



Options for Thornhill Cottage Hospital

Easy Read

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Easy Read This document is available in **Easy Read** format on <https://dghscp.co.uk/consultations/>



BSL users: via contactSCOTLAND-BSL, the on-line British Sign Language interpreting video relay service [contactScotland-BSL](#)

Arabic

إذا كنت بحاجة إلى تلك المعلومات بلغةٍ أخرى أو صيغةٍ مختلفة، يُرجى الاتصال بخدمات المريض Patient Services عبر الهاتف على 733 272 01387، أو عبر البريد الإلكتروني على dg.patientservices@nhs.scot

Polish

Jeśli potrzebujesz tych informacji w innym języku lub formacie, skontaktuj się telefonicznie z Działem Obsługi Pacjenta pod numerem 01387 272 733, mailowo pod adresem dg.patientservices@nhs.scot lub poprzez kontakt z SCOTLAND-BSL (szkockie usługi tłumaczeniowe języka migowego).

Russian

Если вам необходимо получить данную информацию на другом языке или в другом формате, пожалуйста, свяжитесь со службой поддержки пациентов по телефону 01387 272 733, по электронной почте dg.patientservices@nhs.scot или через contact SCOTLAND-BSL

Turkish

Bu bilgiye farklı bir dilde veya formatta ihtiyacınız varsa, 01387 272 733 numaralı telefonu arayarak, dg.patientservices@nhs.scot adresine e-posta atarak veya SCOTLAND-BSL ile irtibata geçerek Hasta Hizmetleri ile görüşünüz.

Ukrainian

Щоб отримати цю інформацію іншою мовою або в іншому форматі, зверніться до служби підтримки пацієнтів за телефоном 01 387 27 27 33, електронною поштою dg.patientservices@nhs.scot або на платформі SCOTLAND-BSL

Words or terms that may be unfamiliar are in **bold** in **blue** explained in the **glossary** on page 22.

Introduction



This is the consultation document for the **Options Appraisal** for Thornhill Hospital. This will look at possible options for the future use of the hospital building.

The options appraisal process involves people telling us what they like and dislike about each option and how they feel it will affect them.

It is important that we get the views of people who provide and/or access services as they are the people who will be most affected.

What area of Dumfries and Galloway are you in?



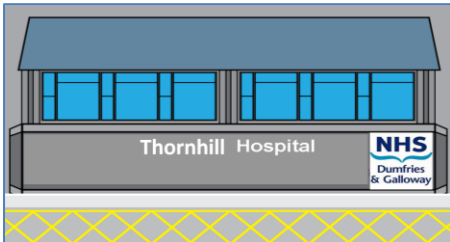
1. Please tell us the first half of your postcode. For example, DG16.

If you don't know your postcode, what is your nearest town or village?

2. If you would like us to stay involved and be kept up to date on this process, please give us your name and email address, postal address or phone number.



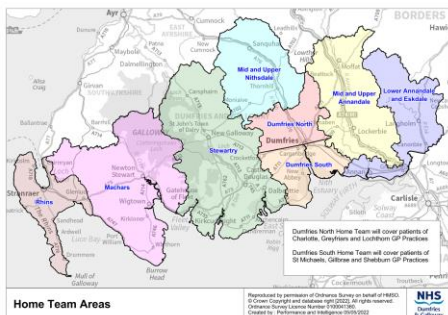
Your personal data will not be shared and will be stored securely until the results of the survey are published. The data will then be destroyed.



3. This question is about your experience of healthcare in Thornhill Hospital.
(You can tick more than one)
- A family member has accessed health care in Thornhill Hospital in the last 10 years.
 - Someone I know has accessed health care in Thornhill Hospital in the last 10 years.
 - I have accessed health care in Thornhill Hospital in the last 10 years.
 - I work in health and social care in Dumfries and Galloway.
 - I am a member of the public.
 - Other

If you ticked “other”, please tell us what that other experience was

What we have done so far



Over the last 2 years we have engaged with people about the future of health and care across Dumfries and Galloway.

This has led to the agreement to adopt **flexible bed based intermediate care** across Dumfries and Galloway.

1	=====	✓
2	=====	✓
3	=====	✓
4	=====	✓
5	=====	
6	=====	



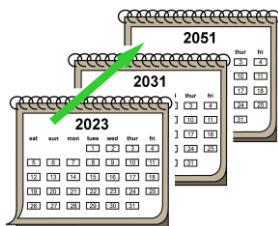
We recently held workshops where staff and people living in communities worked together to come up with some options for the future of the cottage hospitals.

All the options were then compared and scored against a list of different things that must be considered when services are being planned.

These things are called criteria and they are



The Scottish Government
Riaghaltas na h-Alba



- **Strategic fit** – how it fits with local and national strategies, policies and plans
- **Sustainability** – can it be done for years with the resources (money, buildings and staff) we have available
- **Safety** – does it help to deliver excellent care that is person centred, does what it needs to, does it without waste and is reliable
- **Utility** – does it use the building in the best way to meet people's needs
- **Timeframe** – is the time it will take to happen realistic and/or acceptable



The result of that process was that people that attended the Thornhill workshops put the Options in the following order

1. Option 3 – Community Hub
2. Option 2 – Status Quo plus
3. Option 1 – Status Quo
4. Option 4 – Inpatient facility
5. Option 5 – Community Ownership
6. Option 6 – Close the site

This document follows on from the options appraisal process. It describes each of the options and asks for your views. This is called public consultation.



We want to make sure everyone has the chance to have their say on things that may affect them.

If you would rather complete this survey online, use this link
<https://forms.office.com/e/TUL1Eae3cU>

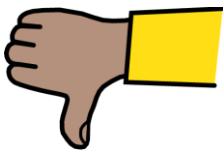
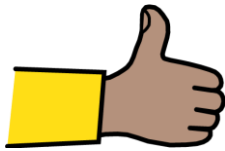
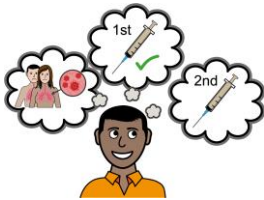
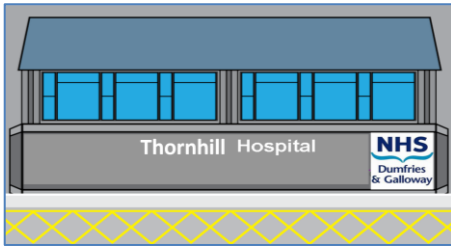
The consultation will run from **17 May 2024 to 27 September 2024.**

The results of this consultation will be shared with the **Integration Joint Board** (IJB) in October. They will then use that feedback along with financial and other information to decide the future of the hospital.



If you have any further questions about the process or need help to complete the survey, please email dg.rcrp@nhs.scot or write to us at Communications Team, DGRI Cargenbridge, DG2 8RX

Option One (1) - Status Quo



There would be no change to the current service provided in the hospital building. This means

- there are no inpatient beds
- the Mid and Upper Nithsdale Home Team are based there. This is a team of health and care professionals such as physiotherapists, occupational therapists, Public Health Improvement team and social work staff that work in the community
- the Community Nurses are based there
- the building is used as a vaccination centre (Covid-19 and flu)

Possible benefits

- A local base for health and social care staff and services
- Outpatient clinics
- Permanent work opportunities for staff
- Opportunity for future expansion
- GP practice remains connected

Possible risks

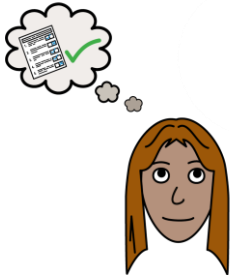
- Not making the best use of the current accommodation
- Inpatient beds not available on-site

Financial information

This can be delivered within the existing revenue budget, no capital funding required

Questions about Option One

What do you like about Option One?



What do you not like about Option One?



If Option One was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).

0	1	2	3	4	5	6	7	8	9	10

How would you be affected if Option One was chosen?

If you do not think it will affect you, please go to the next question.





Do you have any other comments about Option One?

Option Two (2) – Status Quo Plus

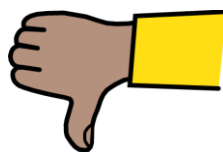


In Option Two, all current services in Option One would continue to be offered and more services would be added, including

- a Near Me room – to enable people to have virtual appointments with support if needed and without needing their own equipment or broadband
- limited permanent consultation space for GP practice

Possible benefits

- A local base for health and social care staff and services
- Outpatient clinics
- More choice around digital or face to face appointments
- Permanent work opportunities for staff
- Opportunity for future expansion



Possible risks

- Not making the best use of the current accommodation
- Inpatient beds not available on-site



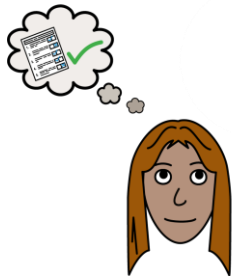
Financial information

This can be delivered within the existing revenue budget, minimal capital funding required

These changes would take about 3 to 6 months to happen

Questions about Option Two

What do you like about Option Two?



What do you not like about Option Two?



If Option Two was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).



0	1	2	3	4	5	6	7	8	9	10



How would you be affected if Option Two was chosen?
If you do not think it will affect you, please go to the next question.

Do you have any other comments about Option Two?

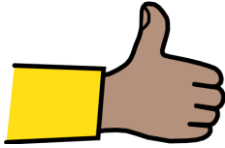


Option Three (3) - Community Hub



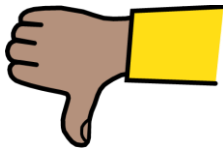
In Option Three, all current services in Option One as well as the new services in Option Two would be offered creating a Community Health and Social Care Hub. More services could include

- non-medical support delivered through third (voluntary) sector organisations
- a Carers Hub or physical activity groups
- scope for Intravenous (IV) Therapies for things like certain antibiotics



Possible benefits

- A local base for health and social care staff and services
- Outpatient clinics
- Potential for non-medical community support
- Permanent work opportunities for staff
- Links to Home Team and other health and social care providers
- Potential to generate income
- Maximises use of the building



Possible risks

- No future expansion beyond the Hub Model
- Inpatient beds not available on-site

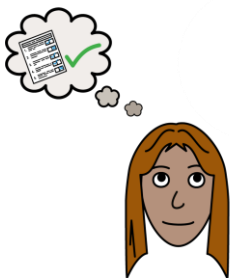


Financial information

This cannot be delivered within the existing budget, minimal revenue and moderate capital funding required

These changes would take around 6 – 12 months to happen

Questions about Option Three



What do you like about Option Three?



What do you not like about Option Three?

If Option Three was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).



0	1	2	3	4	5	6	7	8	9	10

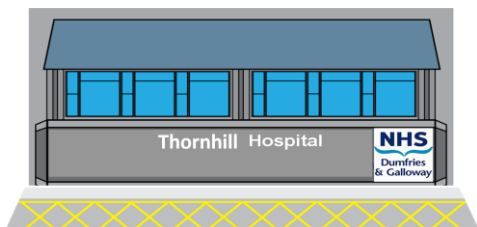
How would you be affected if Option Three was chosen?

If you do not think it will affect you, please go to the next question.



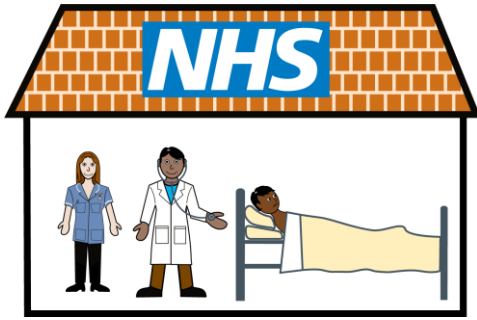
Do you have any other comments about Option Three?

Option Four (4) – Inpatient facility



Option Four is the re-opening of inpatient beds in the hospital building.

Due to new infection control and environmental guidelines, the number of beds would need to be reduced.



Before the pandemic, the hospital provided 12 beds. New guidelines would mean all beds would have to be in single rooms, reducing the overall number to 9.

There would only be room for a small amount of outpatient services.

Current services would have to find alternative accommodation elsewhere.

Possible benefits

- Local access to in-patient beds on site
- Increase in bed capacity for the area

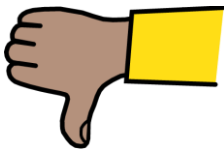
Possible risks

- Impact on community-based health and care service delivery
- Increase in people delayed in hospital
- Relocation of current services and staff
- No scope for future development

Financial information

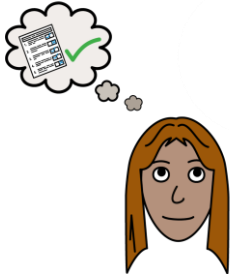
This cannot be delivered within existing revenue budget, moderate revenue funding and moderate capital required.

This option would require a lot of changes to the building and take around 12 to 24 months to complete.



Questions about Option Four

What do you like about Option Four?



What do you not like about Option Four?



If Option Four was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).

0	1	2	3	4	5	6	7	8	9	10



How would you be affected if Option Four was chosen?

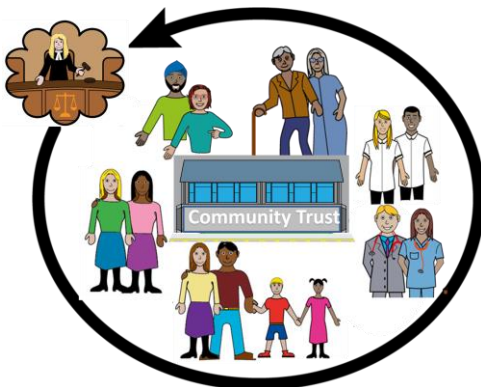
If you do not think it will affect you, please go to the next question.



Do you have any other comments about Option Four?

Option Five (5) – Community Ownership

Option Five is the transfer of ownership of the hospital building to the local community. This would usually be done through a local group or organisation called a '**community trust**'.



This would be a legal process that would mean

- The community trust would have to manage the building after the transfer and only use it for the agreed purposes
- Services offered in Option One would continue to be provided. These services would rent the space from the community trust.
- Any unused space would be available for hire to health board and community organisations

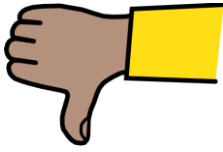
Possible benefits

- Reduced cost to NHS for maintenance and utilities

Possible risks

- Lack of interest in purchasing the site
- Loss of control of the building and future use





- Any changes to the building will be recovered through rent. Rental costs could then exceed current costs
- Landlord default
- Limits scope for future development
- Impact on GP practice
- Potential relocation of existing staff

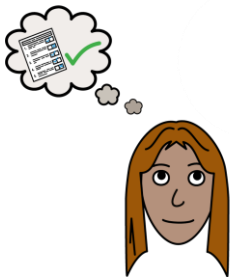


Financial information

It is unclear at present on whether this can be delivered within the exiting budget, more planning required

This option would take between 12 – 24 months to complete

Questions about Option Five



What do you like about Option Five?



What do you not like about Option Five?

If Option Five was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).



0	1	2	3	4	5	6	7	8	9	10

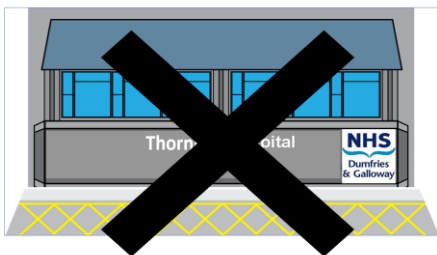
How would you be affected if Option Five was chosen?

If you do not think it will affect you, please go to the next question.

Do you have any other comments about Option Five?



Option Six (6) – Close the site



Option Six is to sell the hospital building.

All services offered in Option One would be

- closed down



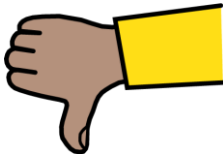
- services and staff moved to an existing building such as another hospital or GP practice

There would be legal costs and other fees if the building was sold. There would also be costs associated with relocating services.



Possible benefits

- NHS no longer responsible for the building



Possible risks

- Closes off options for future development
- Loss of existing local services and/or cost of finding alternative accommodation



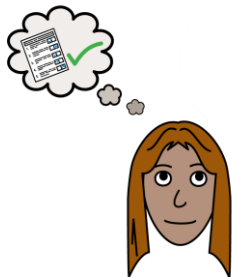
Financial information

This can be delivered within the existing revenue budget, no capital funding required

This option would take between 3 and 5 years to complete.

Questions about Option Six

What do you like about Option Six?



What do you not like about Option Six?



If Option Six was chosen, how much would this affect you?

Please pick a number from 0 (it would not affect me at all) to 10 (it would affect me a lot).



0	1	2	3	4	5	6	7	8	9	10

How would you be affected if Option Six was chosen?

If you do not think it will affect you, please go to the next question.

Do you have any other comments about Option Six?



Alternative ideas

During the workshops people suggested a combination parts of Option 3 and 4 providing a small number of inpatient beds and more community services.



Please tell us what you think of this idea?

Are there any other ideas or Options for the hospital that you would like the IJB to consider?



Do you have any other comments or suggestions for the use of the hospital?

Thank you for taking the time to complete these questions, your views will help to shape the future of the cottage hospital in your area.

Glossary

Community Trust is a not-for-profit organisation. The Trust's purpose is to improve and benefit a particular community or area. It usually runs on funding from people/organisations that support the project aims.

Dialysis is a medical treatment that some people who have diabetes need when their kidneys stop working properly. It often involves diverting their blood into a machine to be cleaned. It takes around 4 hours and needs to be done 3 days per week.

Flexible bed based intermediate care is

- a bed that can be used when a person can no longer live safely in their home but does not need to be in an Acute Hospital
- delivered within a service that will deliver care and support in line with their Care Inspectorate registration
- has wraparound health and social care and support from Home Teams and/or specialist health and social care teams that meets the need of the person

Integration Joint Board

The Integration Joint Board (IJB) is made up of people from the NHS, Dumfries and Galloway Council as well as Third Sector and Independent Sector organisations.

The IJB are responsible for planning and delivering a lot of the health and social care that people across Dumfries and Galloway access.

Options Appraisal is a way of making decisions. It enables people to consider all the information/evidence provided and score 'non-financial benefits' of the option based on that information.

Options appraisal helps to make sure decisions are based on a clear justification and reasons before the taking a decision about future ways of working.