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Mr Ronnie Cowan MP
House Of Commons
LONDON
SW1A 0AA

Our ref: 2017/0008522
27 March 2017

Dear Ronnie,

Thank you for your letter of 22 February raising your concerns about the Boards proposals to move paediatric inpatient and day case services from Royal Alexandra Hospital (RAH) to Royal Hospital for Children (RHC) and the effect this will have on services provided at Inverclyde Royal Hospital (IRH).

As you know, the role of the Scottish Government is to provide policies, frameworks and resources to NHS Boards, in order that they can plan and deliver the services that meet the needs of their local population. The actual planning and provision of healthcare services is the responsibility of local Health Boards, taking into account national policies and frameworks, as well as local service needs and priorities for investment.

Within this context, the Scottish Government expects all NHS Boards to review services and facilities regularly to ensure they continue to reflect local needs and provide the best quality healthcare services. In terms of NHS Greater Glasgow and Clyde's (NHSGGC) proposal to move in-patient and day case paediatrics from the RAH to the new Royal Children's Hospital, as you note the Health Board's decision to approve the proposed changes was agreed at their meeting of 21 February. Under the proposals outpatient services, the specialist Community Paediatric service (PANDA), and emergency care for those who self-refer would remain at the RAH. NHS Greater Glasgow and Clyde submitted their proposals to me on 14 March. I will be reviewing the proposals carefully and I have agreed to meet with local campaigners to hear their views first-hand, before coming to a final decision. As in all such cases, I take full account of all the available information, including the report from the independent Scottish Health Council and representations made, before coming to a final decision.

I understand from NHSGGC there will be no impact on services delivered from the IRH, other than children who would have attended IRH A&E by ambulance will now be taken



directly to the Royal Hospital for Children. The IRH A&E will continue to see children who self-refer.

Yours sincerely,



SHONA ROBISON



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Mr Stuart McMillan MSP
26 Grey Place
GREENOCK
PA15 1YF

Our ref: 2017/0015553
2 April 2017

Dear Stuart,

Thank you for your email of 21 April asking for clarity on the status of local maternity service proposals made by NHS Greater Glasgow and Clyde (NHSGGC).

Please be assured your concerns have been noted. NHSGGC undertook a review of Clyde birthing services and carried out public engagement on their proposals, including those affecting birthing services at Inverclyde Royal Hospital. The Board's proposals are to maintain all ante/post natal care at midwife-led CMUs at Inverclyde Maternity Unit and the Vale of Leven Hospital, but with births offered at the Royal Alexandra Hospital in Paisley or at home.

The independent Scottish Health Council (SHC) monitored progress with the public engagement activity and provided guidance and support to the Board. The SHC came to a view on the designation of the Board's service change proposals and views the proposals relating to Clyde birthing services as major service change. The Scottish Government supports the SHC views.

The Board of NHSGGC considered the next steps at its meeting on 20 December, as informed by the responses to its public engagement activity and the SHC views. On considering all the available information, Health Boards can, and frequently do, designate service change proposals as major themselves, without having to ask Ministers. The Board agreed that the proposals relating to local maternity services are major service change.

As you will be aware, this Government instructed a review of all maternity and neonatal services across Scotland. NHSGGC has been clear that they first need to take full account of the recommendations of the National Review of Maternity and Neonatal Services, which was published on 20 January. Should the Board then wish to pursue the same proposals

that were designated as major in December 2016, they must be subject to formal public consultation and, ultimately, Ministerial approval.

*Best wishes,
Shona*

SHONA ROBISON



Ronnie Cowan MP

20 Crawford Street

Greenock

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RECEIVED 27 FEB 2017
RCC

Ms Shona Robison MSP
Cabinet Secretary for Health, Wellbeing and Sport
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

22/02/2017

Dear Ms Robison,

On the 21st of February NHSGGC board members voted in favour of a proposal to deliver paediatric in-patient care for children from the Clyde area in the Royal Hospital for Children (RHC).

I understand that the implementation of this decision would result in 8,006 episodes of care being transferred to the RHC, while 12,063 will remain at the Royal Alexandra Hospital (RAH).

In light of these proposals I would be grateful if you could indicate whether or not there will be any associated effect on services currently offered at Inverclyde Royal Hospital.

I'm grateful for any information that you can provide.

Yours sincerely,

Ronnie Cowan MP
Member of Parliament for Inverclyde

Member of Parliament for Inverclyde

ronnie.cowan.mp@parliament.uk

From [REDACTED] On Behalf Of
McMillan SM (Stuart), MSP
Sent: 21 April 2017 15:52
To: Cabinet Secretary for Health and Sport
Subject: Inverclyde CMU

Dear Cabinet Secretary,

I write to ask for further clarity on the status of the maternity unit at Inverclyde Royal Hospital, and when an ultimate decision over its future is likely to be made.

As you may be aware, the Inverclyde Local Development Plan, published by Inverclyde Council, has been released for consultation. Within this document there are several proposals which may have an effect on the Inverclyde maternity unit, and indeed the hospital in general.

The Housing Need and Demand Assessment undertaken identifies a Housing Land Requirement in the Inverclyde Housing Market Area with 1691 further private development houses between 2017-2024. The favoured location for these houses are located at the former IBM site at Spango Valley, as well as the old Inverkip Power Station - which has been earmarked for over 600 units alone. These proposals are not without their difficulties, as the congestion on the A78 will no doubt greatly increase.

Moreover, Port Glasgow and Greenock are interconnected primarily by the A8, a singular main road. This is prone to flooding which can cause arduous delays in transport. Recently, AP Jess, a butcher factory that operates on a section near the main road went on fire, which meant that the A8 was closed for a over a day, bringing traffic flow in and out of Greenock to a virtual standstill.

Should a scenario like this ever happen again then people who rely on Inverclyde Royal Hospital - particularly women in labour - would be greatly affected.

Therefore, I would be grateful if you would consider these factors when making a considered decision on the future of the maternity unit at Inverclyde Royal Hospital.

I look forward to your response.

Kind regards,

Stuart McMillan MSP (Greenock and Inverclyde)

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[cid:image002.png@01D2249F.7372D070]

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