

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Greater Glasgow NHS Board  
held in the Board Room, Dalian House,  
350 St Vincent Street, Glasgow, G3 8YZ  
on Tuesday, 17 May 2005 at 11.15 am**

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**P R E S E N T**

Professor Sir J Arbuthnott (in the Chair)

Mr J Bannon MBE	Mr P Hamilton
Professor D Barlow	Councillor J Handibode
Mr J Best	Mrs S Kuenssberg CBE
Mr R Calderwood	Ms G Leslie
Mr R Cleland	Mr G McLaughlin
Councillor J Coleman (to Minute 77)	Mrs R K Nijjar
Councillor D Collins	Ms A Paul
Mrs R Crocket	Mr A O Robertson OBE
Mr T A Divers OBE	Mrs E Smith
Councillor R Duncan	Mrs A Stewart MBE
Dr R Groden	Councillor A White

**I N A T T E N D A N C E**

Ms J Grant	..	Acting Chief Executive, North Glasgow Division
Ms E Gregory	..	Communications Manager
Mr D Griffin	..	Acting Director of Finance
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Mr I Reid	..	Director of Human Resources
Ms C Renfrew	..	Director of Planning and Community Care
Mr J Whyteside	..	Public Affairs Manager
Mr W S Marshall	..	Secretariat Officer

**ACTION BY**

**70. INTRODUCTORY REMARKS**

The Chairman opened the meeting by welcoming Ms J Grant, Acting Chief Executive of the North Glasgow NHS Division and Ms G Leslie in her capacity as the new Chair of the Area Clinical Forum to their first meeting of the NHS Board.

**71. APOLOGIES**

Apologies for absence were intimated on behalf of Dr H Burns, Dr B Cowan, Ms R Dhir MBE, Mr W Goudie, Mrs J Murray, Mr D Thomson (Chair, Area Pharmaceutical Committee), Dr C R Bell (Joint Chair, Area Dental Committee), Mr P Bennington (Joint Chair, Area Dental Committee), Ms L Love (Chair, Area Nursing and Midwifery Committee) and Mr A J McMahon (Chair, Area Medical Committee).

**72. CHAIRMAN'S REPORT**

The Chairman advised that he had attended the formal launch of the Oral Health Strategy on 6 May 2005. There had been an excellent attendance of all of the major stakeholders involved in delivering the Oral Health Strategy. This was an important initiative given the urgent need to improve oral health across NHS Greater Glasgow.

**NOTED**

**73. CHIEF EXECUTIVE'S UPDATE**

Mr Divers referred to the regular series of meetings initiated sometime ago with representatives of Argyll and Clyde NHS Board and advised that an invitation had been extended to representatives of Lanarkshire NHS Board. Councillor White requested that Members be circulated with reports of these meetings. Mr Divers undertook to arrange for the circulation of the major points arising from these meetings to give Members the opportunity of picking up any of the issues discussed. The Chairman also referred to the regular meetings held between the Chairs of the West of Scotland Health Boards and he intimated that the Minutes of these meetings would also be circulated to Members for information.

**Head of Board  
Administration**

**NOTED**

**74. MINUTES**

On the motion of Mr A Robertson, seconded by Mrs S Kuenssberg, the Minutes of the meeting of the NHS Board held on Tuesday, 19 April 2005 [GGNHSB(M)05/4] were approved as an accurate record and signed by the Chairman.

**75. MATTERS ARISING FROM THE MINUTES**

The Matters Arising Rolling Action List was circulated and noted.

**NOTED**

**76. LOCAL HEALTH PLAN AND FINANCIAL PLAN – 2005/06 UPDATE**

A report of the Director of Planning and Community Care and the Acting Director of Finance [Board Paper No 05/40] asked the Board to approve the update to the 2002/07 Local Health Plan and confirm the proposed financial proposals for 2005/06 as set out in Section N of the Local Health Plan.

Ms Renfrew reminded Members that the Board had approved the five year Local Health Plan and financial strategy which underpinned it in May 2002. The purpose of the Local Health Plan was to:

- enable Greater Glasgow NHS Board to set a clear direction and priorities to deliver three key objectives which were to:
  - improve health;
  - improve health services;
  - tackle inequalities;

- provide clear accountability from the Board to the Scottish Executive for the performance of the NHS in Greater Glasgow;
- provide clear information on what the Board was trying to achieve and its performance;
- draw together a wide range of planning and implementation activity within a single document.

Ms Renfrew advised that the plan set a strategic direction for the five years to 2007 and its content was a product of a whole range of different planning processes which included Local Authorities, NHS staff and other stakeholders. The update presented focussed on 2005/06 and provided a short summary of the Board's key local priorities for this year, how it intended to deliver the requirements of national priorities and finally set out the financial plan for 2005/06.

The Local Health Plan identified a number of priorities in subsequent sections of the update presented and set out the Board's priorities which were in the specific areas of mental health; child and maternal health; developing addiction services; modernising acute services; stroke; chronic heart disease and cancer. In addition to the local priorities the update provided further detail on national priorities including improving health; service redesign and modernisation; patient focus public involvement and ensuring patient access to services.

Mr Griffin referred to the key points of the 2005/06 Financial Plan which were around the issues of funding, cost inflation and other expenditure pressures, revising the Local Health Plan and national priorities and the Cost Savings Plan (Corporate Recovery Plan).

Mr Griffin explained the background to the 2005/06 Financial Plan which was:

- increase in available general funding of 6.5%;
- non recurring funding of £12.6m provided by SEHD in 2004/05 no longer available in 2005/06;
- substantial additional inflationary pressures, particularly pay pressures associated with implementation of Agenda for Change;
- significant additional costs to meet the national priorities particularly the achievement of waiting times targets;
- major unavoidable additional cost commitments of £12.2m on new GMS contract, with availability of matching funds still to be confirmed by SEHD; and
- ongoing development and implementation of cost savings plan to offset gap between funding and expenditure.

Mr Griffin pointed out that the net outcome of these factors was a financial challenge of around £10m in 2005/06. It was the Board's intention to address this during 2005/06 by developing further proposals to contain costs within available funds. This was before additional costs of £12.2m on GMS contract, where confirmation of funding was awaited from the SEHD.

Mr Griffin took Members through a detailed analysis of the financial plan emphasising the costs around General Practitioner and hospital prescribing inflation and the Agenda for Change implementation including the impact on pay inflation.

In regard to the services detailed in the Local Health Plan, Mr Hamilton welcomed the various initiatives being undertaken in acute children's services. Mrs Kuenssberg concurred and specifically welcomed the commitment given to further develop adolescent services. Ms Renfrew confirmed that the Board and the Yorkhill Division were working very closely on what was a challenging issue.

In regard to the Financial Plan underpinning the Local Health Plan, Mr Griffin clarified a point made in relation to any potential profit accrued from land sales. Councillor White welcomed the Local Health Plan, particularly its commitment to tackling inequalities and the services outlined for young people and was satisfied that the Board had mechanisms in place through, for example, the Performance Review Group, to monitor the financial streams underpinning the Plan. Mr McLaughlin acknowledged that the Board was making prudent use of its available resources in what was a most difficult financial climate.

Mr Divers concluded by stating that the Board was now well on course to meeting the terms of its two year recovery plan. The Local Health Plan should be seen as an evolving strategy within the overall financial structure of the Board.

**DECIDED:**

- That the update to the 2002/07 Local Health Plan be approved.
- That the proposed financial proposals for 2005/06 as set out in Section N of the Local Health Plan be confirmed.

**Director of  
Planning &  
Community Care  
Acting Director of  
Finance**

**77. FUTURE OF INPATIENT HOMOEOPATHIC SERVICES**

A report of the Director of Planning and Community Care [Board Paper No 05/41] asked the Board to note the outcome of the review of inpatient homoeopathic services; to confirm the conclusion that the Board should seek delivery of the waiting time guarantees within current resources and to endorse the conclusion that the Board should not proceed to consultation on the closure of the inpatient service.

Ms Renfrew pointed out that the current paper brought to the Board the outcome of the review which commenced in the Summer of 2004 following initial consideration at the July 2004 Board meeting. That final part of this review had been undertaken as a joint endeavour between clinical staff, the North Glasgow Division management and the patients of Glasgow Homoeopathic Hospital.

Members noted that 350 patients per year were admitted to the integrative care centre at Glasgow Homoeopathic Hospital. It was clear that both the homoeopathic clinicians and the patients took the view that this integrative care service which has had success with a group of patients whose needs have not been met by conventional medicine could only be fully realised with access to dedicated inpatient beds.

This was, however, a unique model of care in the United Kingdom with all the other centres having moved in recent years to an outpatient only model of homoeopathy. In a difficult financial climate, it was therefore legitimate to question whether the Glasgow Centre might operate more cost effectively without dedicated inpatient beds.

The detailed review paper presented to the Board set out the reasons for considering the closure of the beds and described an alternative model of care based on an outpatient and day care service. The paper also articulated the possible consequences of removing the inpatient beds from the present model of care. The paper concluded that, in the current financial environment, there was a clear choice; either continue to fund this unique service and look elsewhere to make recurrent savings or acknowledge that an outpatient homoeopathy model, which was provided elsewhere in the United Kingdom, was acceptable and therefore agree to close the beds.

Ms Renfrew pointed out that there were a number of points, which informed the Board's recommendations that it should not proceed to consult on closing the inpatient service. These points included:

- An acknowledgement that these patients had particular needs which the Board could not confidently meet through remaining NHS services in Greater Glasgow and who would be directly disadvantaged by the withdrawal of the service to which they presently had access.
- Recognition of this fact may lead the Board to apply a differential judgement to an existing service to threshold of appraisal it might apply to a new service proposition.
- While this model was not provided anywhere else in the United Kingdom, the Board had listened to the views of patients, elected Members and homoeopathic clinicians in Glasgow and in other centres and had accepted that the inpatient services offered a valid and important model of care.
- The saving to NHS Greater Glasgow would be around £250,000. This recognised that patients from other West of Scotland Boards and beyond represented about 45% of the workload of the hospital. This sum would have to be found elsewhere if this proposal did not proceed against which the Board needed to weigh these other conclusions and the management and clinical effort which would be required to manage a major consultation exercise on this proposal. In addition, that level of saving assumes there were no additional costs to provide care for the present patients in any other part of the NHS.
- There was no consensus among the West of Scotland Boards who contributed to the funding of this service that it should close. There appeared to be no possibility of other Boards taking an active role in promoting a single agreed West of Scotland consultation proposal for what was effectively a regional service.
- The current building was purpose designed and built and charitably provided, it was not certain it could easily be redesignated and made available for any other purpose.

Ms Renfrew pointed out, however, in reaching these conclusions it was also recommended that the Board cap spending on this service at the present level. This would require national waiting time targets to be met within the current resources through service redesign and prioritisation. In this way, the homoeopathic service would contribute a level of efficiency gain which would support the delivery of the Board's Local Health Plan objectives.

Mr Robertson referred to a visit which he and other Board Members had undertaken to Glasgow Homoeopathic Hospital where they had been most impressed by the commitment of the staff and the quality of service provided to their patients. Mr McLaughlin and Mrs Stewart concurred with this view.

Mr Hamilton suggested that the recent review of the homoeopathic service was an excellent example of engaging both patients and staff in the decision making process. Mr Cleland praised the various patient groups involved in the review process where the dialogue had been most refreshing in its positivity, its openness and its honesty. The review had led clinicians to give greater consideration on how homoeopathic services might be better integrated with other medical and clinical services.

Mrs Nijjar was encouraged by the possibility of greater integration of homoeopathic and other clinical services in the future. This model of care was normal practice in other parts of the world and should be extended and further developed in this country.

The Chairman expressed his pleasure in the positive way the review of this issue had been conducted. He commended all the parties involved in the various discussions and earnestly hoped that the media would take cognisance of this fact when reporting the outcome of this issue.

**DECIDED:**

- That the outcome of the review of inpatient homoeopathic services be noted.
- That the conclusion that the Board should seek delivery of the waiting time guarantees within current resources be confirmed.
- That the conclusion that the Board should not proceed to consultation on the closure of the inpatient service be endorsed.

**Director of  
Planning and  
Community Care  
Director of  
Planning and  
Community Care  
Director of  
Planning and  
Community Care**

A patient spokesperson welcomed the decision; the review had hung over the patients and staff for about a year and this had been difficult for those involved. She thanked the NHS Board for the conclusion reached.

**78. PROPOSED CAPITAL PLAN 2005/06 – 2007/08**

A report of the Acting Director of Finance [Board Paper No 05/42] asked the Board to approve the proposed allocation of capital funds for 2005/06 and 2006/07; note that a proposed allocation of capital funds for 2007/08 would be submitted for approval in due course; delegate to the Chief Executive authority to allocate the residue of available capital funds in 2005/06 and 2006/07 and approve the development of a Scheme of Delegation to govern the authorisation of expenditure on capital schemes following the principles outlined in Section 6 of the proposed Capital Plan.

Mr Griffin pointed out that in regard to available capital resources the Board had received confirmation of its allocation of capital funds from SEHD for the period 2005/06 to 2007/08. The total amount of available resources was set out in the paper. It was recognised that there was some potential for capital receipts to accrue during 2005/06 and 2006/07. It was not proposed to include these as a source of capital funds at this stage but rather to hold these in reserve to cover potential additional non recurrent expenditure required to achieve waiting time targets in 2005/06.

In regard to the review of the current Capital Plan this concentrated on 2005/06 and 2006/07 only at this stage with a review of 2007/08 to follow. For 2005/06 and 2006/07, a complete review of those projects previously classified as “approved” had been carried out to assess whether planned funding allocations remained appropriate. Provisions for expenditure on “Acute Strategy” schemes had also been reviewed to confirm their completeness or appropriateness. In addition, Divisions had submitted refreshed prioritised lists of proposed capital schemes which they aspired to add to the approved list. An updated list of priorities for information management and technology initiatives had also been submitted.

Mr Griffin pointed out that each of these submissions had been reviewed to identify additional items which could be regarded as priorities for investment in 2005/06 and 2006/07. The outcome of this review was an updated proposal for the allocation of capital resources in 2005/06 and 2006/07. It was planned that an updated proposal for 2007/08 would follow in due course. It was noted that in arriving at a proposed allocation of capital resources for 2005/06 and 2006/07, provision had been made for full allocation of those funds made available by SEHD for expenditure on medical equipment.

Mr Griffin took Members through the proposals for the allocation of capital resources including Approved Schemes (excluding information management and technology); Acute Strategy Implementation; Information Management and Technology and Related Schemes; Equipment Health and Safety/Formula Capital Allocation; Financial Summary and Delegated Limits.

Mr Griffin clarified the terms of the allocation made in connection with the Gartnavel entrance under the Acute Strategy implementation to the satisfaction of Councillor White.

**DECIDED:**

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|---|-----------------------------------|
| • That the proposed allocation of capital funds for 2005/06 and 2006/07 be approved.  | <b>Acting Director of Finance</b> |
| • That a proposed allocation of capital funds for 2007/08 be submitted for approval in due course be noted.   | <b>Acting Director of Finance</b> |
| • That authority to allocate the residue of available capital funds in 2005/06 and 2006/07 be delegated to the Chief Executive.   | <b>Acting Director of Finance</b> |
| • That the development of a Scheme of Delegation to govern the authorisation of expenditure on capital schemes following the principles outlined in Section 6 of the proposed Capital Plan be approved. | <b>Acting Director of Finance</b> |

**79. WAITING TIMES**

A report of the Director of Planning and Community Care [Board Paper No 05/43] asked the Board to note progress made in meeting national waiting time targets.

Ms Renfrew pointed out that by December 2005, NHS Greater Glasgow would have no patient waiting beyond 26 weeks for an outpatient appointment or for the subsequent inpatient/day case treatment that may be required.

To achieve this, the Board had submitted its milestones for waiting time performance improvement to the National Waiting Times Unit – for the quarters ending June and September 2005. The plans would ensure that the Board continued to phase the reduction in waiting times so that it could both deliver the December 2005 target and be well placed to sustain it thereafter. The planning milestones for 2005/06 were set out in the paper.

Ms Renfrew reminded Members that a report was made to the Board in February 2005 on a series of new waiting time targets to be delivered by the end of 2007. The Board was currently setting about the task of developing its next set of waiting times capacity plans to take this forward as part of the 2005/06 local health planning process. This was with an initial understanding of the resources that would be available centrally to help support that effort. As this funding availability became clearer, it would be reported at a future Board meeting.

**NOTED**

**80. AUDIT COMMITTEE MINUTES**

The Minutes of the Audit Committee meeting held on 12 April 2005 [A(M)05/2] were noted.

**NOTED**

**81. PHARMACY PRACTICE COMMITTEE MINUTES**

The Minutes of the Pharmacy Practice Committee meeting held on 5 April 2005 [Board Paper No 05/44] were noted.

**NOTED**

**82. HEALTH AND CLINICAL GOVERNANCE COMMITTEE MINUTES**

The Minutes of the Health and Clinical Governance Committee meeting held on 21 March 2005 [GGNHSBHCGC(M)05/1] were noted.

**NOTED**

**83. INVOLVING PEOPLE COMMITTEE MINUTES**

The Minutes of the Involving People Committee meeting held on 15 March 2005 [Board Paper No 05/45] were noted.

**NOTED**

The meeting ended at 12.35 pm