

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 September 2004 in the
former Library, North Glasgow Division HQ
300 Balgrayhill Road, Glasgow, G21 3UR

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Harry Burns	Ms Mary Murray
Dr Robert Cumming	Mr John McMeekin
Dr Jo Davis	Dr Paul Ryan
Mrs Elizabeth King	Mr Donald Sime
Mr Paul Martin MSP	Professor D Stewart-Tull

Dr Jean Turner MSP

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

Mr Tim Davison	..	Chief Executive, North Glasgow Division
Mr Ken Fleming	..	Health & Safety Adviser, North Glasgow Division (to Minute 23)
Ms Jane Grant	..	General Manager, Division of Surgery, North Glasgow Division
Mr J C Hamilton	..	Head of Board Administration – NHS Board
Ms Anne Hyndman	..	Board Administration – NHS Board
Mr Mark McAllister	..	Community Engagement Officer – NHS Board

ACTION BY

20. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mr W Aitken MSP and Dr Roger Hughes.

The Chairman welcomed Ken Fleming, Health & Safety Adviser, who was attending for Agenda Item 5 and Anne Hyndman from Board Administration.

21. MINUTES

The approved Minutes of the meeting held on 16th July 2004 [NMG(M) 04/03] were submitted for information.

22. MATTERS ARISING

- a) In relation to Minute 17 – Casualty Services – Stobhill Hospital – page 5, 3rd paragraph – it was reported that correspondence had been received from Managers and Clinicians that patients from the Gyn-Cancer and Gynaecology service which had transferred from Stobhill to the Royal Infirmary would not be denied access to the high dependency beds. It was clear, however, that this was putting extra pressure on the high dependency unit.

NOTED

b) Recruitment Process for Consultants in Accident and Emergency – North Division

Further to the request at the previous meeting, there was a paper submitted by the Chief Executive, North Division, setting out the steps taken to attract Accident and Emergency (A&E) Consultants to the North Division.

In addition to the paper, the Chief Executive reminded members about the requirements sought by the Royal Colleges following their accreditation visit to Stobhill Casualty in April 2004. These were – an additional middle grade staff member (completed); improve the equipment within Casualty (ordered and will arrive shortly) and refurbishment work to separate the waiting area from the clinical area (planning under way).

The two A&E Consultant posts were to join an existing team of 6 A&E Consultants based at the North Division and would work in rotation to provide Consultant cover for specified periods at the Casualty Unit at Stobhill.

It was pointed out that in the Monitoring Group Minute for the 23rd January 2004, the Chief Executive had stated that the 2 A&E Consultants were hoped to be in place by the autumn 2004 and that this information would be shared with the Royal College's at their visit in April 2004. Members wanted to know why this commitment had been changed.

The Chief Executive explained that the North Division were aware that there were no potential candidates available and had decided to target their efforts towards candidates who would be seeking Consultant posts later in the year/early 2005. There were currently fewer trainees than posts available.

On the issue of whether the earlier recruitment of the 2 A&E Consultants would have made a difference to the Royal College's visit in April 2004, the Chief Executive reported that if this had been possible it would have assisted with extended Consultant cover at the Casualty Services, Stobhill and lessened the load. However, Consultant cover would not have been provided all day, every day and therefore the educational and clinical supervision would still have been lacking.

Some members felt that they had been misled in January 2004 and raised the issue that the NHS Board had already taken the decision to close the Casualty Unit at Stobhill Hospital 2 years earlier and this would have an impact on recruitment.

It was felt therefore that it was now convenient to lay the blame for the intended closure at the door of the Royal Colleges. It was explained that the NHS Board's approved Acute Services Strategy saw the development of 2 Trauma/A&E Centres at the Royal Infirmary and Southern General; an acute emergency receiving unit at Gartnavel Hospital and Minor Injuries Units at Stobhill and the Victoria Infirmary. The Casualty Unit at Stobhill was to close and the difference made to that decision by the Royal College's accreditation visit was that the closure had been accelerated.

The review of A&E assumptions – a commitment given by the Minister for Health and Community Care – required the NHS Board to review the assumptions which underpinned the decision to move to 2 Trauma/A&E units and emergency receiving for patients referred by GPs at Gartnavel General. Members had received a copy of the NHS Board paper which set out the 3-stage process and the Monitoring Group would be included in that process.

Members continued to be concerned about where the current 47,000 attendees at Stobhill Casualty Unit would be treated and the impact of closing the Casualty Unit would have on the named services the Monitoring Group were remitted to monitor.

The Chief Executive stated that he and his colleagues were considering all options to see if the Royal Colleges would extend the withdrawal of training accreditation status from the Casualty Unit from August 2005. He emphasised that the current service was now better for patients and the junior doctors than it had ever been but it was still a poorer service than that provided by other A&E Departments. A meeting had been arranged with the Royal Colleges to keep them advised of progress and if there was any prospect of a further extension this would be sought. Members of the Group emphasised that they were aware that the service at Stobhill was not an A&E service and therefore any comparison in quality terms with an A&E service was not justified. As at the Casualty Unit at Stobhill, not all attendees would see a Consultant on arrival at an A&E Department.

Concern remained about the recruitment process followed by the North Division for the 2 A & E Consultant posts and the fact there was not a major recruitment effort from January 2004. Members had not been advised of the change of direction in the recruitment process and were disappointed that they had not been informed. The Chief Executive apologised if he had misled members, but he had deferred the recruitment process until there were candidates available for the posts to be advertised.

NOTED

c) **Proposals to Accelerate Acute Services Strategy – Implications for Stobhill**

Proposals to accelerate the Acute Services Strategy were likely to be considered by the NHS Board in October/November 2004 and thereafter would be consulted upon. Depending upon the timing of the proposals going to the NHS Board, there may require to be an additional meeting of the Monitoring Group to consider these proposals.

In the interim the North Division had to plan for the withdrawal of training accreditation and therefore the closure of the Casualty Unit at Stobhill in August 2005. There was concern, however, that the timescale might not be achievable.

Jane Grant gave a presentation on early thoughts of how services could move to accommodate the closure of the Casualty Unit. She stressed that the bed numbers shown on the overheads were indicative and the proposals were very much work in progress.

The overheads are attached to the Minutes for information.

It was emphasised that the patient/GP/Consultant relationship was important and moving services would interfere with that rapport. Also, the NHS Board was using misleading posters indicating that services were moving to 21st Century buildings when this would not be happening in the first set of moves.

The Chair asked if a map could be provided to members at the next meeting showing the patient movements and travel.

Transport remained a top priority for any forthcoming moves and it was stated that the Minister was not aware of the full proposals to accelerate the Acute Services Strategy. The 5-year commitment had to be maintained and this also applied to Medicine for the Elderly.

The Chief Executive highlighted again the workforce issues facing NHS Scotland and the fact that the medical staff would not be available for the NHS Board to sustain the current pattern of services until 2010. The acceleration proposals would be submitted to the NHS Board and then the Monitoring Group and other stakeholders would be consulted upon the proposals. The issue of the Casualty Unit was an unrelated although inter-linked issue which required plans to take account of an August 2005 closure. The closure was not convenient to the NHS Board and any plans had to take account of the overall strategy to move ultimately to 2 Trauma/A&E sites and an emergency receiving unit by 2011/12.

The Director of Public Health emphasised the need to maintain a degree of flexibility when discussing services and to recognise the benefit of the Monitoring Group having the opportunity to discuss such issues early and be involved in shaping future services.

Ambulance transport and the results of the recent patient survey would be discussed at future meetings. Day cases and out-patient clinics would remain at Stobhill, however, in relation to Orthopaedic Services, this would continue to be an integrated single site service although it was possible the day surgery cases could move to Stobhill. Theatre capacity would remain at Stobhill until it transferred to the new theatres within the ACAD.

Moves to older accommodation with the promise of moving to new accommodation were viewed with scepticism by patients and staff, based on previous experiences within the NHS.

DECIDED:

That the North Division provide a map of patient travel as a result of the options for proposed moves associated with the intended closure of the Casualty Unit, Stobhill Hospital, planned for August 2005.

***Chief Executive,
North Division***

23. HEALTH AND SAFETY AND FIRE ISSUES

Members had asked at the March 2004 meeting that the Health and Safety Adviser attend to discuss issues in relation to health and safety and fire prevention within hospitals and, in particular, when services were being moved. Ken Fleming, Health and Safety Adviser, North Division, was introduced by the Chair.

Mr Fleming explained that his duties covered health and safety, fire prevention, conflict management and training for staff in these areas. At the members' request, Mr Fleming described the fire safety measures and procedures for hospitals and, in particular, the evacuation procedures which were influenced by patient safety and where the fire was located.

In response to questions from members, Mr Fleming confirmed the involvement he and his staff had had in new developments with services possibly moving. Assessments were undertaken and plans and proposals were amended to take account of health and safety and fire prevention advice.

The Chair thanked Mr Fleming for attending and for his contribution to the work of the Monitoring Group.

NOTED

24. **STANDING ITEMS**

a) **ACAD Update**

The Chief Executive advised that the final invitation to negotiate had been received from the single bidder and negotiations would be under way shortly to ensure value for money when drawing up the specification and design of the ACADs. A submission would be made to the NHS Board, subject to the outcome of negotiations, to proceed or otherwise, with the offer from the single bidder. If approved, the next steps would be to proceed to the detailed design options.

Members had a number of detailed questions about the process and on the public sector comparator and it was agreed to invite Mr R Calderwood, Project Director – Acute, to attend the next meeting to discuss the next steps in the development of the ACADs.

DECIDED:

That Mr Robert Calderwood, Project Director – Acute, and relevant members of his team attend the next meeting of the Monitoring Group to discuss issues related to the development of the ACADs.

J C Hamilton

b) **Members Comments on External Impacts on Named Services**

i) There was confusion as to why certain processes related to ACADs had been taken forward when it had been made clear that there was no contractual close with a preferred bidder for the ACADs. It was explained that in order to keep to the timetable of commissioning the ACADs in late 2007, it had been necessary to commence elements of the design work and financial, and legal matters at an early stage.

ii) A local paper had run an article about the possible collapse of the Orthopaedic Service. The Chief Executive indicated that the Orthopaedic Service presented a huge challenge for the NHS Board in terms of the waiting list challenge and attempts were being made to recruit 6 Consultants (4 in the North Division), however, that the service was not about to collapse. The Chief Executive explained that there were not enough trainees currently coming through and the service had experienced a sudden and unexpected loss of Consultants. Two new Consultants had just been appointed at the Royal Infirmary and interviews were being held shortly for a Consultant position at the Western Infirmary.

The issue of cross boundary flow patients was discussed – some routine cases and some specialist cases were referred to NHS Greater Glasgow. The numbers of such patients remained fairly constant and the arrangement would continue after the full implementation of the Acute Services Strategy. The issue of satisfactory funding from other West of Scotland NHS Boards for these patients was the subject of continued discussions between the relevant NHS Boards. It was important to establish an agreement that recognised the costs to the host NHS Board and this was ongoing.

NOTED

c) **Waiting Times – Report to 31st July 2004**

There was submitted for members' information a copy of the Waiting Times Report which had been submitted to the August NHS Board meeting.

NOTED

25. **NAMED ACUTE SERVICES – BEDS AND ACTIVITY**

There was submitted a paper from the Director of Public Health on:-

- i) North Glasgow: Acute Services and Bed Activity: 2004
- ii) North Glasgow – Bed Complement by Specialty: 2003 and 2004 Comparison
- iii) Stobhill Bed Complement by Specialty and Ward: 2003 and 2004 Comparison
- iv) North Glasgow – A&E Activity by Hospital Site: January – March 2004

Following questions on the detail of ward numbers and specialties, it was agreed to add a column to future reports giving the specialty and reason for any change in bed numbers.

DECIDED:

To note the beds and activity report and ask the Director of Public Health to add a column to the comparison appendices highlighting the specialties and reasons for any changes in bed numbers.

H Burns

26. **WORK TO DATE AND FUTURE WORK PROGRAMME**

There was submitted a note of the Monitoring Group's work to date, together with a suggested forward work programme.

It would be necessary to add to the December 2004 meeting the requested attendance of Mr Robert Calderwood, Project Director – Acute, to discuss the update on the development of the ACADs.

J C Hamilton

The Royal Colleges would also be invited to the next meeting to discuss the criteria used to assess facilitation for training purposes.

H Burns

ACTION BY

DECIDED:

That when members receive the draft Minutes, they provide comments on the suggested Forward Work Programme to the Head of Board Administration.

All Members

27. ANY OTHER COMPETENT BUSINESS

The unacceptable length of waiting times within A&E Departments was raised. It was explained that the introduction of Minor Injuries Units had a significant impact on waiting times; on some occasions down from 4 hours to 30 minutes. GP referrals were also fast tracked.

Information was sought on trolley waits and it was agreed that the North Division would produce figures which would be sent out with the Minutes.

***Chief Executive,
North Division***

28. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 3rd December 2004 in the former Library, North Glasgow Acute Offices, 300 Balgrayhill Road, Glasgow, G21.

J C Hamilton

The meeting ended at 11.30 p.m.