Greater Glasgow Acute Hospital Services Strategy: 
North Glasgow Monitoring Group

0930hrs, Friday 6th June 2003, Library, Headquarters, North Glasgow 
University Hospitals NHS Trust, Stobhill Hospital

Present:

Ian Miller (Chair)  
Dr Harry Burns, Greater Glasgow NHS Board  
Dr Jo Davis, Chair of Medical Staff Association  
Dr Andy McMahon (in place of Dr Roger Hughes)  
John McMeekin, Vice-Convenor, Greater Glasgow Health Council  
Paul Martin MSP  
Mary S Murray, North Glasgow Action Group  
Dr Jim O’Neil, Local Health Care Co-operative  
Donald Sime, North Glasgow Staff Partnership Forum  
Dr Jean Turner MSP

Apologies:

Bill Aitken MSP*  
Lex Gaston, Save Stobhill Campaign  
Dr Roger Hughes, Chair of Area Medical Committee

In Attendance:

Jim Whyteside, Greater Glasgow NHS Board (acting as Secretary in place of John Hamilton)

*NB. Mr Aitken wishes it to be known that he received papers at his constituency address too late to allow him to arrange attendance at the meeting.

1 Welcome and Introduction

Ian Miller welcomed everyone to the first independent meeting of the North Glasgow Monitoring Group. He drew attention to a new membership list, different from the one previously circulated through the addition of Lex Gaston.

2 Minute of 28th March Joint North and South Glasgow Monitoring Groups Meeting

The minute of the 28th March meeting was approved.

3 Matters Arising – Remit

Ian referred to enclosure 5a and invited comment and discussion on the remit as to how it now stood following the 28th March meeting.

After considerable discussion it was agreed that the remit be attached to the minute.
4 Matters Arising - Orthopaedics and Accident & Emergency Services

Ian referred group members to enclosure 5b. He explained that the group already charged with overseeing modernisation of A & E services would keep the North Glasgow Monitoring Group informed of its work. He also went on to add that it was his understanding that substantive posts were being created at Stobhill Casualty Unit that would enable consultant cover between 0900 and 1700hrs.

Jo Davis sought clarification whether A & E was now within the group’s remit as a named service. Ian replied that the Parliamentary remit was now clear and that it was not because another group was tasked to review proposals for future A & E services.

It had been agreed that the A & E group would supply reports and provide the Monitoring Group with opportunities to comment on critical issues. This will be a standing item on the Monitoring Group’s agenda.

5 Matters Arising – Statistical Baseline of Patient Throughput and Bed Numbers

Harry Burns delivered a presentation based on data from the individual hospitals in North Glasgow as summarised in enclosure 5c. He explained that this information had been requested by the group as a means to provide a baseline to monitor in future change in provision of services by specialty. Harry went on to say that Paul Martin had asked for detail at ward level and, as a result, he had discovered that the NHS Board no longer collected this data from the Trusts. Consequently, Harry had to work with the data he was able to obtain and there were problems with it.

In the course of his presentation Harry said that it was important to understand that ‘local knowledge’ about the way services are managed and data is gathered is vital if one were to understand what the statistics were actually saying.

Mary S Murray asked if the statistics referring to surgical care at the Glasgow Royal Infirmary and Western hospitals included operations contracted out to private care providers, such as Ross Hall and HCI prior to it being taken over by the NHS. Harry said that he did not know, especially as the statistics were in the order of two to three years old. He would check the data and make sure that sub-contracted private care was made explicit.

It was agreed that the Monitoring Group would receive regular statistical presentations from Harry. It was agreed that at the next group meeting a more detailed presentation would be given, based on the specialty of Nephrology (Kidneys), as it provided a good example of how a planned service change affected patient care.

It was also agreed that the Monitoring Group at its next meeting would receive a presentation from the team responsible for planning and delivering the new Stobhill ACAD.
6 Matters Arising – Issues and Future Reporting Arrangements

Ian suggesting meetings of the group should be regarded as closed but would allow frank and open discussion. The minute of this meeting would be approved at the next session in September and this would be the point of access to the public to read and understand what the monitoring group did. This was agreed.

7 Date of Next Meeting

Friday 5th September 2003, 0930hrs, Library, North Glasgow Trust HQ, Stobhill

Ian brought the meeting to a close and thanked everyone for attending.

The meeting concluded at 1125hrs.

Jim Whyteside
10th June 2003.