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 September 2008 in Meeting Room 3C, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ

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PRESENT:

Mr Ian Miller (in the Chair)
Dr Robert Cumming  Mr Paul Martin MSP
Dr Roger Hughes  Mrs Mary Murray
Mrs Elizabeth King  Dr Paul Ryan

IN ATTENDANCE

Mr Grant Archibald  ..  Director, Emergency Care and Medical Services
Mr Gavin Barclay  ..  Head of Administration – Acute Services Division
Ms Jane Grant  ..  Director of Surgery and Anaesthetics – Acute Services Division
Dr C Howie  ..  Acting Associate Medical Director – Surgery and Anaesthetics
Mr Nial McGrogan  ..  Head of Community Engagement, NHS Board

ACTION BY

19. APOLOGIES

Apologies for absence were intimated on behalf of Mr Robert Calderwood, Cllr. Ian Mackay, Mr John McMeekin, Dr Robert Milroy, Professor Duncan Stewart-Tull and Mr David Whitton MSP.

20. MINUTES

The Minutes of the North Monitoring Group meeting held on 6 June 2008 [NMG(M)08/02] were noted.

21. MATTERS ARISING FROM MINUTES

a) Monitoring Report

In relation to Minute 15 – Monitoring Report - Ms Grant stated that she had addressed the information issues raised by Professor Stewart-Tull, and she would check with him that he was now content.  

Ms Grant sought clarification on the question of post-coded maps, as to whether it was current attendance or future projected attendance that was being sought. The Chair advised that it was future attendance that was required. Mr Archibald agreed to provide this for Accident & Emergency attendances.

NOTED
b) Location of Future Meetings

In relation to Minute 18 – Date of Next Meeting - Mr Martin stated that it was important that the Group met either at Stobhill or in the local vicinity. He said that the Group needed to be visible in the local community and demonstrably independent of the Board and that could not be achieved while meeting at Dalian House. A member stated that the Board Room at Stobhill Would be perfectly adequate for meetings of the North Monitoring Group.

DECIDED:

That the December 2008 meeting and future meetings of the Group be held at Stobhill or nearby.

J C Hamilton

R Calderwood

Ms Grant added that following the opening of the Ambulatory Care Hospital, the 23-hour beds would be accommodated within the existing Stobhill estate while the new building was being constructed. Work was also under way to determine how the existing intensive care unit might be re-provided to allow the construction work for the new build to be carried out. With this in mind a member referred to the minute of the previous meeting – Minute 13b (paragraph 1) – which stated - “While not ideal, this option would lead to the temporary relocation of the ITU service” was misleading. He stated that the intensive care unit would be relocated for the period while it remained at Stobhill. Ms Grant concurred with this point.

NOTED

22. STANDING ITEMS

a) Members’ Comments on External Impacts on Named Services

Members had no comments to make.

b) Waiting Times and Access Targets Reports

There was submitted for information the Waiting Times and Access Targets Report which had been considered by the NHS Board at its meeting on 19 August 2008.

Ms Grant stated that the Board was aiming to achieve an internal target of a 15 week wait from referral to outpatient attendance and a 15 week wait from outpatient attendance to admission by 30 September 2008. She anticipated that the vast majority of services would achieve this target. The Board would then move forward to achieve a 12 week wait by the end of March 2009. Ms Grant again anticipated that the Board would achieve that target.
The wait for most Diagnostic tests was currently at 8 weeks and this would move to 6 weeks by the end of March 2009. Ms Grant described the position for the 24 hour hip fracture target and how one or two patients could significantly affect the achievement of this target. She also described the work underway on cancer pathways to support consistent achievement of the 62 day target. A member asked about the lymphoma target and whether the performance was due to delays in reaching a diagnosis. Ms Grant stated that there was no one single significant issue and again one or two patients could result in a swing in the percentage achievement. A member congratulated the Board in a significant improvement in achievement against the TIA target.

A member highlighted some personal experience of the under 4 hour target wait in Stobhill Casualty and sought some clarification of when the start and finish times were recorded. Mr Archibald stated that he had already written to the member since she had raised the same point at the Board’s Accountability Review and he offered to discuss specific individual issues with her after the meeting. Mr Archibald stated that an additional 10 consultant sessions had been invested at Stobhill as part of work to achieve the target, along with other redesign work.

A member sought further clarification of exactly when the “clock” started and stopped. Mr Archibald stated that the “clock” started when a patient was checked in at the front desk. Once treatment had been completed and if the patient was fit to leave the department of their own accord then the “clock” stopped when the member of staff advised the patient that they were free to leave. If the patient was waiting for transfer or for ambulance transport home, or indeed for admission, then the clock kept running until the patient physically left the department.

**NOTED**

23. **PRESENTATION ON EMERGENCY CARE AND MEDICAL SERVICES**

The Chair welcomed Mr Grant Archibald, Director of Emergency Care and Medical Services to the meeting and thanked him for agreeing to give members a presentation on the shift in emergency and medical activity from 2003/04 to 2007/08 as it related to Stobhill Hospital.

Mr Archibald highlighted how activity had changed in Accident & Emergency, GEMS Out of Hours, Dermatology, Cardiology, Respiratory, Rheumatology, Diabetes and General Medicine / Gastroenterology.

A member asked whether haematology was included within the figures presented. There had formerly been two Consultants at Stobhill; when those staff had moved on one had been replaced with a Consultant split between Stobhill and Gartnavel General and the other would be replaced by a Consultant split between Stobhill and Glasgow Royal Infirmary. It was important to retain a Consultant presence at Stobhill. Mr Archibald stated that he would discuss this matter with his Diagnostics Director colleague and write to the member with a response.

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*G Archibald*
A member expressed a view that after the opening of the Minor Injuries Unit at Stobhill, patients may well decide that they wished to be seen by a Consultant and would therefore self-refer to the Accident & Emergency Department at Glasgow Royal Infirmary, regardless of the publicity generated by the Board about what could be appropriately treated at Stobhill. Mr Archibald replied that it would be important for the Board to be clear with the public, GPs and NHS 24 what the Minor Injuries Unit could provide and to ensure that this message was understood. The member agreed that if people understood that they would be seen more quickly and equally appropriately at Stobhill then they would choose that option, but he stated that he was not sure that was the current public experience. He said that unless the public saw real advantage in attending the Minor Injuries Unit in being seen more quickly, then they may well opt to be seen by more senior staff at Glasgow Royal Infirmary. He likened the shift in public attitudes towards a “time poor” society to the move to shopping at large hypermarkets where the public could “get everything under one roof”. He stated that the Board had so far failed to explain the convenience of a local Minor Injuries Unit versus all the specialist staff available at an Accident & Emergency Department to the public.

Mr Archibald stated that the Board was endeavouring to ensure that patients were seen by the right member of staff at the right time. There remained staff training to complete before the full range of new service could be introduced. Mr McGrogan stated that where patients had been exposed to the work of Emergency Nurse Practitioners then they had been overwhelmingly positive about the experience. He acknowledged that much more work required to be done in terms of public information and education.

The Chair thanked Mr Archibald for his very clear presentation and for answering members’ questions.

**NOTED**

24. SOUTH MONITORING GROUP MINUTES: 13 JUNE 2008

The minutes of the South Monitoring Group meeting held on 13 June 2008 were attached for information.

**NOTED**

25. ANY OTHER COMPETENT BUSINESS

a) Matters from the Medical Staff Association

There was submitted a paper on items highlighted by the Stobhill Medical Staff Association. In Dr Milroy’s absence, Dr Hughes spoke to the issues raised.

i) Laboratory Arrangements

The Medical Staff Association had met earlier in the week and a number of clinicians had stated that they had not been consulted on a proposal that post the opening of the Ambulatory Care Hospital (ACH) the only laboratory facility at Stobhill would be located within the ACH. Out-of-hours samples would need to be transported to Glasgow Royal Infirmary for analysis. The clinicians were also unclear about the arrangements for blood transfusions. It was important to have an on-site laboratory and blood bank while acute inpatients remained on site. The situation regarding the upgrading of the existing Stobhill laboratory was also raised.
Ms Grant responded that a number of options were being considered and no decisions had yet been reached. Papers were currently being prepared to allow consultation with clinicians to be carried out. Ms Grant agreed that while acute in-patients remained on the Stobhill site the service needed to be appropriately resourced.

ii) Chemotherapy

A member stated that he had been clear from the outset that chemotherapy would be included within the services provided from the Ambulatory Care Hospital. He stated that the provision of such a service did not now appear to be included. He said that he was disappointed that this service was not included within the Ambulatory Care Hospital, and equally disappointed that he did not recall the matter coming before the Monitoring Group.

A member advised that he had raised this point with the Cabinet Secretary in April 2008. He said that there appeared to be a centralisation of chemotherapy provision in Scotland, and also an imbalance in the city as chemotherapy would be available in the Victoria Ambulatory Care Hospital. He said that he had obtained postcode information which showed that the workload for the Stobhill catchment and the Victoria catchment would be identical and he had met with the Director, Regional Services – Acute Services Division to discuss why chemotherapy was not included at Stobhill.

It had been reported previously that the Beatson Oncology Centre was considered to be the service provision for the north of the city. A member commented that the Beatson was full and he felt that the whole situation needed to be looked at again.

Two members reiterated that the original documentation of the former Stobhill NHS Trust had included chemotherapy at Stobhill, and while they appreciated there were Consultant staffing issues, they also felt that the patient experience of having to travel to the Beatson and then home again post chemotherapy merited further consideration. They stated that the Board should provide that which was in the original documentation.

Ms Grant stated that she would ask the Director, Regional Services – Acute Services Division to write up the service model proposed for chemotherapy, and it was agreed that this should be made available to members. A member asked that this paper include details of the patient experience, such as the travelling time and practicalities to get to and from the Beatson from (for example) Milton of Campsie. The Chair stated that he would welcome this paper and that he was meeting with the Cabinet Secretary in November and would be happy to raise this issue.

Ms Grant stated that it would be reasonable for Committee Members to offer and be aware of items that the Chair might raise with the Cabinet Secretary. This was welcomed by the Chair.

NOTED

26. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 5 December 2008 in the Board Room, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UR.

The meeting ended at 11.40 a.m.