

**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, 6 March 2009 in the Board Room, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW

**P R E S E N T :**

Mr Ian Miller (in the Chair)

Dr Robert Cumming  
Dr Roger Hughes  
Mrs Elizabeth King  
Mrs Mary Murray

Dr Ian MacLeod  
Mr John McMeekin  
Dr Paul Ryan  
Professor Duncan Stewart-Tull

**I N A T T E N D A N C E**

Mr Jim Crombie	..	Director of Diagnostics – Acute Services Division
Mrs Jane Grant	..	Director of Surgery and Anaesthetics – Acute Services Division
Mr John C Hamilton	..	Head of Board Administration
Mr Niall McGrogan	..	Head of Community Engagement and Transport
Ms Marian Stewart	..	Head of IT Applications

**ACTION BY**

1. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr Paul Martin MSP, Dr Robert Milroy, Cllr. Ian MacKay and Mr David Whitton MSP.

2. **MINUTES**

The Minutes of the North Monitoring Group meeting held on 5 December 2008 [NMG(M)08/04] were noted.

3. **MATTERS ARISING FROM MINUTES**

a) Chemotherapy Services – Update

In relation to Minute 29(c) – Chemotherapy Services – Mrs Grant advised that the bringing together of a proposal for a Nurse Practitioner-led chemotherapy service was still work in progress. It was important to ensure a critical mass of patients and this was proving challenging, therefore this work may require to be integrated with other areas of work including that of the Day Care Unit. Members would be informed once a proposal had been finalised.

**J Grant**

A member raised issues about discharge arrangements and Mrs Grant agreed to discuss the details of this case with the member outwith the meeting.

Issues were raised in connection with the possibility of a detailed plan for the next phase of the Acute Services Strategy and in particular the moves of in-patient services from Stobhill to the Royal Infirmary, together with the request for an update on the proposal for the short stay and elderly rehabilitation beds on the Stobhill site.

Mrs Grant advised that the procurement process for an extension of the existing PFI contract had not yet been completed. However, the timeframe within the current contract was well known and still had to be adhered to, and therefore the construction of the ITU module was under way and planned to be on site on 1 June 2009. The other planned demolition works would commence as planned and she agreed that once plans had been finalised to move acute services from the Stobhill site, this would be shared with Monitoring Group members.

A member also enquired about the details of the finalised job description for the Consultant in Haematology and Mr Crombie agreed to provide members with a copy and advised that the interviews were due to take place within three weeks time. He reminded members that he had briefed on the changes in Haematology and that the changes had been reflected in the job description.

**J Crombie**

**NOTED**

**4. 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 the meeting had been held on 2 February 2009 and obviously a number of matters had moved forward since that date.

**i) Imaging**

Continued concern about the provision of CT imaging for out-of-hours for acute emergencies and after the opening of the ambulatory care hospital. The radiologists' concerns were related to the CT service being sited in the ambulatory care hospital and how it would then be possible to carry out an out-of-hours service. Mr Crombie advised that his staff had been reviewing the patient flows and current policies within imaging and were now at the stage of sharing this work with other clinical groups in order to understand the wider issues, particularly in regard to out-of-hours access and security. He reiterated that the current CT scanner within Stobhill would remain in situ until all matters in relation to the out-of-hours and other issues had been resolved to the relevant staff's satisfaction. It remained the intention to provide a high quality service to patients, at the same time recognising the concerns of staff and working with them to find an appropriate solution.

In response to a question from a member regarding the closing times of the Minor Injuries Units, Mr McGrogan advised that they were planned to be open from 9.00 a.m. until 9.00 p.m. but, clearly, there would be flexibility around the demand on services and the possible impact this might have on the opening times after the ambulatory care hospital had been open for a reasonable period of time. The Chair intimated that he was encouraged by the flexibility being sought to the various arrangements in connection with running services from the new ambulatory care hospital.

ii) Acute Medicine

Concern was expressed at the difficulty for in-patients at Stobhill Hospital to receive an opinion from the other specialties such as vascular or orthopaedics. Mrs Grant advised that both these specialties had transferred out of Stobhill a number of years ago and there was a current arrangement for advice and the feedback from these arrangements had been positive. She would pick up these issues further and discuss them with the medical staff; however, with the opening of out-patient clinics and day surgery at the new ambulatory care hospital this would in fact increase a more local access to specialised advice.

iii) Ambulatory Care Hospital

It was highlighted the inequity between the facilities at the Stobhill ambulatory care hospital and the Victoria ambulatory care hospital and, in particular, to the size of the meeting rooms in the Postgraduate Department and the number of underground car park spaces at the Victoria. A member indicated that following the discussion about site-based management, he had sourced a 1992 NHS Board document following a visit to San Diego where there was clear advice that medical management should be available within the ambulatory care hospital.

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 24 February 2009.

Mrs Grant highlighted a number of issues, in particular, the improved waiting times for in-patients, day cases, out-patients, diagnostics, cancer treatment and the continued difficulties with some Local Authorities on delayed discharges.

A member asked about the capacity planning for the commencement of the National Bowel Screening Programme from 1 April and was advised that a significant number of additional in-house sessions would be added to the current capacity and additional endoscopic sessions would also be accessed from the Golden Jubilee National Hospital.

NOTED

5. **UPDATE ON THE PROGRESS OF THE PAPERLITE SYSTEM**

The Chair introduced Marian Stewart, Head of IT Applications, who had kindly agreed to come along and present to members the progress on the Paperlite systems for the new ambulatory care hospital.

Ms Stewart advised that, encouragingly, the principles and core IT components which she presented to the North Monitoring Group 18 months ago had remained the same over this period and it was now a case of moving to the preparation for the implementation of the necessary IT system within the new hospital.

A member asked about the compatibility with GP systems particularly as the GPASS system was to be replaced within 18 months. Ms Stewart advised that currently the hospitals did not all have comprehensive IT links with GP systems although there were a number of pilots being taken forward and these would be evaluated at the appropriate time. GPs also had access to their patients' results on the SCI store.

A member emphasised the need to ensure a phased and cautionary implementation of new IT systems to ensure that the rate of change was sensible and manageable for all clinical and administrative staff and this was acknowledged by Ms Stewart. In response to a question from a member about the access the new ambulatory care hospital systems would have with the existing hospital, Ms Stewart advised that some systems would be connected and a piece of work was under way currently identifying which information was critical and required to be shared between both parts of the hospital. The member emphasised the need to ensure that medical staff had access to all the relevant data they required to carry out their duties to the patient.

Ms Stewart also advised members on the resilience capability of the new IT systems and the need to ensure back-up and support to allow key applications was robust.

The Chair thanked Ms Stewart for her helpful and informative presentation on the IT systems to be utilised within the new ambulatory care hospital.

NOTED

**6. SOUTH MONITORING GROUP MINUTES: 31 OCTOBER 2008**

The minutes of the South Monitoring Group meeting held on 12 December 2008 were attached for information.

The postcoded maps had been sent to members and a member intimated that he continued to be concerned about the public education requirement which would ensure that the patients attended the correct facility. Mr McGrogan reminded members that all patients requiring Accident and Emergency services would present or be taken by the Scottish Ambulance Service to the nearest facility and the education of the public will concentrate on the role of the minor injuries unit.

A member intimated that the NHS Board would have to acknowledge that some patients just did not like attending the Royal Infirmary.

NOTED

**7. ANY OTHER COMPETENT BUSINESS**

- i) A member advised that a patient attending Ward 10 had difficulty gaining access to the disabled space and Mrs Grant agreed to discuss this further with the member outwith the meeting.
- ii) A member enquired about the plans for the new Southern General Hospital and was advised that the current Southern General would continue during the construction works to create the new South-side Hospital and therefore the disruption to patient numbers and activity would not be as significant as he feared.

**ACTION BY**

8. **DATE OF NEXT MEETING**

The next meeting would be held at 9.30 a.m. on Friday, 5 June 2008 in the Board Room, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UR. However, Mr Hamilton would enquire as to whether arrangements may be able to be made to visit the new ambulatory care hospital on that day.

**J C Hamilton**

The meeting ended at 10.50 a.m.