NHS
Argyll
& Clyde

Shaping the Future

The Clinical Strategy for NHS Argyll & Clyde

Paper for Public Consultation
Summary

14 June - 17 September 2004

Summary

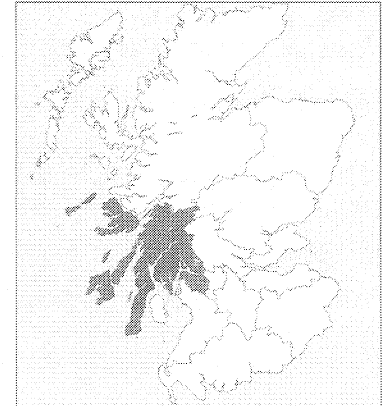
NHS Argyll & Clyde

summary

We are consulting on plans for future health services in Argyll and Clyde

Since October 2003 we have been talking with people across Argyll and Clyde to hear their views about the development of health services in the area. A number of principles to shape the future design of services emerged from our discussions. Services should be safe, sustainable and continuously improving in their quality and the standards of care. They should be accessible to patients and should be designed and run to deliver seamless care to patients. The services should be affordable within the budget given to NHS Argyll & Clyde and the changes that need to be made to achieve all the above must be achieved in a timely way.

We are already experiencing difficulties in sustaining services in some areas and face a number of pressures that will increase these difficulties. We cannot continue as we are now. Instead we need to plan ahead in a way that avoids sudden or unpredictable service failures, and that builds sustainable health services to meet the needs of our population both now and into the future. To do this we are proposing major change to services across Argyll and Clyde.



NHS Argyll & Clyde provides health services for an area of western Scotland stretching from Paisley and Inverclyde to Oban, and from Coll and Tiree to Dumbarton

The Need for Change

We need to change for many reasons:

Changes in the population in Argyll and Clyde

- there will be fewer children and young people
- there will be more older people
- overall the population is reducing (by 5% over 15 years)

We must make sure that our services develop to meet the specific requirements of our changing population. If we do not, then patients will not receive the services they need.

Addressing health needs

People's health in Argyll & Clyde is improving in many ways but is still poor compared to most other Western European countries. Within Scotland, Argyll and Clyde is one of the areas where people are likely to die younger and suffer poor health at a young age. The health services that we provide must meet the changing health needs of the people of Argyll and Clyde.

Changing clinical practice

Clinical practice is how healthcare professionals treat patients. What might have been best clinical practice in the past is unlikely to be the best that we can do today. Improved understanding of illnesses, better ways of finding out what is wrong with a patient and a greater range of treatments allow us to provide higher quality care today than ever before. Our services must change to allow us to make the most of these advances.

high quality care

There are many more opportunities in Argyll and Clyde for treatment and care to be given in people's homes or in local communities rather than being admitted for long term care to an institutional setting like a hospital.

Fewer hospital doctors are now trained to deal with a wide range of problems. Instead, they now specialise in treating a smaller number of conditions. Such specialisation produces more skilled and experienced staff with improved results for patients. However, this often requires services to be brought together in one place to enable essential skills to be shared and maintained.

A changing workforce

In Scotland we are, along with the rest of the UK, facing overall shortages of clinical staff and serious shortages in some areas including radiology, pathology and psychiatry. Unfilled posts disrupt services and increase waiting times.

Changes in medical training and practice sometimes make it difficult to attract and keep staff to provide certain services. Retaining good local access to services and maintaining quality may involve local clinicians working more closely with specialists from other hospitals to continue to provide services, but in a different way.

The impact of employment legislation

The European Working Time Directive places an obligation on employers to reduce the number of hours staff are allowed to work. Historically, the NHS has relied on doctors working very long hours – sometimes as much as 100 hours per week. We are not allowed to do this any more. We therefore need to redesign our services.

Pay modernisation

There are new, UK-wide, employment contracts for all staff. These changes will improve patient care and make careers in health more attractive, thereby improving the recruitment and retention of staff. These contracts will require radical redesign of how NHS staff work and will, in turn, allow major improvements to services for patients.

Professional training and development

The skills of our staff depend on on-going experience, professional training and development with adequate supervision. We must design our services so that our staff are able to maintain and develop their skills to provide the best possible standards of care and to meet accreditation requirements.

Resources

At the moment NHS Argyll & Clyde spends about £40 million each year more than the Scottish Executive gives us. We have to manage the health services within our budget. We also need to free up money to develop the health services that we need to have for the future.

Geography

The geography of Argyll and Clyde is one of the most diverse in Scotland. Making sure that health services are safe and sustainable across Argyll and Clyde presents particular challenges. Social deprivation and transport issues are important factors in accessing healthcare services.

What will happen if we do not change?

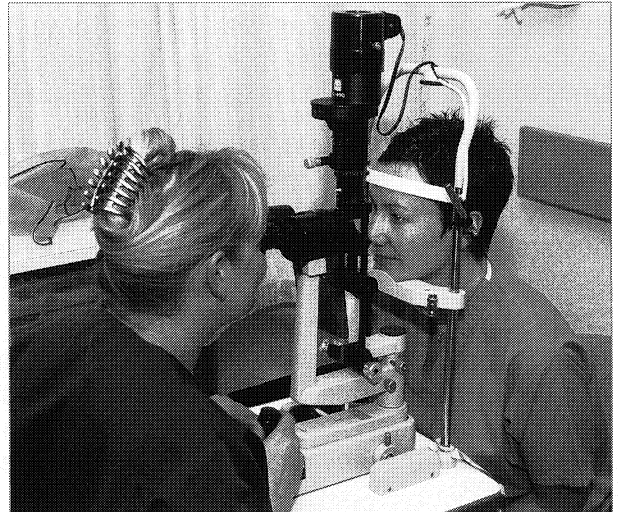
If we fail to respond to the need for change, health services in Argyll and Clyde will be subject to uncontrolled change. Staff will not wish to work where they feel they cannot provide the appropriate quality of service. We will be unable to sustain safely many of

the services we currently have. This means, in blunt terms, that some services will collapse and will have to be withdrawn. Other plans would be put in place but in some cases services may only be provided on the basis of restricted availability, may involve extended waiting times or require significant travel for some patients.

We believe that we can respond to the need for change to provide safe and sustainable services. Moreover, we believe that we can take advantage of the opportunities for change to provide improved services that reflect the needs of our population.

Redesign of Services and Working Practice

Our main priority is to do as much diagnosis, treatment and management of patients in local communities without compromising the quality of care.



maximising local treatment

Eight months of discussions with public, patients and staff about the sort of health services we want have provided a clear view of the future for health services in Argyll and Clyde. Patients and carers identified communication, information, access and waiting times as the main areas for improvement. Staff concerns were also focussed around the challenges they currently face in providing a continuing acceptable level of care and how to improve standards.

Five overall themes emerged in our discussions with patients, carers, staff, local communities and partner organisations. These are:

- Patients as partners - people told us that they, their families and carers wished to be treated as equal partners. To make this more possible, we will commit to a range of specific actions including setting up patient information groups, providing comprehensive information and exploring how increased support can be given to families and carers, working closely with the voluntary sector and other partners.
- Widening access to care - people told us that they wanted access to healthcare made easier and quicker for all. Transport is a big issue in Argyll and Clyde, not just in remote and rural areas but between urban areas as well. We will identify an access co-ordinator with the responsibility to improve access throughout Argyll and Clyde.
- Making pathways of care work - patients, staff and partners are very enthusiastic about the patient pathway approach. To build on this, we will implement a phased and structured programme of development and roll-out of Managed Clinical Networks – in which all those involved in the care of a particular condition work together to make the best use of their specialist skills - for major specialties, starting with those networks currently under development.
- Promoting local services - people told us that they wanted to continue to receive most of their healthcare in their local communities. We will support clinicians from both primary care[1] and secondary care[2] to work together to maximise the amount of diagnosis, treatment and management – including in-patient beds - of both chronic

1. Primary care - the team directly attached to the GP practice, now expanding to include others, including pharmacists and allied health professionals such as physiotherapists and dieticians.
2. Secondary care - principally hospital-based specialists, increasingly exploring ways to work more closely with colleagues in primary care to provide services more locally.

and specific problems in local communities, without compromising the quality of care or outcomes. These ways of working are known as intermediate care.

- Improving acute care - despite the difficulties of sustaining high quality specialist services in some parts of Argyll and Clyde, our clinicians are confident that they can provide and sustain improved healthcare, most of it still provided locally. To do this we need to base specialist services on a single acute in-patient hospital, linked to substantial outreach services to local communities. People told us that they were prepared to travel for quality care and we understand the need to ensure that people's transport needs are met.

local teams provide local services

Modernisation and Reform of Services and Infrastructure

Overall, our priority is to develop primary care and further improve joint working between primary care, social care and secondary care to improve the patient experience. This will mean developing intermediate models of care to meet local needs and circumstances. We think these goals are ambitious, but achievable.

If we are to do this, we must make sure that our major acute services are stable and that we can provide safe and sustainable services while continuing to improve the quality of healthcare we provide. We also want to enable our staff working in acute services to play a full part in the transformation of our healthcare services as a whole.

Primary care

There are many opportunities to deliver real improvements to primary care by:

- Providing extended services such as chronic disease management
- Introducing new technologies such as near patient testing
- Working more closely with specialists to provide local access to specialist advice
- Developing intermediate care with increased skills for the primary care team.

Care in the community

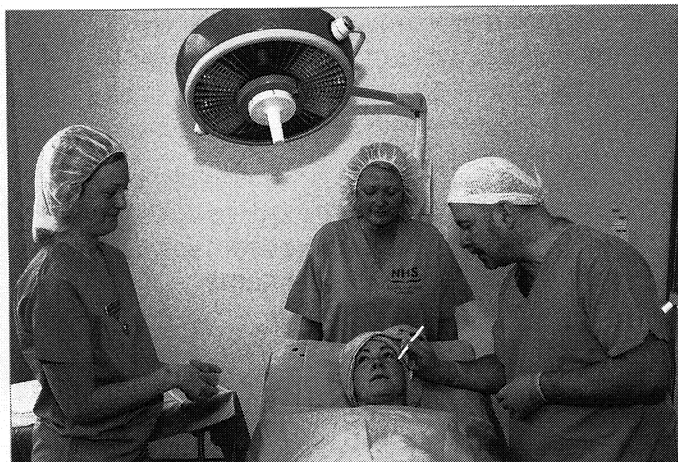
We still have a lot to do to replace outdated institutionalised care for vulnerable patient groups with more appropriate community-based models of care in line with national strategy. The key areas are:

- Services for older people
- Mental health services
- Services for people with a learning disability.

We will work closely with staff and partners in managing the change to give services that are focussed on the needs of patients and their wish to have care provided as close to home as possible.

Acute care

The vast majority of healthcare is provided in local communities and, under these proposals, will continue to be. However, it is not possible to provide all services in every community. We believe that we can address the pressures for change and also deliver real improvements in acute services by:



day surgery

- Increasing day surgery and other acute activity in local settings
- Developing specialist acute in-patient services in one major acute hospital for Argyll and Clyde
- Providing accident and emergency services anchored on the major acute hospital
- Developing an integrated regional network with other hospitals across the West of Scotland.

Proposals

- The development of the site at the Royal Alexandra Hospital to become the major acute hospital for NHS Argyll & Clyde. This will become the main in-patient centre in Argyll and Clyde for critical care and acute specialist medical, surgical and orthopaedic services. Associated supporting facilities will also be located here, including diagnostics, intensive care and high dependency beds, together with comprehensive laboratory support. This will provide high quality acute in-patient and critical care services for those who need it. It will also help address issues of recruitment and retention of staff and meet professional training and accreditation requirements.
- The development of advanced and comprehensive diagnostic and treatment centres in Inverclyde, Lomond, and Renfrewshire. These centres will provide local access to a range of services that are safe, of high quality and can be sustained into the future.
- The development of intermediate care in Lomond, Renfrewshire and Inverclyde, including in-patient beds as appropriate. This will allow the retention of as many services as possible locally without compromising safety or quality. It will also promote the greater integration of services to the benefit of patient care.
- We are putting forward two options for Inverclyde and for Lomond that we are consulting on:
  - In Inverclyde we are proposing at the Inverclyde Royal Hospital:
    - **Option A - An ambulatory care hospital** providing out-patient and minor injury services (which make up the majority of current services). Emergency and acute in-patient services will be provided in Paisley.
    - **Option B - An intermediate hospital** providing out-patient and minor injury services (which make up the majority of current services) together with intermediate in-patient beds. Emergency and acute in-patient services will be provided in Paisley.

- In Lomond we are proposing, at the Vale of Leven site or an appropriate alternative local site:
    - **Option A - An ambulatory care hospital** providing out-patient and minor injury services (which make up the majority of current services). Emergency and acute in-patient services will be provided in Greater Glasgow as a long term plan, with a commitment to explore the possibility of providing intermediate care locally.
    - **Option B - An intermediate hospital** providing out-patient and minor injury services (which make up the majority of current services) together with intermediate in-patient beds. Emergency and acute in-patient services will be provided in Paisley.
- In Argyll and Bute, we are proposing a community development programme to redesign services, involving people from local communities. We will build and commission the new Mid-Argyll Hospital in Lochgilphead. Subject to the conclusion of the community development process, we currently envisage consultant-delivered services at the Lorn and Islands Hospital. These would be within an intermediate model of care, integrated with primary care and networked with services in Argyll and Clyde and Glasgow.
- Consolidated assessment and treatment services for older people in Inverclyde, Renfrewshire and Lomond. We will provide more care in the community and, for those who need it, improved care, better integrated with other services. Once we have done this, we will close the beds for the care of the elderly at Ravenscraig Hospital, Dumbarton Joint Hospital, and the Victoria Infirmary in Helensburgh.
- Integrated community mental health services across all localities in Argyll and Clyde, supported with in-patient provision as appropriate. We will accelerate existing plans, in line with national policy, for community-based models of care for mental health. Once we have done this, Argyll and Bute Hospital in Lochgilphead and Ravenscraig Hospital in Inverclyde will close.
- Integrated learning disability services across all localities in Argyll and Clyde, supported with in-patient provision as appropriate. This will include the re-settlement of the remaining long-stay patients into community settings. This will free up resources to allocate to improved community-based provision where people wish to receive care. Once we have done this Merchiston Hospital in Johnstone will close.
- The new maternity services at the Vale of Leven, the Royal Alexandra Hospital and Inverclyde Royal Hospital will continue under these proposals, as will the existing renal dialysis service in Inverclyde and the new renal dialysis service at the Vale of Leven Hospital.

Conclusion

What we propose in this clinical strategy represents a significant change programme. These changes will be achieved over the next 2 to 15 years or more. The sooner we start to implement these changes, the sooner we will achieve stability and can start to focus on developing and improving health services. It is proposed to substantially complete the reconfiguration of services by the end of April 2007. Improving patient care will be central in managing these changes. We will work in partnership with staff to take forward these changes within the framework of NHS Argyll & Clyde's organisational change policies.

How to give us your views

Thank you for taking the time to read this document. We welcome your views.

You can give us your views in many ways:

- Write to **John Mullin**
  Chairman, Argyll and Clyde NHS Board
  FREEPOST PA 191, Ross House, Hawkhead Road, PAISLEY, PA2 7BR
- Email us at **clinical.strategy@achb.scot.nhs.uk**
- Free phone us on **0800 525034** and leave your views
- Log on to our website at **www.show.scot.nhs.uk/achb**

To ensure openness, details of the views and comments received will be available for public scrutiny, including on our clinical strategy website, unless you indicate that all or any part of your comments are confidential.

The consultation will end on Friday, 17th September 2004.
Please let us have your views by then.

At the end of the consultation period, the responses received will be considered by the NHS Board, along with any amendments to the initial proposals arising from the consultation. The NHS Board will then make recommendations to the Minister for Health and Community Care.

We will be holding local events across Argyll and Clyde during the consultation period. We hope that you will come along to these and contribute to the debate about future services. Details of these events will be publicised.

NOTE

If you would like to receive a copy of the full consultation document Free phone us on 0800 525034

This summary document can also be made available, on request, on audio cassette tape, in braille, on disk, in large print and in other languages.