NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of Greater Glasgow and Clyde – Acute Services – North Glasgow Monitoring Group held at 9.30 a.m. on Friday, 5 June 2009 at the New Stobhill Hospital, Balornock Road, Glasgow, G21 3UW

PRESENT:

Mr Ian Miller (in the Chair)
Mr Malcolm Allan Mrs Mary Murray
Dr Roger Hughes Dr Ian MacLeod
Mrs Elizabeth King Mr John McMeekin
Mr Paul Martin MSP Cllr Ian MacKay
Dr Robert Milroy Professor Duncan Stewart-Tull
Mr David Whitton MSP

IN ATTENDANCE

Mr Jonathan Best .. Director of Regional Services – Acute Services Division
Mrs Jane Grant .. Chief Operating Officer (Interim) – Acute Services Division
Mrs Alison Flynn .. Board Administration
Mr Mark McAllister .. Community Engagement Manager

9. APOLOGIES

Apologies for absence were intimated on behalf of Dr Robert Cumming (who was represented by Mr Malcolm Allan) and Dr Paul Ryan.

10. MINUTES

The Minutes of the North Monitoring Group meeting held on 6 March 2009 [NMG(M)09/01] were noted.

11. MATTERS ARISING FROM MINUTES

a) Chemotherapy Services – Update

In relation to Minute 3(a) – Chemotherapy Services – Update - Mr Best gave an update on the current position and advised that there was a potential for only around 6 patients per week at Stobhill, a total of 18 treatments. However, an option appraisal would be carried out to assess whether the provision of day chemotherapy at Stobhill Ambulatory Care Hospital (ACH) was a viable proposition as this would necessitate dislocating staff from the Beatson.

A member raised the issue of the catchment area being considered and felt that this should cover the whole of the north and east of Glasgow. Mr Best advised that he would look at the postcode areas being included in the option appraisal. Mrs Grant reiterated that this issue was being looked at sensitively and a further update would be provided.

J Best
12. **STANDING ITEMS**

a) **Members’ Comments on External Impacts on Named Services – Dr Cumming**

A paper was tabled on behalf of Dr Cumming which raised concerns regarding the job description for the replacement Consultant Haematologist. The paper stated that an alteration in the haematology services provided at Stobhill and to local GPs would result in the transfer of much of this work to the Royal Infirmary.

Mrs Grant advised that she would discuss these issues further with Mr Crombie.

**NOTED**

J Grant

b) **Members’ Comments on External Impacts on Named Services – Dr Milroy**

A paper was tabled on behalf of the Stobhill Medical Staff Association (MSA) which expressed views on a number of issues.

**CT Scanning**

The MSA were pleased to note that the CT scanner in Stobhill Hospital was being used out of hours for emergency scanning. The new CT scanner in the new ACH was working during the week and would take on out-of-hours work in due course. There was, however, no intercom system in the new ACH which made communication difficult between the different areas in Radiology. Mrs Grant agreed that there were issues in relation to communication and these were being looked at in order to try and achieve a solution.

**Renal Dialysis Unit**

The Unit had not yet opened and Mr Best advised that a further 4 weeks was required to resolve the outstanding issues with the water treatment plant.

**Casualty/Minor Injuries Unit**

With the opening of the Minor Injuries Unit last month the activity levels anticipated had not yet been reached. Junior staffing was being reduced and an Associate Specialist would move to the Royal Infirmary. During the day an A&E Consultant would be present in the Minor Injuries Unit to support emergency practitioners.

A member raised a concern regarding the Minor Injuries Unit, as he was aware that children under the age of 5 could not be treated in a Minor Injuries Unit.

Mr Best described the protocol currently in place with the Scottish Ambulance Service, whereby children in a ‘blue-light’ ambulance were taken directly to Yorkhill, unless a significant deterioration in the child’s condition en route necessitated diverting to a closer site with full A&E facilities.

Mrs Grant indicated clinical safety was of paramount importance, and that regulations and documentation had already been considered to ensure that the service was appropriately aligned with existing requirements. She indicated that further explanation of the position would, however, be made available.

Jane Grant
Postgraduate Facilities

With the opening of the Stobhill ACH, there would be no Postgraduate facilities in the north apart from those at the Royal Infirmary, and that the MSA believed this to be a weakness. Dr Milroy advised that he hoped to speak to the Director of Facilities further on this issue.

Acute Services Review

The next steps affecting Stobhill hinged on accommodation being prepared at the Royal Infirmary. The MSA felt it was preferable that the transfer of in-patient beds/acute medical from Stobhill to the Royal Infirmary be delayed until the summer of 2011.

ITU

Concerns were expressed that the reduction in Intensive Therapy Unit (ITU) beds would also affect High Dependency Unit (HDU) beds. Mrs Grant advised that the modular unit was almost complete and bed issues were part of the day-to-day operational running of the department and that due consideration had been given to all categories of patient activity.

NOTED

c) Waiting Times and Access Targets – Report

There was submitted for information the Waiting Times and Access Targets Report which had been considered by the NHS Board at its meeting on 21 April 2009.

Mrs Grant highlighted that, as at the end of March, all waiting times targets for the 12 week requirements had been reached. Waiting time targets for diagnostic tests (6 weeks) had also been achieved. Work was now underway to move on to the next tranche of targets.

NOTED

13. DELIVERING THE ACUTE SERVICES REVIEW ACROSS GREATER GLASGOW

Members received the paper on Delivering the Acute Services Review Across Greater Glasgow, which had been considered by the Performance Review Group at its meeting on 19 May 2009. Mrs Grant gave a summary of the paper detailing the major points.

A member raised a concern that Accident and Emergency accommodation at the Royal Infirmary would not be adequate to deal with additional numbers of patients from Stobhill.

Mrs Grant advised that considerable work had been put into profiling internal accommodation arrangements within the Royal Infirmary A&E, including the relocation of Plastic Surgery, to ensure patient flow and meeting demand.

With respect to single room accommodation, Mrs Grant advised that this issue was being considered, taking into account a need to balance infection control requirements and bed planning.

NOTED

The draft Annual Report was noted. The Chair noted two minor corrections and advised Members that any comments on the draft report should be forwarded to Mr Hamilton in the next few days.

**NOTED**

15. **SOUTH MONITORING GROUP MINUTES: 13 MARCH 2009**

The minutes of the South Monitoring Group meeting held on 13 March 2009 were attached for information.

**NOTED**

16. **ANY OTHER COMPETENT BUSINESS**

The Chair thanked the members for their contribution to the work of the North Monitoring Group over the last 5-6 years, and advised that, with the opening of the new Stobhill Ambulatory Care Hospital, the remit of the Group had been fulfilled and was no longer relevant going forward. It was his intention to write to the Cabinet Secretary for Health and Well-being to advise that the work of the Group, based on the current remit, had come to an end and that consideration would need to be given to the future of the Group.

The Chair intimated that it was his understanding that the Cabinet Secretary would make an announcement in the summer regarding the future of both Groups.

Members present voiced their strongly felt concerns regarding the possibility that the Group would not continue, and considered that the remit of the Group was still relevant and should not necessarily end with the opening of the new hospital.

A member stated that, as work to transfer Stobhill Hospital inpatient services to the Royal Infirmary would continue into 2011, the Group should continue to monitor services until these processes had been completed.

The Chair advised that he would communicate these concerns to the Cabinet Secretary through Mr Hamilton.

**Chair**

17. **DATE OF NEXT MEETING**

The next meeting would be held at 9.30am on Friday 4 September 2009 at Stobhill ACH, unless advised otherwise.

The meeting ended at 10.30 a.m. and was followed by a tour of the new Stobhill Hospital