



CONSULTATION DOCUMENT

Acute Hospital Services

**Proposals for the Future Organisation and Location of Inpatient
Ophthalmology Services in North and East Glasgow**

14th May 2002

NHS Greater Glasgow

Proposals for the Future Organisation and Location of Inpatient Ophthalmology Services in North and East Glasgow

1 Introduction

The purpose of this paper is to outline the Ophthalmology services that are currently provided by the North Glasgow University Hospitals NHS Trust and the possible changes that would support an improved service delivery to patients in the context of the Clinical Strategy approved by the Board of NHS Greater Glasgow.

With the collaborative approach of Ophthalmology clinicians ensuring shared practices across the sites, there is an enthusiasm for improving service provision by creating one inpatient base within North and East Glasgow at Gartnavel General Hospital. Concentrating all inpatient services would not require significant change but it would enable the Ophthalmology services at Stobhill to become entirely centred on outpatient and daycase provision.

2 Why is Change Necessary?

The development of Ophthalmology services over the last decade has resulted in a radical reduction in the number of patients requiring inpatient care. As a result, only two in-patient beds are used at Stobhill at present. Inpatient beds are currently provided both at Stobhill and at Gartnavel General Hospital and there is sufficient bed availability within the ward at Gartnavel at present to accommodate the amalgamation of the Stobhill in-patient service. Sustaining the present arrangements required to support this specialist inpatient care at such a low level of activity is not a practical or cost effective solution in the long term. Because the numbers at Stobhill are so small, the patient care is provided in the Ear, Nose and Throat (ENT) ward by mainly ENT trained nurses, rather than by specialist Ophthalmology nurses. Nursing these patients in a dedicated Ophthalmology unit at Gartnavel would obviously be more desirable for patients.

There is now a combined Consultant on-call rota across North Glasgow, ensuring improved arrangements for consultant cover. However one effect of this arrangement, for patients requiring inpatient care, has been that when the receiving consultant is based at Stobhill, rather than going to the inpatient department at Gartnavel, patients from the West of the city are transferred across the city for admission to Stobhill where there are no Ophthalmology trained staff.

This arrangement does not offer the optimum service for the management of emergency admissions. The proposed amalgamation of beds and the supported changes would provide an enhanced service across the north of the city.

At present there are separate junior staff rotas in Stobhill/Glasgow Royal Infirmary (GRI) and Gartnavel because there are two separate in-patient sites. It is difficult to keep these rotas compliant with the European Working Time Directive and the New Deal requirements for junior doctors. Amalgamating the in-patient sites would allow these rotas to be combined and become compliant.

To combat the problems described above it is proposed that all in-patient services for the north and east of the city be combined on the Gartnavel site.

At present, Ophthalmology services are provided from three outpatient sites at Glasgow Royal Infirmary, Stobhill Hospital and Gartnavel General Hospital. The consultants providing these outpatient clinics are supported by outpatient nursing staff, optometrists, orthoptists and secretaries. Inpatient beds are located at Gartnavel (Ward 1c = 20 beds) and Stobhill (Ward 3a = 2 beds) and day surgery is performed at both these sites. As clinical practices have developed, including the effective pre-assessment of patients and with the move from general anaesthetic to local anaesthetic, the number of inpatient beds required for the specialty has reduced significantly.

An analysis of patient activity for 2000/01 is provided at **APPENDIX I**.

3 How Can These Problems Be Resolved?

Given the small number of inpatient admissions to Stobhill and modern facilities at Gartnavel the most logical step would be to transfer in-patient surgery from Stobhill to Gartnavel. The ophthalmology accommodation at Gartnavel has been purposely designed within the last few years using pre-existing space in the main tower block.

The preferred option is therefore to transfer the activity for 2 beds from Stobhill to the Gartnavel site. The accommodation for these beds is available within Ward 1c at Gartnavel without the requirement for any increase in bed or theatre capacity. The transfer of these beds could be undertaken with immediate effect and, subject to public consultation and a subsequent decision by the Board of NHS Greater Glasgow, it is proposed the transfer take place in autumn 2002.

4 Benefits for Patients

The clear benefit to patients would be that they would be admitted to a dedicated Ophthalmology ward area rather than to beds within another specialty as is the case at Stobhill. This would enhance the specialist care being provided. The number of patients affected by this would be approximately 78 emergency inpatients and 149 elective (based on 2000/01 activity) inpatients with **95%** of current ophthalmology activity **remaining** on the Stobhill site. There would be no change to outpatient or daycase patient services as these would continue to be provided at Stobhill Hospital. Similarly the existing out patient service would continue at Glasgow Royal Infirmary.

5 Implications for NHS Staff

There are a number of implications for staff associated with this proposal:

- Improved manpower pressures including compliance with junior doctors working hours and EEC working time directive
- Enhanced teaching, training and professional development opportunities and facilitates cross sub-specialty support and inter-specialty surgical support
- The ability to treat in-patients in a dedicated Ophthalmology environment with dedicated, trained staff
- The Ambulatory Care Hospital (or ACAD)/Day Surgery Centre will provide modern accommodation within a dedicated Ophthalmology unit

It is anticipated that the impact on staff of this change will be minimal as the number of patients moving to Gartnavel will be small. With regard to optometrists, Orthoptists, secretarial staff and outpatient staff, it is planned that they would continue to work at their present site. In relation to theatre staff, the inpatient activity would be accommodated within the existing theatre lists and, thus, the impact on staff is anticipated to be minimal as it is with ward nursing staff because there are no dedicated ophthalmology nurses. In the event of any staff requiring to move to Gartnavel every effort will be made to consider expressed preferences in line with the Trust's organisational change policy. This policy ensures that all North Glasgow staff affected by service change will be treated fairly, equitably and consistently and in accordance with the Trust's policy of continuity of employment for all staff.

6 Conclusion

In conclusion, it is proposed that all inpatient services for Ophthalmology in North Glasgow be provided from the dedicated Ophthalmology unit at Gartnavel Hospital, with a full daycase and out-patient service continuing to be provided from Stobhill and outpatient services remaining at GRI. It is further proposed that the transfer of beds take place in autumn 2002.

7 Comments

Individuals or organisations wishing to comment on the proposals should send their responses to:

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by no later than **Friday, 2nd August 2002**

Analysis of Ophthalmology Patient Activity for 2000/01

	GLASGOW ROYAL INFIRMARY (GRI)	STOBHILL	WESTERN INFIRMARY GARTNAVEL HOSPITAL	TOTAL
Inpatients – elective	0	149	1143	1292
Inpatients – emergency	0	78	444	522
Total Inpatients	0	227	1587	1814
Day Cases	0	1541	1705	3246
New Outpatients	2166	3047	8324	13537
Totals	2166	4588	10029	16783
Eye Casualty	-	-	9535	
TOTAL ACTIVITY	2166	4815	21151	18597