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, 3rd March 2006 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
Dr Jo Davis
Mr Bill Goudie
Mrs Elizabeth King
Mr Paul Martin MSP
Mr John McMeekin
Ms Mary Murray
Professor D E S Stewart-Tull

IN ATTENDANCE

Ms Jane Grant .. Acting Chief Executive, North Division
Mr John C Hamilton .. Head of Board Administration – NHS Board
Mr Graham Kirkland .. Head of Accident and Emergency Services, Scottish Ambulance Service (to Minute 4(c))
Mr Mark McAllister .. Community Engagement Manager – NHS Board
Mr Alex McIntyre .. Director of Facilities
Mr David Robertson .. Paramedic, Scottish Ambulance Service (to Minute 4(c))

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Dr R Hughes, Dr R Milroy and Dr P Ryan.

In addition, the Chair advised that the following officers had submitted apologies for absence – Ms Helen Byrne, Director of Acute Planning and Mr Niall McGrogan, Head of Community Engagement.

The Chair advised that Dr Jo Davis was leaving the Group and would be replaced by the new Chair of the Medical Staff Association at Stobhill – Dr Robert Milroy. Also, Mr Bill Goudie was retiring at the end of the month. The Chair thanked, on behalf of the Group, Dr Davis for his significant interest and contribution to the Group since it was established and wished Mr Goudie well in his forthcoming retirement.

2. WELCOME

The Chair welcomed Mr G Kirkland and Mr D Robertson from the Scottish Ambulance Service to their first meeting of the Group and Mr McIntyre who was again attending to give the Group an update on the development of the new Stobhill Hospital.

The Chair advised that Ms Helen Byrne, Director of Acute Planning, had recently been appointed to the NHS Board to lead on the implementation of the Acute Services Strategy and she would be attending future meetings of the Group.
The Group congratulated Ian Miller on being awarded the OBE in the New Years Honours List for his services to Education and his role as Chair of Skill Scotland, National Bureau of Students with Disabilities.

3. MINUTES

The Minutes of the Joint Meeting of the Monitoring Groups held on 2\textsuperscript{nd} December 2005 [JN&SMG(M)05/03] were noted.

A member raised a point that the Group agreed should be recorded in the Minute. Under Minute 23 – Presentation on Day Surgery and Short-Stay Beds at Stobhill Hospital by Dr Brian Cowan, Medical Director, the Group wished to record:

That when questioned about the short-stay beds, Mr Calderwood replied that 12 beds would be set aside in the existing hospital accommodation until the completion of the new hospital. Thereafter there would be an additional unit built adjoining the new hospital. Dr Cowan anticipated that facility would be Nurse Practitioner-led.

The Group saw this as a positive outcome on discussions about the addition of overnight beds at Stobhill.

4. MATTERS ARISING

a) Membership of North Monitoring Group

In relation to Minute 21(b) – Membership – the Chair reported that the replacement of Mr Bill Aitken MSP lay with the Minister and as previously discussed, Dr Robert Milroy would be replacing Dr Jo Davis and a replacement will be required for Mr Bill Goudie as Chair of the North Division Partnership Forum.

J C Hamilton

NOTED

b) Monitoring Template

There was submitted a paper by Professor Stewart-Tull showing the activity data for in-patients, day cases and out-patients for 2004/05 and 2005/06 (to December 2005) for the acute hospitals in NHS Greater Glasgow.

The figures for cardiology were being re-assessed to avoid any duplication and the second and third quarters figures for 2005/06 – Accident and Emergency were corrected.

Professor Stewart-Tull advised that figures he had collated for Accident and Emergency had been carried out at the request of the Minister and he would submit them direct to the Minister for consideration. He felt the attendance figures at the Western Infirmary and Victoria Infirmary were high and yet these were the two A&E Units facing closure.

Professor Stewart-Tull recorded his thanks to Liz Hay and Antoinette Parr for their help and assistance in compiling the activity data for monitoring purposes.
The Group recognised the significant effort and time Professor Stewart-Tull had committed to this task and thanked him for completing the monitoring template which would be reviewed regularly by the Group in future meetings. The addition of narrative by the NHS Board to explain trends or inconsistencies in the figures would be welcome.

The range of questions and points covered were:

i) concern at the number of attendees at the A&E/Trauma Units at the Southern General Hospital and Glasgow Royal Infirmary once the Acute Services plan was implemented in full;

ii) the impact of the current ongoing consultation on acute services in Lanarkshire NHS Board area;

iii) why wasn’t the Acute Services Strategy suspended until patient numbers from NHS Lanarkshire and NHS Argyll and Clyde were known;

iv) concern that patients were not sure whether to attend Minor Injuries Units or A&E in the future.

DECIDED:

That the figures for the last quarter of 2005/06 be added to the Monitoring Template at the appropriate time and that it be submitted to the Group for further discussion.

Prof. Stewart-Tull

In relation to Minute 22 – Scottish Ambulance Service – Mr Kirkland and Mr Robertson had attended to answer members’ questions on the Scottish Ambulance Service DVD on services in Greater Glasgow which had been provided to members at the last meeting.

Members’ comments on the Scottish Ambulance Service DVD were:

i) why was the example of a myocardial infarction patient in Kirkintilloch taken to the Royal Infirmary and not the Coronary Unit at Stobhill Hospital?

ii) the DVD seemed to be overly optimistic about travel speeds to patients and then to the appropriate hospital;

iii) traffic congestion was under-played – the example of crossing the Kingston Bridge when it was quiet was not a normal occurrence;

iv) would a patient’s own wishes be taken into account about which A&E Department they would like to be taken to – the members were aware of people in the communities who would not wish to be taken to a particular hospital.

v) how were calls prioritised?

vi) more could have been made about medical advances and the stabilisation of patients before transfer to the appropriate hospital – also, what would the medical impact be of the additional journey time to the Royal Infirmary for patients who would currently be taken to Stobhill Hospital?
vii) the DVD was well presented and the improvements in the ambulance service should be commended, however, there still required to be further improvements made and the DVD should not have been misleading on traffic congestion or by-passing Stobhill Hospital.

Mr Kirkland and Mr Robertson thanked members for their observations and questions. They had not been involved in making the DVD but acknowledged Mr McAllister’s comments that the DVD was currently being re-edited and a number of points in relation to Stobhill and traffic congestion would be picked up. The M8 in rush-hour periods was an issue for the Ambulance Service, although through satellite navigation and good local knowledge, areas of gridlock could often be avoided.

The Scottish Executive target of 60% of ambulance personnel trained to paramedic status had been achieved and even more staff were attending the appropriate training courses.

The Despatch Centre in Paisley took the call and an ambulance driver would determine the most suitable route to reach the patient, the patient’s clinical needs being paramount, and that would determine which hospital the patient was taken to, however, that would almost always be to the nearest A&E Department. Calls were prioritised – a GP could call and seek an ambulance to take a patient to hospital in 3/4 hours time – that call would then be prioritised against emergency calls.

The stabilisation of the patient at the scene was strongly emphasised, however, it was difficult to quantify, in terms of patient outcomes, any additional journey time to an A&E/Trauma Unit. The Ambulance Service now had better knowledge, equipment and trained staff and these advancements had made an enormous difference to the care, treatment and outcomes of patients.

The Chair thanked Mr Kirkland and Mr Robertson for attending and answering members’ concerns openly and honestly.

NOTED

5. UPDATE ON NEW STOBHILL HOSPITAL

The Chair introduced Mr Alex McIntyre, Director of Facilities, to give a presentation of the progress and timescale for the development of the new Stobhill Hospital. The presentation was attached to the Minutes.

Mr McIntyre advised that the presentation was the one given to the NHS Board on 7th February 2006 and therefore was the position at that time.

Following the presentation, members asked questions in relation to:-

a) Car Parking – would there be adequate disabled car parking close to the hospital and would staff and public parking be in separate areas.

   Mr McIntyre confirmed this indeed would be the case and the City Council’s standards and ratios for car parking would be applied.

b) There was concern at further significant delays in the timetable of the proposed development, car parking charges should not apply to Stobhill due to the poor public transport links and what input have patient groups had into the design and layout of the new hospital.
Mr McIntyre advised that there had been additions to the project (both at Stobhill and the Victoria) and financial close was only achievable and the contract signed if the value for money and affordability issues were satisfactorily met. Planning permission was targeted for April 2006 and hopefully thereafter financial close could be achieved in June 2006.

The NHS Board’s Car Parking Policy was approved for all sites on a phased basis and this included Stobhill and the charges would be determined by the Car Park Implementation Group.

c) A member quoted from the Architect Design Scotland Report and felt that there were some significant concerns which required to be addressed – especially at the Victoria. It was requested that all members receive a copy of this report.

Mr McIntyre confirmed that the issues highlighted were currently being considered and resolved.

d) On the short-stay beds, Mr McIntyre confirmed that the theatre design was being revised and the existing ward accommodation would be utilised and when these acute beds moved from the site a new build housing the short-stay beds would be added after the contract to build the new hospital had been completed.

e) On car park numbers, Mr McIntyre explained that 300 car park spaces would be replaced temporarily on the Treasury Building site once the building had been demolished and 50 spaces at Belmont Road. The City Council ratio of patients to staff car park places would apply.

The Chair thanked Mr McIntyre for a very clear and informative presentation and for answering the range of members’ questions.

NOTED

6. FEEDBACK FROM CHAIR’S MEETING WITH THE MINISTER FOR HEALTH AND COMMUNITY CARE ON 25th JANUARY 2006

The Chair gave a full feedback on the Chairs’ meeting with the Minister for Health and Community Care on 25th January 2006.

Thee Minister had expressed his gratitude and appreciation to all members of the Monitoring Group for the significant effort and time each committed to the work of the Group and feeding back on a range of issues to local communities.

The Chairs had advised the Minister of:-

a) the contribution made by all members;

b) the openness of NHS Greater Glasgow senior managers and staff to engage with the Monitoring Group;

c) the helpful and clear presentations given on the NHS services available and future plans;

d) the achievements secured – the retention of the Casualty Unit at Stobhill and the welcome news about the introduction of 12 overnight beds at Stobhill to allow even more patients to have their day surgery locally.
The Minister acknowledged the significant challenge faced in addressing transport issues and that he would be proactive in encouraging change as a result of the Fair4All Report.

The Chair reported that the Minister believed that the Monitoring Groups played a significant role in highlighting concerns and issues from a range of perspectives and had established good links with the communities. He was minded to ask if the Groups would be willing to continue their work until up to 6 months after the new hospitals had been completed. There was general agreement to this proposed timescale, although some concern that a further group will be needed to monitor the implementation of the Acute Services Strategy until it had been completed.

A member raised the issue of the patient transport service run by the Scottish Ambulance Service – it would need to adapt and be more flexible to meet the demands of patients attending the new hospitals. There were many instances of patients picked up too early for their appointments, left waiting lengthy periods after their appointments to go home, and the service being unresponsive to patient needs. This was recognised and would be returned to at a future meeting of the Group.

There was further discussion about the possibility of moving to a Joint Monitoring Group in future – this was acknowledged, however, both Groups still retained a strong local focus which was important to maintain.

A member was concerned about the withdrawal of the Patient Forum from Stobhill. The Patient Focus Public Involvement work of the NHS Board was explained, together with the database of 3,000 members of the public engaging in future development and the highly successful and well supported ‘Our Health’ events conducted regularly on a themed basis of the services run by NHS Greater Glasgow. Mr McAllister spoke about the Community Engagement Team’s work with local committees and the offering of meeting any Community Council to discuss issues pertaining to NHS Greater Glasgow. A number of community Councils had taken up this offer and a recent meeting had been a sell-out. Further events were being held at Bishopbriggs High School on 28th March and Springburn Academy on 30th March 2006. The next ‘Our Health’ event was 24th March 2006 in the Royal Concert Hall and would cover GP and Pharmacy Services.

NOTED

7. 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 21st February 2006.

   The targets of no in-patient, day case and out-patient waiting in excess of 26 weeks by 31st December 2005 had been achieved, with the exception of one patient who, due to an administrative error, had not been sent an appointment date. The patient was seen at an out-patient clinic on 10th January 2006.
A member was concerned about patients not knowing if they would be admitted to hospital for an elective procedure until the morning of their intended admissions – this had a significant impact on their care arrangements and work. They went on to express concern about figures being massaged nationally and the role of the private sector. Ms Grant advised that all figures were audited locally and no figures were massaged and the patient response to the overall package of ways patients had accessed care had been very positive.

A member raised a situation of where 5 patients had not received their treatment from the private sector initiative and had been told they had lost their place on the waiting list. Ms Grant requested details of each case outwith the meeting and she would personally investigate the circumstances of each and respond to the patients direct.

The Availability Status Codes were to be abolished by the end of 2007 and plans had been submitted to the Scottish Executive Health Department to achieve this target.

A member enquired about whether patient numbers had increased for those patients requiring elective admission and who had not been admitted for one reason or another. Figures were not immediately available but the reason this would happen would be directly linked to pressure from unplanned emergency admissions. Ms Grant would correspond with the members direct once she had sourced the data on this matter.

A member requested the number of Consultant staff and vacancies for the last two years – this would be made available direct to the member.

**NOTED**

c) South Monitoring Group Minutes: 2nd December 2005

Noted.

**NOTED**

8. ANY OTHER COMPETENT BUSINESS

a) Minor Injuries Unit

A member felt the NHS Board had to do more in educating the public on Minor Injuries Units and why, or for what reason, patients would attend these units as opposed to A&E. In some instances patients did not feel competent to make these decisions.

Mr McAllister advised that this matter had also been raised by a member of community groups and he had alerted the NHS Board of these concerns so that they could be addressed at the appropriate time.

**NOTED**

b) Road Signage

A member asked if the road sign indicating that Stobhill Hospital had an A&E Department be removed. Ms Grant would investigate.
9. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 2\textsuperscript{nd} June 2006 in the Corporate Meeting Room, North Glasgow Division Office, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 11.55 a.m.