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 December 2008 in the Board Room, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW

PRESENT:

Mr Ian Miller (in the Chair)

Dr Robert Cumming  Cllr. Ian Mackay
Dr Roger Hughes  Dr Ian MacLeod
Mr Paul Martin MSP  Mr John McMeekin
Mrs Mary Murray  Dr Paul Ryan
Professor Duncan Stewart-Tull

IN ATTENDANCE

Mr Robert Calderwood .. Chief Operating Officer – Acute Services Division
Mr Jim Crombie .. Director of Diagnostics – Acute Services Division
Ms Jane Grant .. Director of Surgery and Anaesthetics – Acute Services Division
Mr John C Hamilton .. Head of Board Administration
Mr Mark McAllister .. Community Engagement Manager

ACTION BY

27. APOLOGIES

Apologies for absence were intimated on behalf of Mrs Elizabeth king, Dr Robert Milroy and Mr David Whitton MSP.

The Chair welcomed Dr MacLeod to his first meeting and advised the Group that Dr MacLeod was representing the Medical Staff Association Chair, Dr Milroy.

28. MINUTES

The Minutes of the North Monitoring Group meeting held on 5 September 2008 [NMG(M)08/03] were noted.

29. MATTERS ARISING FROM MINUTES

a) Presentation on Emergency Care and Medical Services

In relation to Minute 23 – Presentation on Emergency Care and Medical Services – a member advised that Mr Archibald had not contacted him regarding the Clinical Haematology Service in the new Stobhill Hospital. This had not been included in Mr Archibald’s presentation on the out-patient medical services to be provided from the new hospital. The provision of Clinical Haematology and the number of Consultant sessions had not been made clear. Mr Crombie advised that he had been asked to update members on this matter. The job plan for a recently retired Consultant had been completed and staff from medicine were reviewing it on the basis of a commitment to Consultant responsibility for out-patients and the review to include arrangements for the Royal Infirmary.
On Laboratories, further data was being gathered to determine a review of the service. In summary, current laboratory provision would be in place as new Ambulatory Care Hospital opens. Mr Crombie advised, however, that a review of this provision would be undertaken and confirmed that this review process would have representation from Stobhill clinicians.

It was reported that the staff in medicine had greatly valued the clinical haematology service.

**NOTED**

b) **Outcome of Chairs’ Annual Meeting with Cabinet Secretary for Health and Well-being**

The Chair advised that he and the Chair of the South Monitoring Group had met with the Cabinet Secretary for Health and Well-being on 17th November 2008. The Cabinet Secretary had asked that the Chairs pass on her thanks to the members of both groups for their continued efforts and had work in relation to the Group’s responsibilities. It would be her intention to give some further thought to the future of the Groups and make an announcement as soon as possible and the Chair indicated that, on that basis, he had asked the Secretary of the Group to set meetings dates for 2009.

**NOTED**

c) **Chemotherapy Services**

In relation to Minute 25(a)(ii) – Chemotherapy Services – Mr Calderwood advised that his staff were still working up a proposal for a nurse-led Chemotherapy Services to be provided from the new ambulatory care hospital.

The NHS Board had consulted a number of years ago on a Cancer Strategy which saw the centralisation of all day Chemotherapy and Haemato-oncology for the North and East of the city in the new West of Scotland Cancer Beatson Centre at Gartnavel. This was different from the arrangements for the South of the city which would see these services incorporated within the new Victoria Ambulatory Care Hospital.

The proposal was now to see if there was a critical mass of activity which would allow for the setting up of a day clinic at Stobhill for a nurse-led Chemotherapy Service.

It was planned to have a proposal for the next meeting: however, if it had been completed earlier it would be forwarded to members and, if necessary, an additional meeting would be held to discuss the proposal and its implications.

**DECIDED:**

That Mr Calderwood submit to members a paper on a possible nurse-led Chemotherapy Service for the new ambulatory care hospital at Stobhill.  

R Calderwood
30. **STANDING ITEMS**

a) **Members’ Comments on External Impacts on Named Services**

There was tabled a paper by the Stobhill Medical Staff Association. In Dr Milroy’s absence, Dr MacLeod spoke to the issues raised and prefaced his comments by stating that a productive meeting for both sides had been held with management on 27 October and much had moved on since then.

i) **Ambulatory Care Hospital – Clinical Input**

Clinical staff had a much more direct involvement in the Groups established and site based meetings were being held. Ms Grant explained that there was a Consultant from Stobhill on the majority of the groups and cross-directorate working was an essential part of taking this type of work forward. It would be important to improve the communication of information to all staff affected by the changes to services as the new ambulatory care hospital came on stream and this was recognised as a priority for management and clinical staff.

Mr Calderwood explained the Directorate structures and the role of on-site General Managers for all clinical specialties and the Facilities Directorate. In addition, there was a Duty Director available 24 hours-a-day, 7 days-a-week for emergencies.

ii) **Imaging**

Discussion had moved on in regard to imaging and a meeting was to be held next week to review activity and the data collected thus far. The re-location of the CT Scanner to the new ambulatory care hospital would not compromise accessibility.

iii) **Post-graduate Facilities**

In response to a member’s question, Mr Calderwood advised that if the nurse-led Chemotherapy Service was to be created at the new ambulatory care hospital, in terms of space, this would be at the expense of the post-graduate facility.

The T J Thomson facility for clinical education would remain whilst the in-patient beds remained at Stobhill: however, as the Consultant staff would be based thereafter at the Royal Infirmary – the facilities at the Royal would be enhanced. Any changes to clinical educational facilities would be worked up and subject to discussion with clinical staff before any final decisions were taken.

**NOTED**

b) **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 October 2008.
Ms Grant highlighted a number of issues, in particular, the improved waiting times for in-patients, day case and out-patients and diagnostics. There were some cancer treatments where further improvements were required and delayed discharges were being experienced in a couple of local authority areas.

NOTED

31. NEW STOBHILL HOSPITAL – DEVELOPMENT OF SHORT STAY AND ELDERLY BEDS

There was submitted a paper which Mr Calderwood had presented to the NHS Board on 21 October 2008 in which he had sought the Board’s approval to extend the existing PFI agreement to include in the new Stobhill Ambulatory Care Hospital the 12 x 23-hour surgery beds and 48 Elderly Rehabilitation beds together with the associated accommodation. Mr Calderwood advised that the NHS Board had approved the proposal to bring forward this work by 3 to 4 years and this would lead to the rationalisation of the Stobhill Hospital site by the end of 2010.

He advised that planning permission for the extension had now been granted and this would now lead to the Consortia submitting a final cost by the year end and, if acceptable, would see financial closure, sign-off and a start to construction in July 2009.

In response to a member’s question, Mr Calderwood re-affirmed that the ITU would not be part of the demolition works until the modular ITU was in place and functioning.

Members raised the split in the 60 beds – currently 12 beds for 23-hour surgery and 48 beds for Elderly Rehabilitation Assessment. Mr Calderwood advised that there were no plans to change that distribution but agreed that if changes were necessary through experience, the bed numbers could be re-aligned if necessary. The design of the building was flexible and could accommodate change.

The procurement process was an extension of an existing PFI contract and the Scottish Government Health Directorate officials were aware of the proposal. In response to a question, Mr Calderwood stated that he was optimistic that in the new year the Banks would once again be agreeing appropriate lending arrangements to the Consortia which would allow the contract to be signed-off. The extension represented an increase of approximately 10% of the total contract including contingencies.

Members welcomed this development.

NOTED

32. SOUTH MONITORING GROUP MINUTES: 31 OCTOBER 2008

The minutes of the South Monitoring Group meeting held on 31 October 2008 were attached for information.

Mr Calderwood agreed to provide a member with the post-coded maps which had previously been requested and apologised that this had not been provided earlier.

NOTED
33. **ANY OTHER COMPETENT BUSINESS**

   **a) Patient Experience**

   A member read out the details of a patient’s recent experience with the GP service and care in Stobhill Hospital. It was agreed that this should be passed to Ms Grant for consideration.

   **b) Pandemic ‘Flu**

   A member raised the question of the readiness of the NHS to deal with a pandemic ‘flu. Mr Calderwood provided a description of the national and local plans for such an outbreak.

   **c) Healthcare Acquired Infection (HAI)**

   A member enquired if Stobhill Hospital had higher rates for Healthcare Acquired Infection and what were the surveillance procedures. Ms Grant advised that there was nothing from the surveillance data which suggested that Stobhill had higher rates than any other hospital in NHS Greater Glasgow and Clyde. Mr Crombie explained the new surveillance arrangements at ward level and the increased frequency of reporting and the additional steps taken to try and control HAI.

34. **DATE OF NEXT MEETING**

   The next meeting would be held at 9.30 a.m. on Friday, 6 March 2008 in the Board Room, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UR.

   The agreed dates for meeting thereafter were:-

   9.30 a.m., Friday -

   5 June 2009
   4 September 2009
   4 December 2009

   The meeting ended at 10.50 a.m.