

A report on NHS Greater Glasgow and Clyde's consultation on proposals for Rehabilitation Services for Older People in North East Glasgow

Executive Summary

June 2017



In August 2016, NHS Greater Glasgow and Clyde outlined plans to engage with the public on proposed changes to Rehabilitation Services for Older People in North East Glasgow. If approved, the proposals would result in the closure of Lightburn Hospital. Public engagement was undertaken from September 2016 to December 2016 and public consultation took place from 8th February 2017 to 8th May 2017.

This proposal follows a previous consultation carried out by NHS Greater Glasgow and Clyde in 2010 to move inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital and the subsequent closure of Lightburn Hospital. The proposal, at that time, was not approved by the Cabinet Secretary for Health and Wellbeing.

In recent years there has been a move to providing more care in the community, supported through the integration of health and social care services. This creates a complex picture for the public with many change proposals now including an element of joint accountability between NHS Boards and Integration Authorities.

This report sets out the Scottish Health Council's assessment of the engagement and consultation process against Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.¹

Based on the evidence outlined in this report, the Scottish Health Council confirms that the process undertaken by NHS Greater Glasgow and Clyde **has met** the national guidance outlined by the Scottish Government.

Through our quality assurance we have found that while some people do not support the proposal, they have acknowledged NHS Greater Glasgow and Clyde's efforts to explain the proposed model of care and respond to questions.

This process has been led by NHS Greater Glasgow and Clyde. However, it is clear from the questions some people raised that a level of concern remains around the future sustainability of the proposed model. The response to these queries will need input from Health and Social Care Partnerships should the proposals be approved.

The main concerns raised by people related to:

- challenges in public transport and access
- sufficient service capacity to meet people's needs
- potential adverse impact on quality and continuity of care, especially for people with Parkinson's Disease, and
- financial matters, with some comments describing proposed changes as "cost-cutting".

We recognise NHS Greater Glasgow and Clyde has developed its proposals and approach during engagement and consultation. Examples include the following.

- Prior to and during engagement the public focus was on perceived cuts to local services. The NHS Board has aimed to address some of the concerns raised during engagement, which has allowed the consultation to explore further the proposed service and patient pathways.
- The proposals continued to evolve following the initial proposal presented in the local delivery plan in June 2016. Examples of this are the proposal to provide rehabilitation inpatient beds at

¹ Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

Stobhill Hospital rather than Gartnavel General Hospital and for the Movement Disorder Clinic being provided at an acute hospital site rather than a local facility in East Glasgow (Stobhill Hospital scored highest in the option appraisal).

- Experiences from earlier engagement e.g. venues, format of public events and information was taken into account to inform the planning for consultation. Participants also recognised this.

Some stakeholders, including East Glasgow Parkinson's Support Group, are opposed to the proposals and elements of the process, and this was raised in discussion with the Scottish Health Council. NHS Greater Glasgow and Clyde informed the Scottish Health Council that it offered to meet the group to discuss the proposed changes but that the group declined to meet the NHS Board team. The group submitted a formal response to the consultation which highlighted transport and a reduction in access to healthcare as their primary concerns. They also noted that if a decision is taken to close Lightburn Hospital then they would consider Glasgow Royal Infirmary to be more accessible than Stobhill Hospital.

Some locally elected representatives, including the Member of the Scottish Parliament for Provan, have also encouraged people to participate in the engagement and consultation and have campaigned against the proposal to close Lightburn Hospital.

We have made recommendations to respond to points raised during the consultation and to inform decision-making, communication of any decision and next steps. We also identify areas of good practice and learning points from this engagement and consultation.

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