their views relating to this consultation.

7.13 Outpatient and day hospital services

During the consultation, NHS Greater Glasgow and Clyde stressed that it was exploring options for the relocation of outpatient and day hospital services currently provided at Lightburn Hospital, should a decision be approved for the transfer of rehabilitation beds to Stobhill Hospital. Following engagement with clinical and nursing staff and members of the public, NHS staff advised that the outcome of this work was shared with the Parkinson's Lightburn Glasgow East Support Group when they met on 4 November. NHS staff have given verbal confirmation that they also included this information in their engagement with people during drop-in sessions held in November (attended by a total of 52 people). On 22 November, NHS staff invited all participants who had been involved in the engagement and consultation process i.e. those who took part in the focus groups, option appraisal and public meetings, to a final session. Six people (individuals and community representatives) attended the meeting and were advised that the outcome of the engagement and review process was to deliver outpatient clinics from Glasgow Royal Infirmary and day hospital services from Glasgow Royal Infirmary and Easterhouse Health Centre. Furthermore, a press release was issued by NHS Greater Glasgow and Clyde on 29 November, which stated that the consultation process would be extended by two weeks (to 13 December) to ensure every opportunity is given for people to comment on the proposals – including specific proposals that have emerged during the consultation period for day hospital and outpatient services. The press release stated that it was anticipated that the conclusion of this engagement and the consultation would be used to inform a decision reached by the Board at its meeting in December. Updated information on specific proposals for the outpatient clinics and day hospital was made available on the Board's website and four drop-in sessions were arranged to take place at a shopping centre and health centres during this two week period.

7.14 Transport

The guidance states that NHS Boards should provide information about: the clinical, financial and other reasons for change; benefits that are expected to flow from the proposed change; and processes, such as carrying out a transport needs assessment, which will be put in place to assess the impact of the proposal.

7.15 During the course of engagement and consultation, transport has been identified as an area of concern by patients, carers and community representatives. NHS staff have stated that patients receiving rehabilitation will be transferred by the Patient Transport Service from another ward e.g. assessment, and therefore relocating the service to Stobhill Hospital will not affect their access to the service. However there will be an impact for their visitors who will need to travel additional distances during the patient's rehabilitation (normally 5-6 weeks)⁸. NHS staff have stressed during the consultation process, that their intention is to explore opportunities to keep the outpatient and day hospital services within the local area (the outcome of this work was reported to the Parkinson's group on 4 November and to members of the public through drop-in sessions and reported on the website on 29 November). Many of the patients who attend the day hospital use the Patient Transport Service. Patients who attend the outpatient clinics travel by public transport, taxi, Patient Transport Service or are driven to their appointment by a relative or friend.

7.16 On this basis, NHS staff identified four areas of work to be progressed during the consultation:

- Survey identifying modes of transport used by visitors, carers and relatives of inpatients at Lightburn Hospital
- Outpatient/day hospital patients' assessment of transport mode used in attending appointments
- Review of public transport from East End to Stobhill and Lightburn Hospitals from postcode areas within the catchment area
- Review of capacity of the Hospital Evening Visitor Transport Service to transport people from East Glasgow to Stobhill Hospital.

⁸ Full Consultation Document , Changes to inpatient rehabilitation services in East Glasgow and the possible closure of the Lightburn Hospital site, 30 August 2010

7.17 We have requested a copy of the NHS Board's transport needs assessment⁹, which should collate the information from this activity and demonstrate how findings have impacted on the proposals.

8. Quality assuring the consultation process

8.1 The guidance states that the Scottish Health Council is required to quality assure the consultation process as it develops and that Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon. The Scottish Health Council provided advice; support and feedback to the Board on issues and concerns raised during our assessment of the consultation process e.g. limited availability of consultation materials in some health centres in East Glasgow.

8.2 NHS staff responded to issues that were raised during the consultation process. Examples include:

- Additional dates for information and consultation sessions were added to the Board's website and an advertisement was placed in the local free newspaper 'Glasgow East Outlook' (winter 2010/11).
- NHS staff responded to our concerns that information materials were unavailable in some public places e.g. libraries, health centres, by encouraging people to display information and replenishing stocks of materials as appropriate.
- NHS staff acknowledged the 'Save Lightburn Hospital' petition (organised by the Parkinson's Lightburn Glasgow East Support Group) at public meetings but stressed the importance of people also responding to the Board on the proposals within the consultation paper.
- A paper was presented to the East Glasgow Community Health and Care Partnership Committee Meeting on 4 October that outlined the particular challenges with transport and parking if rehabilitation services are transferred from Lightburn Hospital to Stobhill Hospital. The paper referred

⁹ A draft transport needs assessment was received by the Scottish Health Council from NHS Greater Glasgow and Clyde on 3rd December 2010 (after the cut-off date for the completion of this report).

to a short-life Transport Group that has been set up in partnership with the Acute Directorate and East Glasgow Public Partnership Forum.

9. What are the next steps in complying with the guidance?

9.1 This Scottish Health Council report will be submitted to the NHS Greater Glasgow and Clyde Board meeting on 21 December 2010 where the Board will consider the outcome of the consultation. As outlined earlier in this report, concerns have included:

- Transport – difficulty in accessing Stobhill Hospital from East Glasgow, especially for visitors who may be elderly or have a disability.
- Equality and diversity impact assessment – NHS staff have not demonstrated how they have taken account of the findings of the equality and diversity impact assessment in relation to the service change proposal.
- Day hospital and outpatient services – NHS Board members need to consider the length of time and the level of engagement carried out in relation to these services and, should the preferred option (option 2) be agreed – what further work would be needed with the local community in decisions about the relocation of these services.
- Petition – NHS Board members should consider how they will respond to the concerns raised in the petition opposing the closure of Lightburn Hospital.

9.2 Following discussion, and if approval is sought for the transfer of inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital, NHS Greater Glasgow and Clyde will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In this submission, the Board should demonstrate how they have taken into account the suggestions and concerns raised during the consultation period and how these have been addressed in their decision.

9.3 Once a decision has been made, NHS staff should provide feedback to all people who took part in the process. This should inform them of the outcome of

the consultation and the final decision reached by the Board. It should also demonstrate how views were taken into account during the decision-making process and explain how people can be involved in the implementation of any changes.

9.4 In addition the Board should evaluate its informing, engaging and consulting processes, consider the impact they had on the service change and identify areas for improvement. This process should be designed to augment learning within the organisation, leading to continual improvement in future service change.

10. Learning points identified by Scottish Health Council

10.1 The Scottish Health Council acknowledges the work undertaken by NHS staff in conducting this engagement and consultation and the range of methods they have used to engage with people, especially in East Glasgow. We also note the work that has been done in providing people with information on transport links to Stobhill Hospital and the refreshed publicity around the Evening Visitor Transport Service.

10.2 As the NHS seeks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify learning points.

- It would have been helpful if the Scottish Health Council had been advised of the review of the services at an earlier stage in the process, for example a scoping exercise was carried out in June, but we were not notified about the review until 2 July. If we had been involved earlier, we could have provided advice and support on the Board's approach to engagement from the outset.
- NHS Boards should avoid, where possible, carrying out engagement or consultation on service change during the main holiday periods. This is because many groups break for a summer or winter recess and there may be some people who would like to participate in the process but are unable

to do so because they have not received the information or have made other plans.

- Efforts should be made, at all times, to ensure that information is balanced. For example at the East Glasgow Public Partnership Meeting on 27 July, NHS staff outlined the reasons for and benefits of change, but made minimal reference to adverse impacts. NHS staff did share subsequent consultation papers, summary leaflets and presentations with the Scottish Health Council for comment and took into account suggested changes. They also shared their consultation paper and summary leaflet with the people they had engaged with at their Feedback Session.
- During the engagement process, there was no reference to the review of rehabilitation services for older people in North and East Glasgow on the NHS Greater Glasgow and Clyde website. We believe that Boards should always include information about service change proposals on their websites during engagement processes, so that if people hear about a review and have not had the opportunity to be engaged, they are still able to access information and find out how they can get involved.
- Given the issues identified earlier in this report regarding the Board's option appraisal session, we would welcome the opportunity to work with NHS staff in evaluating this activity and identifying possible areas for development and improvement with regard to future exercises.
- Where a service change proposal includes the consolidation/relocation of a service, the Board should take reasonable steps to carry out a transport needs analysis. This can be helpful in addressing questions that people may have during the engagement and consultation process and can also be useful in supporting people in scoring exercises where transport is included as a relevant criterion during option appraisal. Option appraisal should be based on the information presented by the Board and not rely solely on people's experiences or local knowledge.
- NHS staff should consider the full range of potential stakeholders at the earliest possible stage in the review of services.
- Prior to the Board announcing its decision to extend its consultation period by two weeks, it would have been helpful if it had discussed its plans with

the Scottish Health Council. Whilst we welcome the Board's intention to provide information on its proposals for outpatient clinics and the day hospital, we acknowledge the practical challenges in engaging with people within tight timescales, during an extended period of inclement weather conditions and two to three weeks before Christmas. It is unclear whether the Board discussed its plans with public representatives to identify the most appropriate approach to its engagement.

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