

Major Service Change

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

June 2017



Acknowledgements

The Scottish Health Council would like to thank members of the public, patients, local communities and groups for taking the time to provide us with their feedback and views on the engagement and consultation process.

We would also like to thank NHS Greater Glasgow and Clyde for the assistance they provided to us in reviewing the involvement process.

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Contents

Who we are 4

1. Executive Summary 5

2. Quality assurance: what we look for..... 7

3. Introduction 8

4. Background 9

5. Our findings.....11

6. Conclusions and recommendations19

7. Areas of good practice and learning points21

8. Next steps22

Who we are

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each NHS Board area) and a national office in Glasgow. The Scottish Health Council, which is part of Healthcare Improvement Scotland, is a key partner in the delivery of Our Voice¹, to support those people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to continuously improve and transform services.

When NHS Boards are considering changes to services they are required to involve people in that process. The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'², outlines the process NHS Boards should follow to involve people in decisions about local services.

The Scottish Health Council works with NHS Boards and communities across Scotland, to improve public involvement in service change. When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reports on whether the process has been in line with the guidance. For those changes that are not deemed to be 'major' the Scottish Health Council provides advice to support the NHS Board in developing consistent, proportionate and robust engagement in line with guidance.

¹ <https://www.ourvoice.scot/our-voice>

² 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

1. Executive Summary

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'.³

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.

³ 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

- 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 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.

2. Quality assurance: what we look for

Scottish Government guidance, *Informing, Engaging and Consulting People in Developing Health and Community Care Services*⁴, outlines the process NHS Boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services. The main steps in the guidance we check against are:

<p>Planning</p> 	<p>To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of, and partnership working with, stakeholders and other agencies.</p> <p>As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan which details how the engagement process will be carried out.</p>
<p>Informing</p> 	<p>The people and communities who may be affected by a proposed service development or change should be given information about the:</p> <ul style="list-style-type: none"> • clinical, financial and other reasons why change is needed • benefits that are expected to flow from the proposed change, and • processes, which will be put in place to assess the impact of the proposal.
<p>Engaging</p> 	<p>NHS Boards should develop options through a process that is open, transparent and accessible, delivered within available resources, and in which potentially affected people and communities are proactively engaged.</p>
<p>Consulting</p> 	<p>When an NHS Board consults on a major service change, it should:</p> <ul style="list-style-type: none"> • 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 • ensure the consultation lasts for a minimum of three months, and • where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward.
<p>Feedback and decision making</p> 	<p>The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process and Boards should provide feedback to the stakeholders who took part in a consultation to:</p> <ul style="list-style-type: none"> • inform them of the outcome of the consultation process and the final agreed development or change • provide a full and open explanation of how views were taken into account in arriving at the final decision, and • provide reasons for not accepting any widely expressed views, and • outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.

⁴ 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

3. Introduction

This report relates to NHS Greater Glasgow and Clyde's process for engaging with and consulting people on its proposal to change Rehabilitation Services for Older People in North East Glasgow/Lightburn Hospital. It sets out the Scottish Health Council's assessment of that process against Scottish Government guidance. Public engagement was undertaken from September 2016 to December 2016 and public consultation took place from 8th February 2017 to 8th May 2017.

Current service

When an older person requires acute hospital admission in North East Glasgow, they are currently admitted to Glasgow Royal Infirmary where they will be assessed and treated. Most people are then discharged home after a period of acute care. Patients mainly come from across the North East Glasgow locality and East Dunbartonshire. Some patients may need a period of rehabilitation before they can return home or into the community.

Inpatient rehabilitation care for older people in North East Glasgow is given at Lightburn in East Glasgow and Stobhill Hospital in North Glasgow.

Older people who need orthopaedic rehabilitation go to Gartnavel General and those recovering from stroke go to Stobhill Hospital.

The day hospital and outpatient clinics at Lightburn are for patients from East Glasgow.⁵

Services provided at Lightburn hospital (figures in brackets refer to activity in 2015/16)⁶:

- 56 inpatient beds (714 admissions)
- Day hospital (436 new patients/3787 attendances)
- 3 consultant led clinics and one nurse led clinic each week and one fortnightly clinic (417 new patients/1084 attendances)
- Monthly Parkinson's support group meeting

Proposed change

- All acute inpatient rehabilitation beds for older people in North East Glasgow would be provided from the current bed complement at Stobhill Hospital (there would be no increase in the number of beds at Stobhill Hospital).
- Community rehabilitation would be provided in intermediate care beds in the community and in people's own homes.
- The day hospital service and outpatient clinics (including the multi-disciplinary Movement Disorder Clinic) would move to Stobhill Hospital.
- A local meeting space would be arranged for the Parkinson's support group.
- New health and care pathways at home or in a homely setting would be developed.

Lightburn Hospital would close if proposals were approved but no timescales have been stated.

⁵ <http://www.nhs.gov.uk/media/240941/ne-rehabilitation-consultation-document-feb-2017.pdf>

⁶ NHS Greater Glasgow and Clyde, August 2016 Board paper, 'Proposed Approach to Engagement on Service Changes', http://www.nhs.gov.uk/media/238754/nhs.gov.uk_board_paper_16-45.pdf

4. Background

In autumn 2010 NHS Greater Glasgow and Clyde consulted on proposals to move inpatient rehabilitation services for older people from Lightburn Hospital to Stobhill Hospital, and the subsequent closure of Lightburn Hospital. The Cabinet Secretary for Health and Wellbeing, at that time, did not approve the NHS Board's proposal, stating "It is my view that local people's interests are best served by maintaining Lightburn Hospital and its healthcare services."⁷

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 is articulated in 'A National Clinical Strategy for Scotland', which outlines a need to "shift the balance of care from acute hospital services to comprehensive and responsive primary, community and social care services".⁸

With the drive to provide more community-based care, many change proposals in Scotland will include an element of re-provision of NHS resources or hospital-based services and span NHS and Integration Authority governance structures.

The emerging landscape can provide a complex picture for the public with many change proposals now including an element of joint accountability between NHS Boards and Integration Authorities. One of the key elements for the community in this proposal is the need for clarity on the re-provision of care within the community, a responsibility that will be the Integration Authorities rather than NHS Greater Glasgow and Clyde.

In early 2016 it was widely reported that NHS Greater Glasgow and Clyde was considering significant changes to services. These were reported in the media through "a leaked paper outlining £60m of possible cuts"⁹ and included proposed changes to rehabilitation services for older people in North East Glasgow as one of the services identified. In response to this the Chair of NHS Greater Glasgow and Clyde stated that "none of the contents [of the paper] have been approved by the Board or referred to the Scottish Government for consideration".¹⁰

"Hospital closure and job cuts planned as health board battles to save £60million"
Evening Times, 14 January 2016

In June 2016, NHS Greater Glasgow and Clyde considered a draft Local Delivery Plan¹¹ at its Board meeting. This included an initial proposal to transfer inpatient rehabilitation services for older people from Lightburn Hospital to Gartnavel General Hospital, with outpatient services being delivered in East Glasgow. It was agreed that plans for patient and public engagement would be submitted to the August 2016 Board meeting.

⁷ BBC, Minister saves closure-threatened Lightburn Hospital, 19 December 2011, <http://www.bbc.co.uk/news/mobile/uk-scotland-glasgow-west-16244811>

⁸ A National Clinical Strategy for Scotland, Scottish Government, February 2016, <http://www.gov.scot/Resource/0049/00494144.pdf>

⁹ <http://www.bbc.co.uk/news/uk-scotland-glasgow-west-35325639>

¹⁰ <http://www.nhsggc.org.uk/about-us/media-centre/news/2016/001/chairmans-statement/>

¹¹ http://www.nhsggc.org.uk/media/238233/nhsggc_board_paper_16-34.pdf

The August Board¹² paper, which outlined an engagement approach, states proposals for rehabilitation services for older people in North East Glasgow were “developed with the multi-disciplinary teams of consultants, nurses and allied health professionals delivering the current services” to improve clinical care for patients. However, the focus in most media articles in 2016 refers to perceived cuts and the loss of local health services.

“Campaigners fears over Lightburn hospital closure ‘loophole’”
Evening Times, 19 August 2016

The guidance on service change, and in particular the criteria for major service change, was also subject to scrutiny by Scottish Parliament. On 26th September 2016 a debate¹³ was held in the Scottish Parliament to discuss a number of local NHS services, including the proposals for Lightburn Hospital.

¹² http://www.nhsggc.org.uk/media/238754/nhsggc_board_paper_16-45.pdf

¹³ <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10545&mode=pdf>

5. Our findings

This section outlines what NHS Greater Glasgow and Clyde did to meet the guidance. This was assessed through various methods including evidence we have gathered, what we have heard and seen, and what people have told us.

Planning, Informing and Engaging

NHS Greater Glasgow and Clyde met on a regular basis with the Scottish Health Council since July 2016 to discuss its informing and engaging activities. We have provided advice and feedback. This has included:

- giving our view on the impact of change in our letter of 8th December 2016, together with recommendations, and
- a feedback report on engagement dated 21st February 2017. This summarised the main points raised from September to December 2016.

Our recommendation to NHS Greater Glasgow and Clyde in December 2016	What NHS Greater Glasgow and Clyde has done:
<p>Ensure that any negative outcomes of the Equalities Impact Assessment are addressed and mitigated.</p>	<p>The equality impact assessment indicated that some people would have an additional distance to travel to access services. A review of transport was undertaken with journey times from each major postcode in the North East and North West and East Dunbartonshire catchment area. NHS Greater Glasgow and Clyde aims to mitigate the additional travel time for some patients in the way they deliver the proposed service model. This includes doing more during appointments to reduce the need for multiple visits. Additional requirements were also identified to adequately support people from the following protected characteristic/equalities groups: transgender, sexual orientation, faith and belief, as well as for people whose first language is not English. An action plan for these requirements, which include staff training and translating information, should be developed if this proposal is approved.</p>
<p>Review the feedback it has received through its engagement activity and ensures that this informs the development of its consultation materials and approach.</p>	<p>Feedback from the engagement activity indicated that some people were unclear on the models of care and pathway proposed. This has been addressed using a range of approaches, including short films and illustrative diagrams. People also wanted more information on transport and means testing and the NHS Board has taken steps to address these points.</p>
<p>Demonstrate joint working with the health and social care partnerships to provide assurance around quality of care and sustainability of proposed new</p>	<p>Joint working has been demonstrated in having health and social care staff on the stakeholder reference group and responding to queries around the proposed models of care. Information</p>

models of care.	provided on NHS Greater Glasgow and Clyde's website.
Provide further clarity and opportunities for local rehabilitation services on the Parkhead hub as this information becomes available.	NHS Greater Glasgow and Clyde's website has provided updated information on the Parkhead hub. Included is a leaflet that highlights the services that are likely to be delivered – this includes rehabilitation and enablement services. There was an information station for the Parkhead hub at the public consultation event.
If this service change proposal is deemed to be major, guidance requires that the development and appraisal of options is 'consistent with the fundamental approach outlined in HM Treasury guidance – The Green Book'.	<p>The Scottish Government confirmed that this proposal was a major service change in December 2016.</p> <p>The development of a long list of options and criteria to test these against were discussed at two public engagement events in November 2016.</p> <p>At the December Stakeholder Reference Group, members considered the long list of options and the benefits criteria, which included non-financial benefits criteria.</p> <p>An option appraisal, which considered each option against benefits criteria, was undertaken in January 2017.</p>

Engagement – Option appraisal

NHS Greater Glasgow and Clyde carried out option development and appraisal over two stages.

At the public engagement events on 2nd November 2016, NHS Greater Glasgow and Clyde presented a list of possible options for inpatient rehabilitation, outpatient clinics and the day hospital. They also suggested elements of the service they felt were most important to test the options against. They asked people to let them know if there were any other options that they hadn't thought about or anything else about the service people felt was important. The presentation used by NHS Greater Glasgow and Clyde is available on its website.¹⁴

Approximately 30 patient and public representatives took part in these sessions and we sought their feedback. We received 8 completed responses and this is summarised in the table below.

¹⁴ <http://www.nhsggc.org.uk/media/239768/ne-rehab-public-event-proposal-and-options-presentation-final-02-nov-2016.pdf>

Of the 8 responses we received:

- 6 people felt they had a strong or some influence over agreeing the most important criteria for the service
- 7 people felt they had a strong or some influence in suggesting alternative options that may be considered
- 5 felt they had been given opportunity to explore the options against the criteria, and
- 3 people felt they had some influence over the proposals.

The stakeholder reference group considered the outcome of the event at its meeting on 17th November and agreed the options to be taken forward for appraisal and scoring.

The stakeholder reference group met on 26th January and agreed the shortlist of options. Fourteen people participated in this session, including five patient and public representatives. The shortlist included a new option for inpatient intermediate rehabilitation that had been suggested during public engagement i.e. rehabilitation beds at Lightburn Hospital. Options were examined against the agreed criteria and participants reached a consensus score on the options that were then presented for consultation.

The Scottish Health Council was in attendance at the option appraisal and noted that public representatives were actively encouraged to ask questions and contribute to the discussion. We noted that financial considerations and risk were not applied to the options. NHS officers advised this was because the proposal is being driven by clinical considerations and it is anticipated the new model of care will release funds.

Proposed rehabilitation pathways will be partly funded through the Health and Social Care Partnership's recurring budget (for this report this refers to Glasgow City and East Dunbartonshire Health and Social Care Partnerships).

The report of the option appraisal session was agreed by the stakeholder reference group and published on NHS Greater Glasgow and Clyde's website¹⁵ prior to the launch of consultation.

Consultation

As part of our quality assurance we checked if NHS Greater Glasgow and Clyde was giving people enough information, in plain language, about the proposed changes. We also wanted to know if people who were interested in the proposals had the chance to discuss it and provide their views and comments.

What we did

- Reviewed NHS Greater Glasgow and Clyde's consultation plan
- Reviewed the consultation material to see if it met guidance requirements and made suggestions based on good practice
- Attended the three stakeholder reference group meetings during the consultation stage, to observe how patients and public representatives were informing the process, and how these points were taken on board by NHS Greater Glasgow and Clyde

¹⁵ <http://www.nhsggc.org.uk/media/240923/ne-rehab-and-lightburn-options-appraisal-report-final-06-feb-2017.pdf>

- Attended the public consultation event on 29th March (six one hour sessions, supported by information ‘stations’ with NHS and Health and Social Care Partnership staff available to discuss specific areas of the proposal)
- Checked for consultation materials, for example posters and leaflets in a sample of local health and public library settings
- Reviewed social media and local press coverage for discussions, articles or issues raised
- Distributed our questionnaire to:
 - 38 participants at the public engagement events on 29th March 2017 and 17 attendees at the Baillieston Community Council meeting on 19th April 2017
 - 38 community councils
 - 66 elected representatives
 - 120 local community groups, housing associations, faith communities and lunch clubs
 - East Dunbartonshire Seniors Forum (following NHS Greater Glasgow and Clyde’s presentation).
- Met with the East Glasgow Parkinson’s Support Group.

Our survey questionnaire was also promoted on Twitter. Questionnaires could be completed online, emailed, sent to a Freepost address or handed to us at meetings.

What we found

- Generally we found NHS Greater Glasgow and Clyde’s consultation plan included a range of methods for effectively engaging with patients, carers and the public on the proposed changes.
- NHS Greater Glasgow and Clyde used some of the feedback it received from the stakeholder reference group and its engagement to help identify points that could be further developed during consultation, for example means-testing and explaining the different pathways of care. To support openness and transparency, NHS Greater Glasgow and Clyde regularly published information on its webpage throughout the process.
- NHS Greater Glasgow and Clyde’s travel analysis shows that the majority of those accessing services came either by car or ambulance/patient transport. The analysis also highlighted that for those relying on public transport from the North East catchment areas would have an increased public transport time from 33 minutes to 62 minutes if requiring to access Stobhill as opposed to Lightburn. It highlights a slight decrease in public transport travel time from 33 minutes to 31 minutes if requiring access to Glasgow Royal Infirmary. NHS Greater Glasgow and Clyde used internet-based mapping software to calculate road travel times and the Strathclyde Partnership for Transport travel planner for public transport travel times.
- The summary statements for public transport and car travel times do not appear to take into account the number of people who may be impacted from each of the Health and Social Care Partnership areas. NHS Greater Glasgow and Clyde published its travel analysis on its website and there was a dedicated information station at the public consultation events where people could review the data. Through our quality assurance, patient and public representatives have identified further areas to be considered as part of the travel analysis.
- NHS Greater Glasgow and Clyde informed us that all health facilities and public libraries in the catchment area were sent posters but not all were displayed. We checked a

sample of ten health facilities and seven public libraries in the catchment area to see if the consultation posters or leaflets were displayed or if there was information on the solus screens. We found that more than half of these facilities (seven health facilities and five libraries) had information publicly available.

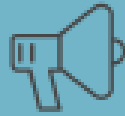
- The local press, for example Glasgow Evening Times and The Herald, covered the consultation launch, public events and how people could give their views. Themes reported on were the challenging financial context, poor public transport links and queries on sustaining and improving level of care for older people and sufficient inpatient capacity. The Member of the Scottish Parliament for Provan’s response to the consultation was also featured in the Glasgow Evening Times under the headline “Health Board have failed all necessary tests to shut Lightburn Hospital says city MSP.”¹⁶ Two adverts detailing the public consultation and events were placed in the Glasgow Evening Times.
- We are aware of a small number of individuals and local voluntary and community groups using social media to share information on the proposed changes, for example Carers Link and community councils for Calton, Cranhill and Dennistoun.
- We observed 52 people in attendance at the public consultation event on 29th March. The feedback on NHS Greater Glasgow and Clyde’s ‘graffiti wall’ and comments made after the sessions, suggested that most people were generally satisfied with the opportunity to discuss the proposal and ask questions.

A summary of the points we noted during and following the discussions at the public consultation events were:

Process	Some people observed that the consultation event compared favourably in format and approach to the engagement events held in November 2016.
Transport	<p>People highlighted that public transport from East Glasgow to Stobhill is difficult, time consuming and costly.</p> <p>There were queries around whether there would be any impact on the service provided by the Scottish Ambulance Service if rehabilitation services and clinics moved to Stobhill (the Scottish Ambulance Service has a station adjacent to the Lightburn site).</p>
Clarity on the types of care	People asked for more information to enable them to understand the different types of care, for example acute, intermediate, rehabilitation in peoples’ homes.
Services for people with Parkinson’s Disease	<p>There was concern that changes may impact on quality and continuity of care.</p> <p>People also asked for clarity on where the outpatient clinics will be provided under this proposal.</p>
Capacity and bed	It was noted there are no plans to provide additional rehabilitation beds

¹⁶ Glasgow Evening Times, 10 May 2017, http://www.eveningtimes.co.uk/news/15274977.Health_Board_have_failed_all_necessary_tests_to_shut_Lightburn_hospital_says_city_MSP/?ref=rss

modelling	at Stobhill Hospital if Lightburn Hospital closes. There was some concern there may not be sufficient beds to meet patients' needs in the future.
Staffing	Some people queried who would be responsible for providing patients' personal care in the intermediate care setting, i.e. NHS or care staff. People referred to challenges in recruiting sufficient staff to provide rehabilitation care in the community.
Financial implications	At most sessions, people asked for clarity on the mechanism for charging for intermediate rehabilitation care if provided in a care home and some asked about other potential implications e.g. tenancy arrangements (what happens to their own home during this time). There was query on whether the new model was financially sustainable.
Location and perception of care homes	People asked for an assurance that care homes will be local and asked if these had been identified yet.
Public perception of care homes	People acknowledged the need to change the public perception of care homes, which some may view as synonymous to a permanent loss of independence and functionality.



What people told us...

35

Responses to our survey questionnaire

90%

of respondents were patient and public representatives

3

top ways people participated in the consultation

1. Attended a consultation event
2. Read the consultation leaflet
3. Read newspaper articles



90%

said the information was easy to understand



100%

of the people felt their views were listened to



81%

felt the reasons for change were clear



95%

of people felt they had the opportunity to ask questions



100%

felt they had the opportunity to give their views



93%

felt their questions were answered



80%

understand how a decision will be taken

*see Appendix three for collated responses

'I had access to all the officials, they were there in force and were helpful'

'Helpful to have 'stations' and experts to chat to'

'There is no confidence these are proposed changes- it is viewed as a decision made and this is a technicality of an exercise'

'Clear presentation, slides, handout. Raised questions'

'Would have been helpful to spend more time covering the drivers for change- presentation was mostly what is happening'

Discussion Groups and Feedback

We had structured discussions with seven people who had been actively engaged in the process, either individually or through the stakeholder reference group.

Most people felt the consultation information was clear and easy to understand. They commented that the right NHS and partner agency staff were present at the public consultation event to provide any clarity needed on the different aspects of the proposal. All spoke positively of the format for these events and felt staff were approachable.

"Felt there was no hidden agenda. It was very open and very transparent."

Member of the public

"Information was delivered in a more approachable and conducive manner. Didn't change my mind but more questions were attempted to be answered."

Community Council member

We asked participants if they could identify areas for improvement in the process. They suggested the following points.

- There was a lack of clarity around some aspects of intermediate care and what would happen if the model doesn't work.
- Further engagement will be needed to reassure people that the aim of intermediate care is to get you back home quicker.
- NHS Greater Glasgow and Clyde referenced pilots the proposed model is based on. Information and the outcomes from these pilots should be shared with members of the public to inform discussions.
- Consider the specific transport and travel needs of people with Parkinson's disease and reduced mobility and suggest possible solutions.
- More publicity on the proposal, for example in supermarkets, pensioners' clubs, lunch clubs.

East Glasgow Parkinson's Support Group/Save Lightburn Campaign Group

We met with members of the East Glasgow Parkinson's Support Group on 17 May 2017 to hear their views on NHS Greater Glasgow and Clyde's engagement and consultation. Members of the group also form the 'Save Lightburn Campaign' group.

Members expressed the view that the engagement and consultation had lacked transparency and impartiality at the outset referring to the media reporting of financial savings in January 2016. This had led to members losing trust in NHS Greater Glasgow and Clyde's process and a feeling of not being listened to. On this basis, they took the decision as a group, not to attend the public consultation events or drop-in sessions.

"Feel the Board has made up its mind"

Member of East Glasgow Parkinson's Support Group

6. Conclusions and recommendations

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.

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”.

“Information on Costing of the proposals would have been helpful”.
Member of the public

“Still unclear around intermediate care aspects of the proposal and the consequences if this doesn’t work.”
Member of the stakeholder reference group

“Very helpful. I didn’t quite understand the way that people would be treated. This made sense!”
Member of the public (in reference to proposed model of care)

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.

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 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).

- NHS Greater Glasgow and Clyde reviewed and revised its methods of engagement taking into account experiences from earlier engagement e.g. venues, format of public events and information. This was acknowledged positively by most participants.

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 consultation and have campaigned against the proposal to close Lightburn Hospital.

Recommendations

We have made the following recommendations to respond to points raised during the consultation and to inform decision-making, communication of any decision and next steps.

- Public transport across NHS Greater Glasgow and Clyde area can be challenging particularly for some localities. As the NHS Board seeks to transform its acute services, it should consider ways in which this challenge can be addressed to support patients and visitors access to services.
- Feedback highlighted that the transport analysis could take additional aspects into account. Further analysis should recognise challenges for people with mobility issues and reflect the catchment area for outpatient services currently provided at Lightburn.
- The outcome of the Public Health Review should be taken into account in the decision-making process.
- Further engagement and promotion is needed to respond to current perceptions around care homes and provide assurance that these are being used to support people in returning to their own homes and communities.
- During the consultation, NHS staff referenced pilots that the current model of care is based on. NHS Greater Glasgow and Clyde should provide evidence on the outcomes and learning of these pilots to provide assurance on the proposed model.
- NHS Greater Glasgow and Clyde should ensure that it addresses points raised and feedback received in submissions to the consultation and where applicable to the individuals providing feedback.

If NHS Greater Glasgow and Clyde approves these proposals we have outlined, in section 8 Next Steps, issues that emerged during the consultation that should be addressed by NHS Greater Glasgow and Clyde and Health and Social Care Partnerships.

7. Areas of good practice and learning points

We identified the following areas of good practice and learning points from this engagement and consultation.

Areas of good practice identified by the Scottish Health Council

- NHS Greater Glasgow and Clyde responded to the feedback it received from its engagement to inform its approach and some of the information it provided during consultation. This was positively acknowledged by participants.
- Three short films and an illustrative diagram were developed with members of the stakeholder reference group to explain more fully the proposed model of rehabilitation. This was promoted through social media and used at the public consultation events.
- During engagement, concerns were raised that the closure of Lightburn Hospital may have a negative impact on an area of deprivation. A review has been commissioned by the Public Health Directorate to assess the impact of change and in particular the closure of Lightburn Hospital on health inequalities in the local area. The scope of the assessment will focus on future employment opportunities in the area and the local economy with wider determinants of health and wellbeing also taken into account.
- People evaluated the public consultation events positively and valued the attendance and contribution of NHS Greater Glasgow and Clyde, the Health and Social Care Partnership and Scottish Ambulance Service staff.
- There were examples of where NHS Greater Glasgow and Clyde progressed learning points from previous consultation activities – these included identifying a neutral chair for the public consultation events and the Scottish Ambulance Service’s attendance at the meetings to discuss patient transport.

Learning points identified by the Scottish Health Council for future processes

The learning points to emerge from this process should be taken into account by NHS Greater Glasgow and Clyde for future change proposals. These include the following:

- Consideration should be given on how NHS Greater Glasgow and Clyde can develop further its relationship and dialogue with local communities to discuss health and care matters.
- NHS Greater Glasgow and Clyde noted that the model of care for older people’s rehabilitation services was developed by multi-disciplinary teams of consultants, nurses and allied health professionals. Guidance considers that the voice of patients, carers and the public is heard from the outset to inform service review.
- When a new model of care is being proposed based on a ‘pilot’ the NHS Board should be prepared to describe the outcomes and any learning points. This enables people to come to a more informed view on proposed change.
- Some people said they hadn’t received responses to specific issues raised in their submissions to the engagement process. The NHS Board should ensure that it responds to points made within submissions and where this is not possible then an explanation should be given on why this is the case.

8. Next steps

This report has been shared with NHS Greater Glasgow and Clyde and is due to be considered at its Board meeting on 15 June 2017. The Board will take into account what people have said during the consultation. It is important that the Board can evidence how this process, and the views of local communities, have informed any decision or next steps.

If the Board agrees to proceed with its proposal, it should submit a copy of this report with its proposal to the Scottish Government. Proposals that meet the threshold for major service change need to be approved by the Cabinet Secretary for Health and Wellbeing before they can proceed to implementation.

Issues that emerged and should be addressed by NHS Greater Glasgow and Clyde and Health and Social Care Partnerships if the proposals are approved are:

- We are aware implementation of key aspects of this proposal will become the responsibility of the Health and Social Care Partnerships if they move forward. Some people have queried the sustainability of the proposed model of care. It will be important to identify which organisations are responsible for providing the assurances sought by the public during this process.
- People acknowledged the excellent care and support provided by the Parkinson's service at Lightburn Hospital. We recommend that East Glasgow Parkinson's Support Group, patients of the service and their carers are actively involved in developing plans and the implementation of this proposal should it be approved.
- If proposals move forward, a significant focus will be on the services commissioned from the private and third sector. As this will become the responsibility of the Health and Social Care Partnerships, they should consider how these arrangements can ensure transparency for the public and identify where there are opportunities for engagement with people who may be affected by decisions.
- Proposals for outpatients aim to mitigate negative impact of any longer travel times by providing more services in one visit, thus reducing the need for multiple visits. NHS Greater Glasgow and Clyde should ensure monitoring and evaluation with patients and their carers is embedded as the approach evolves.
- The additional activities identified through the equality impact assessment, for example staff training, should be progressed by an identified lead within clear timescales as appropriate.

After a decision has been taken

It will be important for NHS Greater Glasgow and Clyde to publically communicate and feedback to those involved any decisions or next steps. Along with the Health and Social Care Partnerships it should also outline opportunities for further involvement.

As NHS Greater Glasgow and Clyde moves to the next stage in the process, it should consider the feedback it has received in terms of improvements in its engagement and consultation. This should also be shared with the Health and Social Care Partnerships to support consistency, and to address the relevant areas highlighted.

In line with guidance, NHS Greater Glasgow and Clyde should evaluate its informing, engaging and consulting activities and consider the impact they had on the service change and lessons learned to inform future involvement work.

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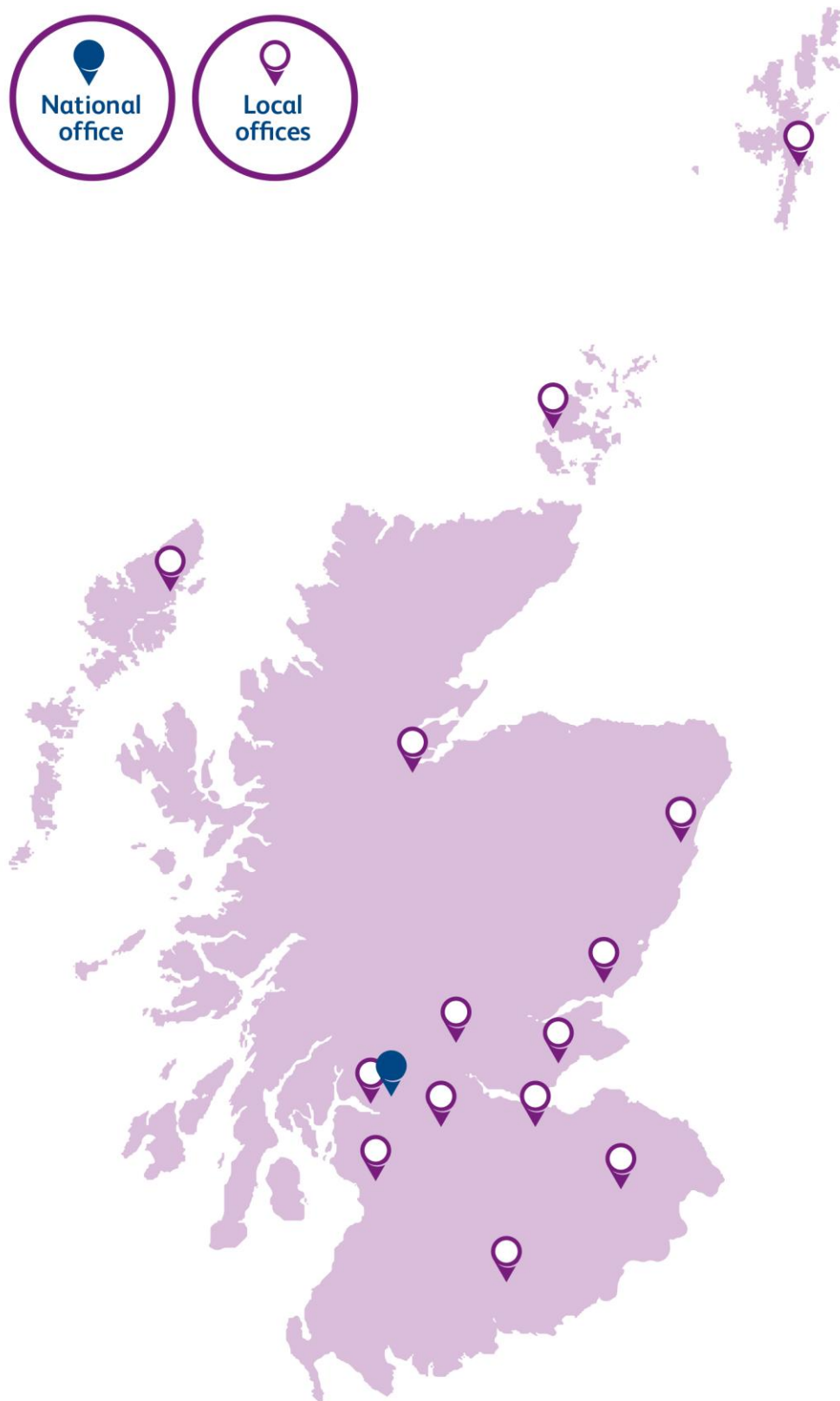
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