IMPLEMENTING THE ACUTE SERVICES REVIEW

Recommendation:

Members are asked to:

- Note progress on implementing the Acute Services Review.

1 BACKGROUND AND PURPOSE

The Minister for Health approved the Board’s proposals for Acute Services in August 2002. In summary these proposals included:

- £700 million capital investment over 10 years.
- Adult acute care delivered from 5 sites.
- 3 modernised in-patient centres at Gartnavel, GRI and the Southern General.
- 2 new build Ambulatory Care Hospitals (ACADs) at Stobhill and the Victoria.
- Accident and Emergency (A&E) services reorganised around 2 specialised A&E/Trauma Units, 3 Emergency GP Receiving Centres and 5 Minor Injuries Units.

The Minister subsequently confirmed:

- The establishment of a Monitoring Group to ensure connection to community and political interests as the review is implemented.
- A review of the key assumptions underpinning the disposition of Accident and Emergency services.

The purpose of this paper is to report on progress in developing implementation arrangements for the Review.

Chief Executives have established a programme of meetings which have driven the implementation progress described in Section B, which also sets out further proposals for managing implementation within the Greater Glasgow NHS.
2 PROGRESS SO FAR

2.1 Implementation, to date, has focused on a number of critical areas:

- Securing capital for ACADs and the new BOC.
- Community engagement.
- Communication.
- Transport study.
- Appointing professional advisers.
- Reviewing emergency admissions.
- Planning service stability at Stobhill.

2.2 Securing Capital for ACADs and the New BOC

A single process has been established to take stock of progress in the 2 Trust Project Groups and ensure that the 2 Business Cases are synchronised and completed to enable the capital procurement process to begin in January 2003.

Final development of the Business Case for the new BOC is underway – with the aim of achieving full SEHD approval in January 2003.

2.3 Community Engagement

Critical to effective and credible implementation will be our ability to inform and involve local communities in the detailed programmes of service changes which will take place over the next 10 years.

Our objectives are to ensure that community interests know what is happening to services to their locality and are able to influence both how services are to be provided and linked issues – for example, transport arrangements. Effective engagement arrangements will deliver better and more responsive services and renewed credibility for the NHS in Greater Glasgow as a listening organisation which genuinely addresses community concerns.

We are putting in place dedicated capacity for community engagement with a team having a number of functions, including to:

- Establish a network to engage community interests and organisations with the implementation of the Acute Services Review.
- Ensure effective communication with community interests and ensure community issues are marshalled back into the implementation process.
- Develop meaningful information and analysis for communities.
- Make a significant contribution to the processes which will be established to ensure local and parliamentary political engagement and communications.
- Co-ordinate with other locality structures, including primary care and community planning.

We have advertised for a Head of Community Engagement (Acute Services) and will appoint in early December 2002.

2.4 Communication

A detailed newsletter has gone to all NHS staff to keep them informed of progress. A more detailed Communication Strategy is in the final stages of development and will be fully operational early in the New Year.
2.5 **Transport Study**

The Transport Study has been published.

2.6 **Appointing Professional Advisers**

Advertising for legal and financial advisers is underway.

2.7 **Reviewing Emergency Admissions**

This Review, a key Board commitment in finalising its strategic proposals, is well underway – with an interim report anticipated early in the New Year.

2.8 **Planning Service Stability at Stobhill**

A Planning Group is in place to establish what is required to continue core services at Stobhill.

2.9 **Project Management**

In addition to the progress outlined above, Chief Executives have agreed future implementation arrangements:

- Creating a Project Executive Group, overseeing implementation activity bringing together Chief Executives, key NHS Board and Trust Directors and with a structure of sub groups, including:
  - Capital planning and procurement
  - Financial planning
  - Communication
  - Transport and accessibility
  - Services/beds/activity.

The existing groups reviewing emergency admissions and the Stobhill Planning Group, will also link to the Project Executive.

- Establishing a single Project Director role taking overall responsibility for co-ordinating the complexities of implementation. Reporting to the Project Executive Group outlined above. Detailed development of this role and supporting infrastructure is in hand.

- Developing regular reporting arrangements to ensure the Unified NHS Board can exercise its governance and oversight responsibilities.

2.10 **External Monitoring**

The material above outlines a whole series of arrangements around the implementation of the Acute Services Review. In addition to these internal processes, there will be external scrutiny of implementation by:
Audit Scotland covering:
- The overall governance and project management processes adopted by NHS Greater Glasgow.
- NHS Greater Glasgow’s arrangements for updating key planning assumptions and the high level capital and revenue estimates.
- The arrangements for consulting with stakeholders.

- An inclusive Monitoring Group.
- An Annual Report on progress.

We are working on proposals for the Monitoring Group to bring to the Board in December 2002.

3 CONCLUSION

3.1 The implementation of the Acute Services Review is gathering momentum. Further updates on progress will be brought to the Board at regular intervals.