

# **Greater Glasgow Acute Hospital Services Strategy: North Glasgow Monitoring Group**

**0930hrs, Friday 5<sup>th</sup> September 2003, Board Room, Management Building,  
Stobhill Hospital**

## **Present:**

Ian Miller (Chair)  
Bill Aitken MSP  
Dr Harry Burns, Greater Glasgow NHS Board  
Dr Jo Davis, Chair of Medical Staff Association  
Dr Roger Hughes, Area Medical Committee  
John McMeekin, Vice-Convenor, Greater Glasgow Health Council  
Paul Martin MSP  
Dr Jim O'Neil, Local Health Care Co-operative  
Lambert Sinclair, Save Stobhill Campaign  
Dr Jean Turner MSP

## **Apologies:**

Lex Gaston, Save Stobhill Campaign (substituted by Lambert Sinclair)  
Mary S Murray, North Glasgow Action Group  
Donald Sime, North Glasgow Staff Partnership Forum

## **In Attendance:**

Margaret Campbell, Co-ordinator, NHS Greater Glasgow Ambulatory Care Hospitals Team  
Ian Crawford, Manager, Stobhill Hospital  
Peter Moir, Deputy Director of Capital Investment, North Glasgow Trust  
Jim Whyteside, Greater Glasgow NHS Board (acting as Secretary in place of John Hamilton)

### **1 Presentation on the Planning and Design of the Stobhill ACAD and Option Appraisal on Site Location**

Margaret Campbell and Peter Moir delivered a presentation on the nature and site selection of the new Stobhill Ambulatory Care Hospital.

Peter explained that site chosen, currently occupied by Wards 2 – 4, offered the best scope for pedestrian and vehicle access as well as direct links to the surgical corridor. The finished hospital would be built to a height of three storeys, with a 'footprint' of 6,500 square metres. Temporary construction access would be effected by a new road, which would separate contractors' traffic from visitors, staff and patients.

Peter went on to confirm that explained that the services currently housed in Wards 2 – 4 were in the process of being relocated. In response to Dr Jean Turner's questions, both Peter and Dr Harry Burns indicated that the accommodation in question was not earmarked for use in dealing with 'winter pressure' admissions and so its loss would not impact on this issue.

Dr Jo Davis confirmed that the effect would be on surgical capacity rather than winter pressures. There would be undoubtedly be a lost resource but the North Trust had no alternative but to close and demolish wards 2 – 4.

Assuming NHS Board approval to proceed, Peter said the likely date of demolition for Wards 2 – 4 would be the summer of 2004. Design tendering would continue up to Christmas 2003 and detailed work, such as a feasibility study incorporating a traffic management plan, would continue thereafter.

Paul Martin said that he was concerned about constraints on the Ambulatory Care Hospital site. If the Local Forensic Psychiatric Unit were not to be situated on the ‘greenfield’ area, a much larger, level space would be available to ensure that a three-storey building would not be necessary

Peter replied that the design of the building had to be a compromise between spreading accommodation out over a wide but level area, and a 30 second ride in a lift to accommodation above. For some patients a lengthy walk along a corridor was neither a viable nor attractive alternative. Margaret Campbell supported Peter: as a former member of clinical staff, the thought of a close to 20,000 square metre building on one level ‘filled her with horror’.

Dr Jim O’Neil’s view was that the facility was in the main intended for outpatient care; therefore, only two access roads may be insufficient. Peter said there were no plans for any additional roads –it was, however, possible that the temporary construction road could be made permanent.

Ian concluded the discussion by thanking Margaret and Peter for their presentation. He proposed that a regular progress report on the Ambulatory Care Centre should be a standing item on the group’s agenda. This was agreed.

**Agreed:**

**1.1 That progress reports on the Stobhill Ambulatory Care Hospital would be a standing item on the agenda.**

## **2 Approval of Minutes of Meeting held on 6<sup>th</sup> June 2003**

Following comments that the minutes did not reflect the full contribution made by members in a debate about the group’s remit, Ian proposed and it was agreed that the minute of the 6<sup>th</sup> June meeting under Item 3 be modified by the addition of the words: ‘After considerable discussion it was agreed that the remit be attached to the minute’.

**Agreed:**

**2.1 That minute of the meeting of 6<sup>th</sup> June be altered under Item 3 ‘Matters Arising – Remit’ by the addition of the words ‘After considerable discussion it was agreed that the remit be attached to the minute’.**

### **3 Matters Arising from the Previous Minutes – Progress on A & E Process**

Harry reminded the group that there had been an agreement with the Scottish Executive to review annually the validity of the NHS Board's decision to establish two major A & E/trauma centres rather than three. This would be achieved by a review of the actual numbers of patients flowing through the existing A & Es to determine if the assumptions generated by the evidence of a major study in 2002 remained solid. The next 'census' would be staged in the spring of 2004.

Dr Turner remarked that had heard nothing of the promise to recruit two further A & E consultants to the Stobhill Casualty Unit in the interim. Jo replied that no locums would take the posts and that the North Glasgow Trust was finding resources to recruit full-time appointees immediately. The deadline for recruitment is spring 2004.

### **4 Matters Arising from the Previous Minutes – Statistical Baseline of Patient Throughput and Bed Numbers**

Harry recapped that he had been asked at the previous meeting by Mary S Murray to confirm if statistics in his presentation had included patients dealt with by the private sector and the National Waiting Times Unit at the former HCI Hospital.

Harry confirmed that his statistics related to the position 18 months ago and so did not include the National Waiting Times Unit, which only opened one year ago. Private care data was also not contained because this needed to be 'cleaned up' – private providers did not record information about speciality throughput to the level of detail expected in the NHS.

### **5 Matters Arising from the Previous Minutes – Update on Process for two Representatives of Community Councils to Join the Monitoring Group**

Jim Whyteside informed the group that a ballot process had been organised via the good offices of the Glasgow City Council Community Councils Resource Centre in partnership with the other Greater Glasgow Local Authorities. Over the summer, eight Community Councils had put forward candidates for election to the Monitoring group. The ballot, of all Community Councils in North Glasgow, would take place over September, with confirmation of the two representatives chosen expected by the end of the month. Consequently, the successful candidates would attend the next meeting of the group on 5<sup>th</sup> December.

Ian said that he would take responsibility for briefing the two representatives in advance of the meeting.

### **6 Nephrology (Kidneys) Service Change**

Ian reminded the group that he had asked Harry to prepare a presentation on Nephrology as it offered a good example of how and why changes to services was taking place.

Harry explained that, following encouragement to other NHS Board areas to develop local services, NHS Greater Glasgow had been able to calculate reliably that around 109 new patients per year would require treatment. The figures did not vary much from year to year and most were patients requiring haemodialysis. The numbers of patients who would be able to receive a kidney transplant ran to 70 – 80 per year.

Transplantation in particular required a complicated range of support services. It was becoming obvious that a continued spread of Nephrology services over a range of sites was neither sustainable nor sensible in terms of patient care; nor did it permit sensible training arrangements for junior staff. It was clear to clinicians that two centres for Nephrology would be a more sensible arrangement. It would be possible to provide dialysis at the new Ambulatory Care Hospitals but not the other types of Nephrology care.

The resulting service changes, with centralisation at Glasgow Royal Infirmary and the Western Infirmary, had resulted in better care, accommodation and even an extra bedspace. More junior staff had been attracted to the specialty because of the improved training on offer.

Harry also took the opportunity to cite another example of service change which might be precipitated by new technology in relation to Breast Cancer. As a result of work on an EEC funded cancer project, Harry had been lucky enough to see at first hand how a Breast Cancer centre of excellence functioned in Milan. The centre dealt with 3,500 patients per year, which was similar in number to all the cases in Scotland put together; Glasgow dealt with around 700 patients a year.

Conventional radiotherapy for breast cancer requires women to undergo around six weeks of post-operative radiotherapy to ensure cancerous cells remaining after removal of their tumour would not reactivate. A portable machine used in Milan by contrast was designed to deliver a single, very high dose of radiation to the open wound at the time of surgery. There was no need for follow-up and the situation contrasted with women receiving conventional treatment who needed higher doses of radiation with attendant risk of complications.

Paul asked why such a machine could not be located at Stobhill. Harry said that problem related to support services – running radiotherapy required co-location with a Physics Department, as in effect it required management of nuclear materials. Stobhill did not have such a department and it would be prohibitively expensive and difficult to introduce one – particularly as the Beatson Oncology Centre had recently recruited just about all of the available clinical physicists in Scotland.

Paul still felt there was an argument for localisation if the kind of service promised by the technology could be introduced. Harry said that the point was that investment of £1 million on one machine could potentially deal with the entire patient base in Scotland.

Lambert Sinclair said that Paul Martin had ‘hit the nail on the head’; new equipment could be imported to Stobhill and services did not have to be removed.

Bill Aitken remarked that political agreement to new spending depended on the case made and the benefits offered. Harry appeared to have made a very good case for purchasing such equipment based on savings on post-operative care.

Ian thanked Harry for his presentation.

## **7 Any Other Competent Business – Agenda Setting**

Ian said that he wanted to make it clear that members of the group were free to propose items for future agenda, insofar as they fell within the group's remit.

Jo was unhappy that it appeared that the medical members of the Monitoring Group would be required to bring to the attention of the Group issues that they saw as likely to affect the status of the named services the group was responsible for. It was clear that there were changes coming about such as staff shortages and the impact of the new deal for Junior Doctors that were likely to affect Stobhill Hospital significantly. These were very serious far-reaching issues and Jo was keen that they were able to bring the attention of these to the Group without being labelled as whistleblowers by their employer.

His preference was that there should be a standing item on the agenda whereby the medical members of the Group or indeed any other member of the Group was invited to comment on all the individual changes that might impact on the remit of the North Glasgow Monitoring Group.

Harry said he agreed with Jo. If required, it would be possible for those dealing with such issues to come before the group to explain what is being planned to cope with the real pressures facing acute services. Ian proposed that a standing item on the agenda would be 'external impacts on named services'.

Dr Turner said that individual staff 'witnesses' could come before the group. Paul said that honesty was vital. A political commitment had been made to maintain the names services at Stobhill for no less a period than five years. The role of the group was to ensure that this was what happened

Paul added that he had been contacted by the local branch of UNISON, which complained that it had no way of raising issues within the group.

Ian suggested that the issue of trade union representation on the group should be placed on the agenda for the next meeting.

### **Agreed**

**7.1 That 'external impacts on named services' would be a standing item on the group's future agendas**

**7.2 That the issue of trade union representation on the Monitoring Group would be discussed at the next meeting.**

## **8 Date of Next Meeting**

Friday 5<sup>th</sup> December 2003, 0930hrs, Library, North Glasgow Trust HQ,  
Stobhill

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

The meeting concluded at 1140hrs.

Jim Whyteside  
9<sup>th</sup> September 2003.