

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, 2nd June 2006 in the Corporate Meeting Room, North Glasgow Division HQ 300 Balgrayhill Road, Glasgow, G21 3UR

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Robert Cumming
Dr Roger Hughes
Mrs Elizabeth King
Mr Paul Martin MSP

Dr Robert Milroy
Ms Mary Murray
Dr Paul Ryan
Professor D E S Stewart-Tull

Dr Jean Turner MSP

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

Ms Helen Byrne	..	Director of Acute Services Strategy Implementation & Planning
Mr Robert Calderwood	..	Chief Operating Officer, Acute Services Division
Ms Jane Grant	..	Director of Surgery & Anaesthetics, Acute Services Division
Mr John C Hamilton	..	Head of Board Administration – NHS Board
Mr Mark McAllister	..	Community Engagement Manager – NHS Board
Mr Niall McGrogan	..	Head of Community Engagement – NHS Board

ACTION BY

10. **WELCOME AND APOLOGY**

The Chair welcomed Dr Robert Milroy (who had replaced Dr Jo Davis) and Ms Helen Byrne to their first meeting of the Group

An apology was intimated on behalf of Mr John McMeekin.

11. **MINUTES**

The Minutes of the Joint Meeting of the Monitoring Groups held on 3rd March 2006 [NMG(M)06/01] were noted.

12. **MATTERS ARISING**

a) Membership of North Monitoring Group

To date there was no replacement for the vacancy created by the resignation of Mr Bill Aitken MSP.

The Employee Director would notify the Group shortly of a representative from the Area Partnership Forum.

**Employee
Director**

b) Monitoring Template

There was submitted a paper from Professor Stewart-Tull showing:-

- i) North and South Monitoring Groups – Acute Services Data for 2004/05 and 2005/06.
- ii) Accident and Emergency – 2004/05 and 2005/06 together with an 8-year analysis and postcode analysis.
- iii) Accident and Emergency – detailed postcode analysis covering Glasgow Royal Infirmary and Southern General Hospital.

Mr Calderwood advised that from the creation of the single Acute Services Division from 1st April 2006, there would be a move during the remaining part of the year to standardise and harmonise the data collection headings across NHS Greater Glasgow and Clyde.

Professor Stewart-Tull had submitted the figures he had collated for Accident and Emergency to the Minister and he was aware the figures were being analysed from the questions he had been asked by an official from the Scottish Executive Health Department.

There was discussion on the figures as they related to Accident and Emergency, in particular, to activity levels over the years; the Board's strategy being on a North-East – South-West split and the data that could be produced from a different split of postcode divisions.

Mr Calderwood explained the review process undertaken last year on the planning assumptions which underpinned the Accident and Emergency proposals – the only change being the evidence now available about the activity levels being higher than assumed for Minor Injuries Units. It was acknowledged that there would require to be public education at the appropriate time on the use of A&E (Trauma Units, Acute Receiving Units and Minor Injuries Units).

Ms Byrne advised that a review was now under way of the services at Gartnavel General Hospital – this was welcomed as medical groups had been concerned about services at Gartnavel.

In reply to a member's question, it was explained that five Community Health and Care Partnerships had been established in Glasgow and one in East Renfrewshire (incorporating health and social care services), Community Health Partnerships (health only) had been established in East Dunbartonshire and West Dunbartonshire; each supported by a Public Partnership Forum. This would be a new way to engage with the community on issues affecting primary and social care services.

In thanking Professor Stewart-Tull, the Chair asked that Mr McGrogan give a presentation at the next meeting of the Group on the various strands of community engagement, community planning, CHCPs/CHPs – Public Partnership Forums and describe the plans to bring clarity for the public on the use of Minor Injuries Units.

N McGrogan

Members discussed the number of ITU beds and High Dependency Beds (HDU) and the lack of medical HDU beds. Mr Calderwood advised of the review and re-design of services for critically ill patients and the need for these patients to access a bed within 4 hours of the decision taken to admit and treat the patient. There were current difficulties and this was why it was being addressed by the ongoing review. The concept of medical HDU beds had been accepted and, in future, would be a proportion of the current medical beds.

The Bed Modelling exercise had been re-worked following comments and the revised national target of patients being seen for an out-patient appointment within 18 weeks of referral and admission to day surgery/in-patient care within 18 weeks of referral. The proposals were being discussed with the Clinical Advisory Groups. It was acknowledged that the Outline Business Case for the Southside Hospital had been delayed. That had primarily been around the decision recently taken to re-locate the new Children's Hospital on the site of the Southern General Hospital.

Waiting times targets and guarantees were seen to be helpful and beneficial to patients and therefore were a national priority. There was local prioritisation of service developments with finite resources but patient safety was not compromised and new service developments were being considered.

c) Update on New Stobhill Hospital

Mr Calderwood advised that the enabling works were now well under way. The Planning Department was considering a proposal for a new access road from the former Belmont Road.

The Board would be submitting the Final Business Case to the Scottish Executive Health Department (SEHD) later the same day now that the discussions had been satisfactorily concluded on affordability and value for money. If the SEHD was able to give approval by the end of the month, then financial close within the Consortium would be achieved in July, hopefully with a start on site in September 2006. These dates were dependent on the receipt of planning permission for the new hospital – the Planning Committee would be meeting on 15th June 2006 to consider the application. There appeared to be no outstanding issues from the planning officials' point of view.

There was concern about the construction traffic utilising the available staff and patient car parks – this will be discussed with the construction companies. Mr Calderwood advised that a further two temporary car parks were to be created and a separate temporary access road for the contractors.

R Calderwood

Mr Calderwood advised that there were no outstanding issues with the new Stobhill Hospital from Architects – Scotland (although there were issues affecting the new Victoria).

It was agreed that once the Final Business Case had been approved and was made publicly available, a copy would be submitted to Group members.

J C Hamilton

A member had been concerned about the delay, even from the indicative timescale given at the last meeting held in March 2006. The additions to the project had led to delays and external agencies were involved and therefore the timetable was subject to matters outwith the NHS Board's control.

NOTED

13. **NATIONAL TRANSPORT STRATEGY**

There was submitted a copy of the National Transport Strategy which was out to consultation until 13th July 2006. The consultation paper set out the key questions about Scotland's transport future to be addressed in the development of a National Transport Strategy and comments were welcomed and sought from all stakeholders.

ACTION BY

Mr McGrogan referred to the Fare4All work and the need it had highlighted to address the needs of communities. He encouraged each Group member and their parent bodies to reply to the consultation – the proposals as presented did not meet the needs of communities and no mention was made of patient transport and access to health care facilities. It was recognised that the Minister of Health viewed transport as a key issue and priority for the NHS and its patients.

Mr McGrogan advised that the NHS Board would be responding to the consultation and the Chair confirmed that he would liaise with Mr McGrogan over the Group's response.

Mr McGrogan offered to assist Community Councils and Community Groups with their response if this was helpful.

**Community
Council Reps.**

DECIDED:

That the Chair liaise with Mr McGrogan over formulating a response to the consultation document on behalf of the North Monitoring Group.

**Chair/
N McGrogan**

14. **STANDING ITEMS**

a) Members' comments on External Impacts on Named Services

None.

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 18th April 2006.

Mr Calderwood advised that the waiting times initiatives had utilised the full range of health care services available in order to deal with the number of patients who required to be treated to meet the national waiting times targets. The capacity plans then put in place were designed to maintain the waiting times targets within existing resources.

The very high number of 'Patient Driven' Availability Status Codes was noted by the Group.

A member raised the issue of the impact of the Modernising Medical Careers initiative. This would result in doctors in training spending less time on hands-on service training. The issue was being considered nationally and additional resources had been allocated to cover the impact of junior doctors spending less time in their first two years of training in clinics and wards. Anaesthetics would not be covered by the Foundation Year 1 and 2 proposals.

NOTED

c) South Monitoring Group Minutes: 24th March 2006

Noted.

15. **DRAFT ANNUAL REPORT – 2005/06**

There was submitted the North Monitoring Group's draft Annual Report – 2005/06 for comment.

Members were asked to provide comments to John Hamilton by the end of the month.

Members

NOTED

16. **ANY OTHER COMPETENT BUSINESS**

a) Surgical Services

A member raised concerns about the impact of Modernising Medical Careers will have on surgical staffing and providing a service to patients. Ms Grant advised that she was aware of the issue and, with colleagues, was looking at ways to tackle the impact highlighted.

b) A member raised the issue of a paediatric patient being unable to obtain the necessary treatment on the NHS for her condition. This was noted and the NHS was offering all available services to treat the condition.

17. **DATE OF NEXT MEETING**

The next meeting would be held at 9.30 a.m. on Friday, 1st September 2006 in the Corporate Meeting Room, North Glasgow Division Office, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 11.15 a.m.