NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of Greater Glasgow and Clyde – Acute Services – North Glasgow Monitoring Group held at 9.30 a.m. on Friday, 1\textsuperscript{st} December 2006 in the Corporate Meeting Room, North Glasgow CHCP Offices, Stobhill Hospital, Glasgow, G21 3UR

PRESENT:

Mr Ian Miller (in the Chair)
Dr Robert Cumming
Dr Robert Milroy
Dr Roger Hughes
Mr John McMeekin
Mrs Elizabeth King
Ms Mary Murray
Mr Paul Martin MSP
Professor D E S Stewart-Tull
Dr Jean Turner MSP

IN ATTENDANCE

Mr Robert Calderwood
Ms Jane Grant
Ms Emma Gregory
Mr John C Hamilton
Ms Annalena Winslow

Chief Operating Officer, Acute Services Division (to Minute 35)
Director of Surgery & Anaesthetics, Acute Services Division
Media Relations Manager, NHS Board (to Minute 34)
Head of Board Administration – NHS Board
Communications Officer – NHS Board (to Minute 34)

30. WELCOME

The Chair welcomed Emma Gregory and Annalena Winslow from the NHS Board’s Communications Department, who were attending to give members a presentation on the Communications Strategy within NHS Greater Glasgow and Clyde.

31. APOLOGIES

Apologies for absence were intimated on behalf of Ms Frances Lyall and Dr Paul Ryan.

32. MINUTES

The Minutes of the North Monitoring Group meeting held on 15\textsuperscript{th} September 2006 [NMG(M)06/03] were noted.

33. MATTERS ARISING

a) Update on New Stobhill Hospital

In relation to Minute 21(b) – Update on New Stobhill Hospital – Mr Calderwood reported that the Minister for Health and Community Care had cut the first sod on 20\textsuperscript{th} November 2006 and it was planned that the building would be handed over to the NHS Board in February 2009. Mr Calderwood will ensure members receive a copy of the finalised plans as soon as possible.

ACTION BY

R Calderwood
A number of members expressed their strong disappointment that no member of the medical staff or the North Monitoring Group had been invited to the cutting of the first sod. Mr Calderwood advised that there had been a restricted invitation list and along with the Contractors, the Project Team, the constituency MSP, Regional list MSPs and the local Councillor had been invited. He noted the concerns and advised that there would be other opportunities to celebrate the investment in the new Stobhill Hospital.

The Chair stated that he was delighted that the first sod had now been cut and looked forward to the construction of new facilities for patients.

\textbf{NOTED}

b) **Bed Modelling – Update**

In relation to Minute 21(d) – Bed Modelling Update – Mr Calderwood advised members that the bed model continued to evolve as a result of further discussions with clinicians. It was now planned to present the draft bed model and assumptions to NHS Board Members at a Seminar the following week and thereafter finalise the work in order that the Bed Model underpins the Outline Business Case for the new South-side hospital. The North Monitoring Group had received a copy of the last paper published on this matter and would receive a copy of the updated Bed Model once it was available.

In response to members’ questions Mr Calderwood advised that the Bed Model would take account of access targets and the need to strive towards improvements on Day Surgery rates, the projected declining population and the demography of the population which included the increasing elderly population. The size of the Day Surgery Unit and number of associated beds to be built at Stobhill in 2010 would be determined by clinical protocols – currently 12 beds had been planned but this could be expanded if assumptions changed by the time the new unit was being built.

An example of a patient recently waiting 13 hours for admission was discussed – the specific example had been raised by a member with the NHS Board Chief Executive last week. Ms Grant agreed that there were benefits in tracking individual examples of where the service has not served the patient well and learn from the lessons learned from such cases. At the members’ request, Ms Grant agreed to do a short presentation at the June 2007 meeting on the outcome and benefits gleaned from tracking such cases.

\textbf{NOTED}

c) **Chemotherapy Service – Special Meeting held on 17th November 2006**

It was reported that the draft Minute of the meeting would be submitted to members shortly for comment.

\textbf{J C Hamilton}

\textbf{NOTED}

d) **Final Business Case – New Stobhill and Victoria Hospitals**

It was reported that the Final Business Case (except the information deemed commercially sensitive) was now available on the NHS Board’s website – \url{www.nhsggc.org.uk} - via ‘Major New Improvements’ and then ‘Documents, Reports and Publications’.

If members wished to receive a hard copy of the document they should contact John Hamilton.

\textbf{Members}
34. **COMMUNICATIONS – NHS GREATER GLASGOW AND CLYDE**

The Chair welcomed Emma Gregory and Annalena Winslow from the NHS Board’s Communications Department to give members a presentation on the Board’s Communications Strategy – for both internal and external communications. A copy of the overheads used in the presentation are attached to the Minutes.

Members congratulated the Communications Department on the significant improvements made by the NHS Board in communications and the difference that had been made to ensure a more informed media. The message was reaching the communities and was now much better understood.

Following the presentation a number of questions from members were answered as follows:-

- The success of the DVD on the new Stobhill and Victoria Hospitals was evident by over 15,000 copies being requested and sent out.

- The Health News, of which 400,000 were distributed via the Daily Record, placed in various health care settings and sent to the Involving People network, had increased from 3 to 6 publications per annum.

- The overall size of the new centralised Communications Department, following the dissolution of Trusts and Divisions, had reduced as a result of economies of scale in staffing and reduced copyright licences etc. The savings made had contributed to the NHS Board’s Corporate Recovery Plan.

- The costs of the ‘Modernising Hospitals’ Health News had been offset by advertising and the DVD costs had been offset by contributions from the contractors.

- The NHS Board had responded to concerns from the public about using the terms ACAD or ambulatory care hospital and had received positive comment about adopting the term New Stobhill Hospital. A member remained concerned that the new name did not properly convey the services to be provided.

- The naming of the West of Scotland Forensic Unit as the Rowanbank Clinic was in keeping with the national position adopted many years ago of removing the stigma of patients attending psychiatric facilities.

Members welcomed the presentation and improvements made by the NHS Board in its communications with its staff and the public. It was acknowledged that the NHS Board was at the beginning of the communications process on the new hospitals and a lot of work lay ahead in communicating with the public the services that would be available from the new hospitals.

The Chair thanked Emma and Annalena for their helpful and comprehensive presentation on the NHS Board’s Communications Strategy and congratulated them on the improvements made in the last 1-2 years.

**NOTED**

35. **MONITORING REPORT – 2004/05 AND 2005/06**

There was submitted the Monitoring Report for 2004/05, 2005/06 and the first quarter of 2006/07.
Professor Stewart-Tull explained the figures and format and agreed there was no need to add figures from ‘Clyde’ as they would not impact on the figures presented.

Mr Calderwood advised that the NHS Board would publish its Clinical Strategy for Clyde shortly, covering the Royal Alexandra Hospital, Paisley and Inverclyde Royal Hospital.

In 2007 the NHS Board would be testing its assumptions from 2000/01 and discussing the findings with the Scottish Ambulance Service. Regional Planning was essential as changes outwith NHS Greater Glasgow and Clyde could impact on the NHS Board’s services. NHS Lanarkshire had its ‘Picture of Health’ approved which would result in the closure of the A&E Department at Monklands Hospital; the new Larbert Hospital would have an impact on patient flows and the development at Hairmyres could impact on patient flows from Cambuslang and parts of Rutherglen. This, and the need to constantly review sub-specialties and alignments of services, would ensure this remained a fluid picture. New post-coded maps would be made available to Professor Stewart-Tull.

R Calderwood

In future, Minor Injury Units would have paediatric units to treat children who presented with minor injuries – this was welcomed. The experiences of other such arrangements which have been running in other parts of the UK for many years will be studied to learn the lessons of getting this service right for patients. The Minor Injuries Unit would open 12 hours a day and activity numbers and demand would determine the exact hours and whether the hours may require to be expanded.

A member was concerned about the electoral boundary changes and the impact on NHS services. Mr Calderwood advised that current patient flows/patient choice would not be affected by these particular boundary changes.

36. STANDING ITEMS

a) Members Comments on External Impacts on Named Services

i) Laboratory Strategy

Blood transfusion had been included in the Laboratory Strategy paper but had not appeared in the table for the New Hospitals – this would be checked and a reply sent to the member direct.

J Grant

ii) Postgraduate Facility

It was reported that the Director of Facilities – Acute Services Division had visited the centre and refurbishment was to be pursued.

iii) Radiologists

A locum had been identified, although had not commenced as yet.

iv) Modernising Medical Careers (MMC)

Concerns remained about the impact of MMC from August 2007 – staff in training would be less experienced than the present staff.
v) **Car Parking**

With the new developments going on at Stobhill it was noted that car parking was restricted and this could have an impact on the ambulance service and ‘Did Not Attends’ at clinics.

vi) **Endoscopy**

It was reported that, helpfully, a third Endoscopic Room was opening to assist with meeting access targets. The moveable equipment would be transferred to the new hospital in 2009.

b) **Waiting Times Report**

There was submitted, for information, the Waiting Times Report which had been considered by the NHS Board at its meeting on 24th October 2006.

Two examples of patient delays – a breast cancer case and a cardiac case – were reported by members. It was agreed that if the details of each case were passed to Jane Grant she would ensure they were investigated.

In response to a member’s continued concern about the high level of ‘Did Not Attends’ (DNAs), Ms Grant spoke about the efforts being made to address this problem, including setting appointment dates which suit patients, possibly in future offering alternative dates for hospital appointments and contacting patients to remind them of their appointment. Some clinics with high levels of DNAs did book extra patients into the clinic to counteract this problem.

**Members**

NOTED

c) **South Monitoring Group – Minutes: 8th September 2006**

**NOTED**

37. **ANY OTHER COMPETENT BUSINESS**

i) **Dial-A-Bus – Visitor Service**

This new facility was welcomed, although as it was currently only available within the area of Glasgow City Council, there was some frustration that other Councils had not yet pursued this option.

ii) **Representative – Medical Staffing**

It was agreed that Dr Bill McCrae, Deputy Chair, Medical Staffing Association, could attend future meetings in order to shadow Dr Milroy.

38. **DATE OF NEXT MEETING**

It was agreed that as the next meeting was a Joint Meeting with the South Monitoring Group, that 9.30 a.m. on Friday, 9th March 2007 would be offered as a date for the meeting (this would have been the date of the South Monitoring Group meeting). The Chair asked members to submit direct to John Hamilton any possible items for the Joint Meeting in March 2007.

**Members**

This meeting would be held in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.
The remaining meetings planned for 2007 were to follow the usual pattern and therefore set as:-

9.30 a.m. on Friday, 1\textsuperscript{st} June 2007
9.30 a.m. on Friday, 7\textsuperscript{th} September 2007
9.30 a.m. on Friday, 7\textsuperscript{th} December 2007

To be held in the Corporate Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 12.05 p.m.