

NHS GREATER GLASGOW

Minutes of the Joint Meeting of the Greater Glasgow – Acute
Services – North and South Glasgow Monitoring Groups
held at 2.00 p.m. on Friday, 2nd September 2005 in the
Board Room, Dalian House, 350 St Vincent Street,
Glasgow, G3 8YZ

P R E S E N T :

Mr Peter Mullen (in the Chair)

Dr Donald Blackwood	Mr Stewart Maxwell MSP
Mr Eric Canning	Mr John McMeekin
Dr Robert Cumming	Mr Ian Miller
Dr Jo Davis	Dr Ken O'Neill
Mrs Margaret Hinds	Mr James Sandeman
Ms Janis Hughes MSP	Mr Donald Sime
Mrs Elizabeth King	Professor D E S Stewart-Tull
Mr Paul Martin MSP	Dr Jean Turner MSP

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

Mr Robert Calderwood	...	Programme Director – Acute
Ms Jane Grant	..	Acting Chief Executive, North Division
Mr John C Hamilton	...	Head of Board Administration
Mr Mark McAllister	...	Community Engagement Manager
Mr Niall McGrogan	...	Head of Community Engagement

ACTION BY

1. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr Bill Aitken MSP, Dr Brian Bingham, Ms Pat Bryson, Ms Catherine Fleming, Dr Roger Hughes, Mr Ken MacIntosh MSP, Ms Jane McCreadie and Ms Mary Murray.

It was agreed that contact would be made with those Group members who were not regular attendees in an effort to try and put in place an arrangement for those who were unable to attend future meetings to be represented by a colleague.

J C Hamilton

The Chair advised that Dr Harry Burns, Director of Public Health was leaving his position to take up the post of Chief Medical Officer for Scotland. It was agreed that a letter be sent on behalf of both Groups wishing Dr Burns well in the challenges he faced in his new role and to thank him for his invaluable contribution to the work of both Monitoring Groups.

J C Hamilton

The Chair welcomed those present to the first Joint Monitoring Group meeting of the year and advised that he and Mr Ian Miller had agreed that they would rotate Chairing the Joint meetings and it had been agreed he would Chair this meeting.

2. THE NEW STOBHILL AND VICTORIA HOSPITALS – DVD

A DVD on the plans and services to be provided from the new Stobhill and new Victoria Hospital was shown to members for information.

3. NEW STOBHILL AND VICTORIA HOSPITALS PROCUREMENT – UPDATE

Mr Robert Calderwood, Programme Director – Acute, provided members with an update on the procurement process for the new hospitals at Stobhill and the Victoria.

The Consortia had been appointed preferred bidder over the summer and Scottish Executive Health Department authority had been granted to move to the final stage of producing a Final Business Case and financial close by March 2006. If approved, it was then anticipated that there would be a start on site in late spring 2006.

In reply to a question from a member, Mr Calderwood agreed to provide information on the sprinkler system to be used within the building. [Note – there will not be any sprinklers in the new building. The building will be fully compliant with all current building regulations with regard to safety and fire evacuation, fire detection and portable fire fighting appliances.]

In response to a question about the rising cost of the new hospitals, Mr Calderwood advised that the costs were being driven by the additional services to be provided from the new hospitals and additional costs would be incurred to meet the extended short-stay surgery. The number and clinical make-up of the short-stay surgery beds was being worked up by the Medical Director and clinical staff.

The number of day theatres in each new hospital would be confirmed and made available to members. [Note – there will be 8 Theatre Suites at the Victoria and 6 Theatre Suites at Stobhill. There will be 5 Endoscopy Suites at the Victoria and 4 at Stobhill.]

There was concern at the national shortage of radiologists and the impact that may have in imaging at the new hospitals. Mr Calderwood advised on the efforts of NHS Education Scotland (NES) in increasing the number of specialist Registrars in Radiology, the extended training being offered by Caledonian University for radiographers and the extended role of radiographers and nurses, all of which was designed to meet the new access targets.

In concluding, Mr Calderwood emphasised that the next step was to complete the Final Business Case and seek approval for it and the value for money test. The Project Team was confident this would be achieved and the NHS Board had already committed £4M to allow enabling works to commence at both Stobhill and the Victoria to assist with the timely construction of both new hospitals once approvals had been granted to proceed.

NOTED

4. PHASE 2 – ACUTE SERVICES REVIEW: PROGRESS TO DATE

Mr Calderwood gave a presentation on the steps being taken and the timescale associated with the second phase of the Acute Services Review (overheads attached to the Minutes).

In relation to the Ministerial commitment that a new Children's Hospital with co-location with adult acute services and maternity services would be provided in 5 years, Mr Calderwood advised that the Calder Group (appointed by the SEHD to oversee the optional appraisal exercise to identify the most suitable site) was holding its first meeting today.

A decision on which was the preferred site would not be known for a couple of months but, once known, the work to design would commence with the aim to try and start on site in spring 2007. A member was concerned at the shortage of eligible contractors and building trade personnel and the impact this could have on an ambitious hospital building programme over the next few years.

Members enquired that if the Southern General was the chosen site for the new Children's Hospital, would its construction and the need to upgrade the maternity unit impact on the Acute Services Phase 2 building work. Mr Calderwood was keen to await the outcome of the Option Appraisal but advised members of the empty floor in the Princess Royal Maternity at Glasgow Royal Infirmary which could be made available if required. He agreed that if the Southern General was chosen as the site for the Children's Hospital there would be a challenge for site construction management at the Southern that would require to be addressed.

A member enquired when it would be made clear to the public that as a result of the Ministerial commitment about the new Children's Hospital, that the Royal Hospital for Sick Children and the Queen Mother's Hospital would close on the Yorkhill site. It was stated that the NHS Board had made this clear in numerous public statements since the Ministerial announcement.

NOTED

5. STOBHILL CAMPUS

Mr Calderwood gave a presentation on the current and future developments on the Stobhill Hospital site incorporating the new Stobhill Hospital, the Local Forensic Psychiatry Unit, the Adolescent Psychiatry Unit, the Psychiatric Service from Parkhead Hospital and proposed Marie Curie development. The presentation was attached to the Minutes.

Some members again expressed concern at the transfer of psychiatric services from Parkhead to Stobhill and the transfer of the Adolescent Unit – both had been publicly consulted upon and while local groups had opposed the moves, decisions had been taken and it was important to see developed a Transport Strategy to support access to those services. The timescales given in the presentation, while targets, would be monitored and a member encouraged the Groups to have a responsibility to ensure no slippage occurred to the timescale of new Stobhill and Victoria Hospitals.

6. IN-PATIENT BED MODELLING

There was submitted a copy of the In-Patient Bed Modelling – Discussion Paper which had been submitted to the NHS Board at its July 2005 meeting. The NHS Board had launched wider discussion on the Bed Services and Capacity Sub-Group's conclusions and sought clinical and other engagement over the period July – September 2005.

Mr Calderwood spoke to the paper and indicated two changes – elective work would be re-modelled to 5 days and not 7 as contained in the Discussion Paper and the day case numbers for neurosciences had been overstated. The conclusions on the bed modelling would inform the Outline Business Case for the acute services in South Glasgow.

Some members were concerned about the impact changes to Argyll and Clyde services could have on the bed modelling and projections. Mr Calderwood advised that the current consultation on Argyll and Clyde was related to boundary issues and not on services or patient flows. The Minister had stated that whatever the boundary changes may be they would not affect patient care and existing plans for the provision of health care services in Argyll and Clyde or Greater Glasgow. In relation to the possible intermediary hospital concept for the Vale of Leven Hospital if the population chose to access services in Greater Glasgow, the numbers of patients were small and would not adversely affect current plans or services. Mr Calderwood gave the example of the Maxillofacial Surgery and patients accessing the services from NHS Greater Glasgow and the impact on beds was marginal. A member had asked if there would be A&E services at Gartnavel General as was being stated by certain MSPs and Mr Calderwood confirmed that the current Acute Services Strategy did not have A&E services being provided from Gartnavel General. Gartnavel General would provide acute receiving.

A member was concerned about the need to ensure that care in the community services were in place before bed changes were affected. Mr Calderwood explained the efforts made within NHS Greater Glasgow on bed blocking. He advised of the consistently high performance achieved in ensuring patients were discharged to appropriate care timeously. The benefits of such local initiatives as the Inter-Disciplinary Response and Intervention Service (IRIS) were clear in this area and with the establishment shortly of Community Health Partnerships this will bring a further focus to issues related to care in the community and primary care and acute sector integration.

A member was concerned about the lack of planning assumptions in the document and about the internal consultation covering the holiday period. The different number of clinical groups in the paper compared to the overhead presentation was questioned. Mr Calderwood reiterated that the NHS Board had agreed that the Discussion Paper was valid for discussions with clinical staff and other interests.

Concern was expressed about the need for significant levels of beds for outbreaks and emergencies. Mr Calderwood advised that the Emergency Disaster Plan would see the beds used for elective surgery being made available as quickly as was required and this could make available hundreds of staffed beds if necessary.

The Chair indicated that this had been a useful and productive discussion, but was mindful that time was moving on and there were other items on the agenda and, therefore, if time permitted at the end of the meeting it would be possible to return to this item. A member was keen to continue discussion on the important matter of in-patient bed provision for the future, however, the Chair reiterated that if time permitted it could be discussed at the end of the meeting. A member asked that it be minuted that discussion was being guillotined and that the Chair was being frivolous in the handling of the agenda.

NOTED

7. **DRAFT ANNUAL REPORTS: 2004/05 – NORTH AND SOUTH MONITORING GROUPS**

There were submitted separate draft Annual Reports for the North and South Monitoring Groups – 2004/05.

The Chair indicated that he and the Chair of the North Monitoring Group would be arranging to meet with the Minister to discuss the issues facing the Monitoring Groups and asked members to notify John Hamilton of any areas they would like covered in that meeting. It was suggested that Communications/Public Relations still required to be improved; the consultation on bed modelling and whether a Joint Monitoring Group was required in future (although it was emphasised that both Groups were of the view that both Groups were needed to deal with local issues but there had been advantages in ad hoc joint meetings).

Members

Any comments on the draft Annual Reports should be passed to John Hamilton by Friday, 16th September 2005.

Members

NOTED

8. **MONITORING OF NAMED SERVICES – TEMPLATE**

There had been submitted a Report from the South Glasgow Acute Division on a summary of activity per specialty to assist the South Monitoring Group with its role in monitoring named services at the Victoria Infirmary.

The Chair advised that he had asked the North Monitoring Group Chair to consider nominating a member to assist with developing this type of Report for North Glasgow. It was confirmed that Professor Duncan Stewart-Tull would represent the North Monitoring Group.

A member indicated that they had hoped to see all agreed services from the south of Glasgow and total figures and percentages in order to continually monitor the delivery of services. Also requested was waiting list data, historical data and projections to 2012.

The Chair of the North Monitoring Group welcomed the Report and its relevance to the remits of the Groups and looked forward to its development to inform the monitoring role of the Groups against named services.

Mr Calderwood highlighted the waiting times report submitted to the NHS Board which could be made available to members (this was already submitted to the North Monitoring Group) and stated that the Ministerial commitment was for NHS Greater Glasgow and not just by institutions. This was accepted and highlighted in one member's view the need for more joint meetings.

NOTED

9. **MONITORING GROUP MINUTES**

a) North Monitoring Group meeting – 3rd June 2005 [NMG(M) 05/02] – noted.

b) South Monitoring Group meeting – 3rd June 2005 [SMG(M) 05/02] – noted.

There had been submitted a paper showing an update for each Monitoring Group against each matter discussed at the 3rd June 2005 meetings.

A member enquired about the steps taken in relation to the withdrawal of the No. 8 bus which went through Stobhill. Mr McGrogan advised that he and Mr Paul Martin MSP, along with community representatives, are meeting with Mr Alistair Watson of Strathclyde Passenger Transport and Mr Eric Stewart of FirstBus in early September 2005 to discuss and record a variety of transport related issues. If there was an argument for a socially inclusive bus route to hospitals, the local community must support such a provision to make it viable.

NOTED

10. **DATE OF NEXT MEETING**

- a) North Monitoring Group – Friday, 2nd December 2005 at 9.30 a.m. in the Corporate Meeting Room, North Glasgow Division HQ, 300 Balgrayhill Road, Glasgow, G21 3UR.
- b) South Monitoring Group – Friday, 2nd December 2005 at 2.00 p.m. in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 4.00 p.m.