NHS GREATER GLASGOW

Minutes of the Meeting of the Greater Glasgow – Acute Services – North Glasgow Monitoring Group held at 9.30 a.m. on Friday, 2nd December 2005 in the Corporate Meeting Room, North Glasgow Division HQ 300 Balgrayhill Road, Glasgow, G21 3UR

PRESENT:

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

IN ATTENDANCE

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

ACTION BY

19. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr Jo Davis and Dr Paul Ryan.

The Chair welcomed Mr Bill Goudie to his first meeting of the Group as the replacement for Mr Donald Sime. The Chair also welcomed Ms Phil Rakhra who was attending the meeting as part of her induction into her new job as Head of Administration – Mental Health Partnership.

20. MINUTES

The Minutes of the Joint Meeting of the Monitoring Groups held on 2nd September 2005 [JN&SMG(M)05/01] were noted.

21. MATTERS ARISING

a) Stobhill Casualty Update

Ms Grant advised that the formal letter had been received from the Royal Colleges confirming that the training accreditation for junior doctors at Stobhill Casualty had been extended until December 2007. She read the letter out to members and agreed that it be made available to Monitoring Group members when the Minutes were distributed. J Grant/JCH
The Group welcomed this decision and wished to record their appreciation to the efforts of the management and clinical teams of the North Division for achieving this extension to December 2007.

b) Membership of North Monitoring Group

A paper had been submitted advising that Mr Bill Aitken MSP had resigned from the Group and that the Scottish Executive Health Department would notify the NHS Board of a replacement. It was hoped that this vacancy would be filled for the next meeting of the Group in March 2006.

The paper also advised that Mr Donald Sime as Chair had represented the North Division Partnership Forum on the Monitoring Group; however, he had recently been appointed as Chair of the Area Partnership Forum and Employee Director of the NHS Board. Mr Bill Goudie had subsequently replaced Mr Sime as Chair of the North Division Partnership Forum and therefore now represented that Forum on the North Monitoring Group.

NOTED

c) Annual Report – 2004/05

It was reported that there had been no material changes to the North Monitoring Group’s draft Annual Report – 2004/05 and it had now been submitted to the Minister for Health and Community Care for information.

NOTED

d) Fare4All – Interim Report of the Fare4All Enquiry into Public Transport in Glasgow

Mr Mark McAllister provided feedback on the Fare4All Enquiry held into public transport in Glasgow. The Steering Group was Chaired by Mr Paul Martin MSP and the Report tabled for members’ information summarised the Steering Group’s findings through the presentations and workshops held with the various statutory bodies and community groups. In addition, it was informed by the Community Enquiry and the Fare4All Survey – both of which had been presented at the special Transport Summit held in Glasgow on 21st November 2005. The Summit brought together a wide range of interests in Glasgow’s public transport, including Mr Tavish Scott MSP and Minister for Transport, MSPs, local Councillors, Strathclyde Passenger Transport, the Scottish Executive, bus operators, the NHS Board, local authority transport planners, voluntary and charitable groups and members of the public who had an interest in public transport in Greater Glasgow.

Key findings had included:-

i) Routage of buses – good access to the city centre but not from one community to another.

ii) Safety on the buses, especially at night.

iii) Health and Safety issues; disabled access and access to bus operators’ timetables.

iv) The almost monopoly of provision since de-regulation.
The findings of the Fare4All research and work undertaken would be fed into the consultation on Scotland’s National Transport Strategy and for discussions with local bus operators and Strathclyde Passenger Transport Executive. It would be necessary to work with partners to influence the future shape of public transport services, consider the issue of subsidies and seek improvements in the areas identified by the research carried out.

Members raised issues in relation to subsidies for non-profitable routes; the withdrawal of the Dial-a-Bus service; the restrictions of local authority boundaries; the new bridge over the River Clyde and the use of the lanes; reductions in specific buses and routes, especially in the evenings; staff development issues for bus operators; safety on the buses and the requirement in the Transport Bill that bus operators will have a legal duty to consider access to health care facilities for the first time.

**DECIDED:**

1. That the Fare4All Enquiry into Public Transport in Glasgow be welcomed.  

2. That the Report and its Findings be used in responding to the consultation in the National Transport Strategy.  

3. That the Chair include this as an item for the agenda with the forthcoming meeting with the Minister for Health and Community Care.

c) **Proposed Extension of Concessionary Fares Scheme**

Mr McAllister indicated that NHS Greater Glasgow had submitted a response to the Executive based on the findings of the Fare4All project. In summary, the response welcomed the extension of free concessionary travel, however, as the Fare4All project highlighted, the scheme would only benefit those who were able to use existing public transport provision. NHS Greater Glasgow would like to see equal priority given to the needs of individuals who were currently unable to use public transport provision.

f) **Monitoring Template**

In relation to Minute 8 of the Joint Monitoring Groups meeting on 2nd September 2005 [JN&SMG(M)05/01] – Monitoring of Named Services – Template – Professor Duncan Stewart-Tull had been nominated to work with the South Monitoring Group to develop an appropriate template for monitoring named services.

It was intended to have a simplified system which members could track changes over the previous year for in-patient/day cases and out-patients.

**DECIDED:**

That the template used for named services on a quarter-by-quarter basis cover the previous year for comparison purposes.
22. **PRESENTATION FROM THE SCOTTISH AMBULANCE SERVICE**

Unfortunately, Mr McCafferty, General Manager, Scottish Ambulance Service, had submitted apologies for absence for today’s meeting.

**DECIDED:**

That the Scottish Ambulance Service DVD on services in Glasgow be sent to members and specific questions be submitted by members to the Head of Board Administration in order that the Scottish Ambulance Service can attend the next meeting of the Group and respond to those specific concerns/questions.

23. **PRESENTATION ON DAY SURGERY**

Dr Brian Cowan, Consultant Anaesthetist and Medical Director of the NHS Board gave a presentation on the emerging short-stay beds at the new Stobhill Hospital. The overheads are attached to the Minutes – the key messages for the Group were the intention to have 2/3 night short stay beds in the new Stobhill Hospital as a new build. This would be about a dozen beds and would cover approximately 1500 episodes per annum and a pre-assessment process would be undertaken to determine the suitability of patients and identify any needs prior to admission.

In response to a series of questions from members, Dr Cowan advised:-

- existing accommodation would be used initially and ultimately these beds would be replaced in a new build extension;
- this was a clinically-led change and would provide an extended role for nursing staff, who would manage the short-stay beds overnight;
- the short-stay beds would separate elective surgery from emergency surgery and reduce the risk of infection;
- staff agreement to the possibility of an extended working day had still to be discussed with staff;
- day surgery levels would be likely to increase in future as NHS Greater Glasgow was at the lower end of day case performers;
- the critical care review had determined that the ITU/HDU beds would, in future, be located at the Royal Infirmary and the Southern General Hospital.
- nurse staffing for the short-stay beds had still to be agreed.

The Chair thanked Dr Cowan for a helpful and particularly interesting presentation and was sure the issue would be regularly discussed by the Monitoring Group in the months ahead.

24. **UPDATE ON NEW STOBHILL HOSPITAL**

Mr Calderwood gave members an update on progress of the new Stobhill Hospital.

Detailed planning was being considered by the City Council, with the hope that by the end of January 2006 the detailed planning application would be approved.
If this proved to be the case then the Final Business Case would be considered by the NHS Board and then submitted to the Scottish Executive Health Department in March 2006. Once approved, the NHS Board would move to financial close and sign the contract with the Consortium. It may then be possible to see a start on construction in June/July 2006 with a 27-month construction period followed by a 3-month commissioning period – all leading to a possible opening in early 2009.

Mr Calderwood also advised the pre-construction enablement work would commence on the Stobhill Hospital site in January 2006, related to works associated with the new road access from Belmont Road and the laying of a new and separate sewer for the hospital.

It was recognised that there would be a net reduction of available car park spaces on the site and there would be disruption across the site during the pre-construction work and when the main construction work commenced. Temporary car parking would be created but its numbers would not match the spaces lost due to construction work.

Mr Calderwood emphasised again that the proposed timetable which he had described was dependent upon receiving detailed planning from the City Council in late January 2006 and the Final Business Case being approved by the Scottish Executive Health Department in March 2006.

In response to a member’s concerns, Ms Grant explained the arrangements now and in the future to monitor the use of disabled car parking spaces.

The Chair thanked Mr Calderwood for this latest update in the progress of the new Stobhill Hospital.

25. **MONITORING GROUP CHAIRS MEETING WITH THE MINISTER**

The Chair reported that the meeting with the Minister for Health and Community Care had, due to Parliamentary business, been moved from 8th December 2005 to 25th January 2006.

He asked that if members wished any issues or topics to be included in the agenda for this meeting that they be routed via the Head of Board Administration. Members

26. **STANDING ITEMS**

a) **Members’ Comments on External Impacts on Named Services**

A member raised concerns that the beds in the Intensive Care Unit (ICU) were to be closed and moved.

Ms Grant advised that there were no proposals to close ICU beds ahead of the re-alignment of ITU/ICU beds as part of the overall approved Acute Services Strategy. It was possible that during the construction work the beds may require to be moved within the Stobhill site for a temporary period.
In response to a member’s question, Mr Calderwood gave the tentative timetable for the further phases of the Acute Services Strategy. In relation to the Royal Infirmary, this was planned in Phase III – the business case being prepared with the aim of a possible start on site to develop the new services during 2008.

The Western Infirmary would see the Beatson Oncology Services transferring to the new West of Scotland Beatson Oncology Centre at Gartnavel General Hospital in 2007. The Cardiothoracic service would move to the National Golden Jubilee Hospital if Ministerial approval was granted to the proposals recently consulted upon.

**NOTED**

b) Waiting Times – Reports

There was submitted for information the Waiting Times Report which had been considered by the NHS Board at its meeting on 15th November 2005. Also attached was a copy of the North Division In-patient/Day Surgery Waiting List by speciality to 31st October 2005 and the corresponding Waiting List Report for Out-patients.

The reports indicated excellent progress in meeting the Ministerial commitment of having no patient waiting over 26 weeks for an in-patient, day case or out-patient appointment by 31st December 2005.

Ms Grant would re-label the term ‘anaesthetics’ to Chronic Pain for future reports to the Group.

Mr Calderwood advised that a combination of NHS Greater Glasgow, the National Golden Jubilee Hospital and a small capacity from the private health care sector had been utilised to achieve the progress in meeting the waiting times commitments. In meeting the waiting times commitments, it would then be necessary to sustain the services to the same level and develop plans to address the new Ministerial commitments of no patients waiting over 18 weeks by 31st December 2007, including those patients with Availability Status Codes (ASCs). Availability Status Codes are where patients have delayed admission for personal reasons, did not attend their appointment or had other underlying medical constraints which affected their admission date: also included were patients with low clinical priority or required highly specialist treatment not immediately available or easily accessible.

Members were surprised at the ‘did not attend’ rate – subject of a national review – and discussed the payment of staff working extended hours to meet the waiting times commitments. The payments available where part of national teams and conditions, but rates were variable between medical staff and other NHS staff.

Ms Grant re-emphasised that patients requiring urgent treatment were an absolute priority and their care was not affected by the need to treat patients close to possibly breaking a waiting times guarantee.

**NOTED**
27. **ANY OTHER COMPETENT BUSINESS**

a) **Bed Modelling**

A member referred to the difficulty in obtaining all the papers associated with the bed modelling exercise and asked for an up-to-date position now that the consultation period had ended.

Mr Calderwood advised on the comments received and that the Working Group were considering these submissions before finalising the report shortly for further discussions with the clinical staff. The outcome on bed modelling would impact on the final business case for the new South Glasgow Hospital.

**NOTED**

28. **DATE OF NEXT MEETING**

Dates of 2006 meetings:

i) 9.30 a.m., Friday, 3rd March 2006

ii) 9.30 a.m., Friday, 2nd June 2006

iii) 9.30 a.m., Friday, 1st September 2006

iv) 9.30 a.m., Friday, 1st December 2006

All meetings to be held in the Corporate Meeting Room, North Glasgow Division Office, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 11.55 a.m.