

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, 4th March 2005 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	Mr John McMeekin
Dr Robert Cumming	Dr Paul Ryan
Dr Jo Davis	Professor Duncan Stewart-Tull
Mrs Elizabeth King	Dr Jean Turner MSP
Ms Cathy Miller	

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

Mr Robert Calderwood	..	Programme Director – Acute
Mr Tim Davison	..	Chief Executive, North Glasgow Division
Ms Jane Grant	..	General Manager, Division of Surgery, North Glasgow Division
Mr John C Hamilton	..	Head of Board Administration – NHS Board
Mr Mark McAllister	..	Community Engagement Officer – NHS Board
Mr Niall McGrogan	..	Head of Community Engagement – NHS Board

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr W Aitken MSP, Dr Roger Hughes, Mr Paul Martin MSP, Ms Mary Murray and Mr Donald Sime.

Apologies for absence had also been received from Mr Calum Kerr, Head of Emergency Services, Scottish Ambulance Service, who had been due to give a presentation to the Group on the developments in the ambulance services. It was agreed to ask Mr Kerr if he would be able to attend the next meeting of the Group on 3rd June 2005 to undertake his presentation.

J C Hamilton

2. MINUTES

The approved Minutes of the meeting held on 3rd December 2004 [NMG(M) 04/05] were submitted for information.

3. MATTERS ARISING

a) Stobhill Casualty - Update

There was submitted with the papers for the meeting a copy of a letter which Mr T P Davison had sent to the Editor of the Kirkintilloch Herald clarifying the position in relation to the future of casualty services at Stobhill.

On the accreditation of Stobhill Casualty for training junior doctors, it was reported that the Royal Colleges had now agreed, in principle, to consider the extension of training accreditation beyond the summer of 2005 – any timescale for the extension would only be known following a formal visit by the Royal Colleges to Stobhill Casualty later in the year. The extension was dependent upon the recruitment of two Accident and Emergency Consultants (interviews had just been held and job offers had been made to two candidates), refurbishment of some of the existing facilities (under way), the appointment of an additional Staff Grade doctor (appointed) and the purchase of additional equipment (purchased).

The Royal Colleges return visit would be to see evidence of these conditions being met and evidence of adequate clinical and academic supervision of the trainee doctors at Stobhill.

Mr Davison, in welcoming this news, reminded members that the original timescale for transferring casualty and accident & emergency attendances to the Royal Infirmary was envisaged to be 2010. However, due to the emerging new regulations on limiting the hours medical staff were able to work, the NHS Board had agreed a process to formally consider how changes may be made before then to sustain services to patients. The future of emergency care, including Stobhill Casualty, was included within this review. The NHS Board would consider the matter later in the year.

It was pointed out that as the NHS Board had agreed to the closure of Stobhill Casualty, the NHS Board needed to be advised formally that the Royal Colleges had agreed, in principle, to an extension and therefore Stobhill Casualty would not be closing in the Summer 2005. NHS Board Members had been advised of this by letter and would be discussing it at a Seminar on Tuesday, 8th March 2005.

There was also a need to keep staff and the patients informed: a member felt that if it had not been for Stobhill then NHS services would be in a worse condition in Glasgow than was currently the case. Patient safety should not be compromised.

Mr Davison emphasised that the Ministerially approved Acute Service Strategy remained; however, with further reductions in medical staff working hours there had to be consideration given to accelerating the strategy to possibly get to three adult acute sites in order to maintain safe services to patients. The Monitoring Group had been tasked with monitoring named services at Stobhill until 2007 and to participate in discussions about proposed changes to named services if this was required for reasons of clinical evidence.

The issue of the possibility of Stobhill being used for patients decanting from the Royal Infirmary in 2007 was raised. Mr Davison advised that in the run up to creating the new buildings at the Royal Infirmary, it was likely that there would be a need to utilise available accommodation at Stobhill, Victoria Infirmary and Gartnavel General for elective admissions. An expansion of Stobhill's rehabilitation role was therefore likely.

Communication with staff on these issues was essential – a member commented that not all information was palatable to staff but it was usually shared with them early and honestly. A member was concerned at how quickly information changed and became a different message – honest and consistent information was essential.

A member was concerned that the NHS Board did not take into account what patients wanted – patients did not want to go to the Royal Infirmary, but they were going to be forced to go there and patients did not know what a Minor Injuries Unit was.

Mr Calderwood concluded the discussion by stating that the Acute Services Strategy remained intact. There would be a refresh of the strategy in Autumn 2005 and any acceleration plans based on the assumptions highlighted in Dr Cowan's report in December 2003 would be considered by the NHS Board in order to address the medical staffing issues and safe services to patients and make best use of the available hospital accommodation. This work was awaiting the various clinical reports to be completed and then taken into consideration before determining the way forward. To date, the NHS Board had committed £300,000 of additional money to support the efforts of sustaining the casualty services at Stobhill.

DECIDED:

That the Chair write to the NHS Board expressing the Monitoring Group's pleasure at the outcome of the extension to training accreditation at Stobhill Casualty and for this to be reported to the NHS Board and also seeking the NHS Board's support to keep the Casualty Unit open.

Chair

- b) Report on Trolley Waits Survey: 15-21st November 2004: Inter-Disciplinary Response and Intervention Services (IRIS) and Discharge Lounges

There were tabled three reports from Mr Davison, namely:-

- i) Trolley Waits Report – Survey – November 2004
- ii) Report on the IRIS Service
- iii) Report on Discharge Lounges

On the Trolley Waits Report, Mr Davison advised of the national target to be achieved by December 2007 – within 4 hours of arrival at an accident and emergency unit, all patients should be seen, assessed, treated and, where appropriate, admitted.

At the last meeting in December the April 2004 figures for trolley waits had been discussed, the survey in November 2004 covered:-

- i) the percentage of trolley patients seen within 30 minutes from arrival to doctor and 2 hours from arrival to completion of treatment;
- ii) the percentage of walking wounded patients seen within 90 minutes from arrival to doctor and 2½ hours from arrival to completion of treatment.

The surveys revealed some improvements within the North Division from April to November and ongoing efforts are being made to make the sustained improvements necessary to meet the national targets.

Mr Davison then spoke about the IRIS support and rehabilitation service for patients at the interface of primary/secondary and social care. As this was a lengthy and detailed report, it was agreed to consider it at the next meeting of the Group on 3rd June 2005.

J C Hamilton

ACTION BY

Mr Davison introduced the paper on Discharge Lounges – used within Stobhill and the Royal Infirmary for patients awaiting discharge prescriptions and transport but who otherwise no longer required an in-patient bed. In the Western Infirmary, this function was carried out by the Transfer and Assessment Suite (TAS).

The Discharge Lounge at Stobhill opened in May 2004 and was located in the Elderly Care Day Hospital and was open between 8.30 a.m. and 4.30 p.m. – Monday-Friday.

General Discussion

The physical condition of the A&E Unit at the Western Infirmary was raised, with concerns expressed about privacy and dignity. Mr Davison advised that a major capital works scheme had been looked at for this area in the past: however, as its future lay in the possible acceleration proposals of the Acute Services Strategy review, no commitment had been given to proceeding with that scheme.

The issue of additional beds and wards being opened during the winter had had a knock-on effect on porters' workload – Jane Grant agreed to discuss this matter with those involved outwith the meeting.

J Grant

Mr Davison gave members a run-down of the winter plan for the North Division and the ability to open and close additional beds and wards depending upon activity levels. The issue of moving towards and then achieving the trolley waits target by December 2007 concerned some members.

DECIDED:

1. That the results of future surveys in 2005 on trolley waits be submitted to the Monitoring Group.
2. That the paper on the IRIS service be placed on the agenda for discussion at the next meeting on 3rd June 2005.

*Chief Executive,
North Division*

J C Hamilton

c) Community Engagement – ACAD Access and Development

Mr McGrogan gave a presentation to the Group on the work under way to include patients input to the access and development of the ACAD (the overheads are attached to the Minutes).

The issue of disability, from mobility to hard of hearing and sight impairments were discussed together with signage and languages that may need to be considered.

The volunteers who assisted with getting patients to the correct clinic was welcomed: however, some concern expressed was if these volunteers did not attend, what would be the back-up arrangements.

The Chair thanked Mr McGrogan for such an informative and interesting presentation.

d) Review of Assumptions Underpinning the June 2002 Decision on Accident and Emergency Services

Attached for members' information was a copy of a paper submitted to and approved by the NHS Board at its meeting on 22nd February 2005 on the review of the assumptions which had underpinned the decision reached in June 2002 on the future arrangements for accident and emergency services.

Members of the Group who had attended the Workshop in October 2004 as part of this process, criticised the report to the NHS Board. They felt it contained inaccuracies (in relation to figures for minor injuries), the process was a sham and the issue had been steam-rolled through (the paper being sent to NHS Board Members 4 days before the meeting and the agenda had over 350 pages to be read for the meeting).

The process had been a waste of public money; the workshop had concluded with a clear message about the need for a third A&E Unit at Gartnavel General, but this was misinterpreted by the NHS Board.

The representatives who had attended the workshop wished it recorded that the NHS Board paper did not reflect what had been said at the workshop. One member withdrew his support for the process.

It was emphasised that the process had been about reviewing the assumptions which had led to the decision in June 2002, not re-visiting the whole argument about the future provision of A&E services. The review had concluded that there were no fundamental assumptions which required to be re-visited.

NOTED

4. **MEMBERSHIP OF NORTH MONITORING GROUP**

A paper was submitted advising members that the Local Health Council would cease to function from 1st April 2005 and new arrangements would be put in place with a Scottish Health Council taking over new responsibilities from that date.

When the Minister had determined the membership of the Monitoring Group, a representative from the Health Council had been included to represent the public voice across NHS Greater Glasgow. In discussions with the Scottish Executive Health Department, it had been agreed to seek the Monitoring Group's agreement to remitting to the Public Involvement Committee the task of identifying an individual to carry out this responsibility in future.

DECIDED:

That the Public Involvement Committee be asked to nominate an individual to replace the Local Health Council representative on the North Monitoring Group.

J C Hamilton

5. **NHS GREATER GLASGOW: CAR PARKING POLICY**

As requested at the previous meeting, the approved Car Parking Policy for NHS Greater Glasgow was submitted for discussion. The NHS Board had approved the Policy at its 22nd February 2005 meeting following public consultation.

An Implementation Group with staff and patient involvement would be formed and tasked with establishing an Action Plan to implement the Car Parking Policy (and charges) to designated sites (including Stobhill) by April 2006.

A member was concerned that the Stobhill site had been gifted to the public for non-profit-making purposes, therefore introducing car parking charges at Stobhill was illegal. The legal position of Stobhill (ownership being vested in Scottish Ministers) was explained and that there was no legal impediment to introduce car parking charges at Stobhill.

The charges across NHS Greater Glasgow were to be equitable and fair and would follow the City Council's zoning for car parking charges.

The multi-storey privately run car park at the Royal Infirmary would be opened in the summer and would be available to all members of the public.

A member felt that as Springburn was one of the poorest areas in the UK, charging visitors to park at Stobhill was a disgrace.

NOTED

6. MEMBERS' COMMENTS ON EXTERNAL IMPACTS ON NAMED SERVICES

None.

7. WAITING TIMES REPORT TO 31ST JANUARY 2005

There was submitted for members' information a copy of the Waiting Times Report which had been submitted to the 22nd February 2005 NHS Board meeting.

At the request of a member, Mr Davison agreed to provide information to members on the number of patients waiting over 26 weeks and over 52 weeks within the North Division. It was hoped to send this out with the approved Minute.

*Chief Executive,
North Division*

A member was concerned that there was a reliance on the private sector to assist with treating NHS patients as part of waiting times initiatives. The concern related to the impact of the increase in expenditure on waiting times initiatives from £6M to £20M and the knock-on effect that would have on the single pool of Consultant medical staff. This was particularly concerning at a time of the consequences of the European Working Time Directives, which in itself was a contributory factor to increased waiting times. Was the NHS Board going to monitor the hours of NHS Consultants working in the private sector? It was explained that the capacity was not available in the NHS to deal with the backlog of patients requiring treatment in order to meet the waiting time targets by December 2005. Many private hospitals now had their own dedicated Consultants and the contracts let had included a clause that there would be no diminution of NHS services by the private hospitals using NHS Consultants to carry out the contracted work. Mr Davison commented that it was hoped that in the next three years the NHS would be able to treat all its own patients.

8. **SOUTH MONITORING GROUP MINUTES – 3RD DECEMBER 2004**

The Minutes of the South Monitoring Group held on 3rd December 2004 were submitted for information.

9. **ANY OTHER COMPETENT BUSINESS**

- a) A member raised the closure of Baird Street to traffic and the subsequent re-routing of the bus from Kirkintilloch to outside the Royal Infirmary. He asked if contact could be made with the bus company to see if this route could be continued and made permanent.

The Chair agreed to write to the bus company on this point.

Chair

- b) The Chair acknowledged that this was John McMeekin's last meeting representing the Local Health Council and also Tim Davison's last meeting of the North Monitoring Group.

He thanked John for his reflective and helpful contribution to the work of the Group and thanked Tim for his willingness and honesty in supporting the Group and for his commitment to attend so many meetings of the Group.

The Monitoring Group endorsed these sentiments.

10. **DATE OF NEXT MEETING**

The next meeting would be held at 9.30 a.m. on Friday, 3rd June 2005 in the former Library, North Glasgow Acute Offices, 300 Balgrayhill Road, Glasgow, G21.

The meeting ended at 11.50 p.m.