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 June 2008 in the Contractors Meeting Room at the New Stobhill Hospital Site, Balornock Road, Glasgow, G21

PRESENT:

Mr Ian Miller (in the Chair)
Dr Robert Cumming
Dr Roger Hughes
Cllr. Ian Mackay
Professor D E S Stewart-Tull

Mr Paul Martin MSP (from Minute 13(b))
Mr John McMeekin
Ms Mary Murray

IN ATTENDANCE

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

ACTION BY

11. WELCOME AND APOLOGIES

The Chair welcomed Cllr. Ian Mackay to his first meeting of the Group and hoped he would find the work of the Group both interesting and worthwhile.

Apologies for absence were intimated on behalf of Mrs Elizabeth King, Ms Frances Lyall, Dr Robert Milroy, Dr Paul Ryan and Mr David Whitton MSP

12. MINUTES

The Minutes of the North Monitoring Group meeting held on 7 March 2008 [NMG(M)08/01] were noted.

13. STANDING ITEMS

a) Monitoring Role of Group

Concerns had been expressed to the Cabinet Secretary for Health and Well-Being about the lack of a Scrutiny Panel process for the Acute Services Strategy and much of this Group’s work had not been about monitoring named services but receiving presentations on a host of other NHS-related matters. Whilst these presentations were both welcome and informative, there was frustration that the Monitoring Group was not fulfilling its monitoring role and there was possibly a need to debate the future role and remit of the Group.
To highlight this, a member advised that following the rationalisation of the Cardiothoracic service for the West of Scotland at the Golden Jubilee Hospital, two beds had been moved from Stobhill Hospital and the Monitoring Group had not been involved in the discussions about transferring these beds. This rationalisation had formed a wider consultation process but did highlight the need for the Group to have more of a monitoring role for named services. Mr Calderwood advised that proposals would emerge in the near future for the migration of services from Stobhill to the Royal Infirmary as part of the Acute Services Strategy. Clinical staff had been and would be involved in these discussions and some clinicians were seeking an early as possible transfer of particular services.

b) Proposal to Create a New Build Short Stay Facility

At the last meeting Mr Calderwood advised of the intention in Phase 2 to create the new-build short-stay facility as part of the Ambulatory Care Hospital. The Consortium, under the change control process of the contract, had been invited to bring forward proposals for a design, cost and timescale of this new development. The NHS Board would then consider the proposal – if it was acceptable and affordable, discussions would be required on the timetable of such a development – either as a follow-on to the current contract or commence the work a year after the new hospital had been opened and the various associated works in relation to demolitions, landscaping and car parking had been completed. While not ideal, this would lead to the temporary relocation of the ITU service. Options are being considered for the temporary re-location, including the potential of a fully operational ITU and internal refurbishment.

Concerns were outlined about this development and the need to bring certainty to what it would include and when it would proceed and be completed. There were already concerns about recruitment and retention of key clinical staff due to the uncertainty and the fragility of the current service. Ms Grant advised that she and her colleagues were working with the clinical staff to ensure the best possible service was available to patients now and in the future. However, currently the NHS Board had not received a Business Case on this proposed development and therefore it was not possible to give a definitive commitment and timescale for this new build. The Consortium’s proposal would, however, be received for consideration by the end of July.

c) South Monitoring Group Minutes: 14 March 2008

In relation to Minute 4(b) of the above meeting, a member sought confirmation that the North Monitoring Group did operate under the aegis of the Cabinet Secretary for Health and Well-Being. This was confirmed to be the case.

d) 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 15 April 2008.
14. **PRESENTATION ON THE SURGERY AND ANAESTHETIC SERVICE**

The Chair advised that Grant Archibald, Director, Emergency Care and Medical Services had unfortunately been unable to attend today’s meeting. However, Jane Grant, Director, Surgery and Anaesthetics had agreed to present to the Group on the overview of Surgery and Anaesthetic Services on the Stobhill site.

Ms Grant’s presentation covered:-

- General Surgery
- Urology
- Endoscopy
- ENT Surgery
- Ophthalmology
- Orthopaedics
- Gynaecology
- Anaesthetics and Critical Care
- Theatres

and provided an overview of the services, the activity levels from 2003/04 to 2007/08 and an explanation for the variances in each.

The Group welcomed the presentation and information provided and were encouraged that this was the type of information they were seeking to carry out their monitoring role.

A member asked why activity figures for specialties were quite often inconsistent. It was explained that the locally gathered day-to-day activity figures were used for planning purposes. The figures produced by Information Services Department (ISD) had to be validated over a long period of time using SMR criteria – often both sets of figures were similar but not always exactly the same number. Differences lay in the timing of submissions, the coding of data and the categorisation of activity (i.e. Endoscopy was sometimes included in General Surgery, Gastro-enterology or General Medicine as shown separately and this could lead to discrepancies. Further changes to the recording of activity data would be required under the New Ways initiative.

In response to a comment from a member about theatre sessions, Ms Grant confirmed that discussions had been ongoing with the Surgeons in Plastic Surgery about the level of ambulatory activity that would be undertaken at Stobhill including the level of nurse-led treatments with some services remaining at the Royal Infirmary – this would have an impact on the need for less theatre sessions at Stobhill.

It was explained that with the future waiting time of 18 weeks from out-patient referral to in-patient treatment there would be a greater emphasis on the overall patient pathway, including the out-patient, diagnostics and in-patient/day case aspects of that total pathway being integrated into a total patient journey of 18 weeks.

The Chair, on behalf of the Group, welcomed the presentation and the activity data contained in the paper provided to members and thanked Ms Grant for her very helpful and informative presentation.
15. **MONITORING REPORT**

There was submitted a copy of the Monitoring Report as prepared by Professor D E S Stewart-Tull who highlighted concerns in relation to:

- the inconsistency in some of the figures from published data. Ms Grant agreed to arrange for a member of her staff to provide an explanation of any perceived anomalies.  
  
  **J Grant**

- the unavailability of activity data in relation to waiting times initiatives, i.e. See and Treat – in relation to the Golden Jubilee and hospitals in the private sector. These data were not available in the monitoring report as it only covered NHSGG&C acute hospitals; neither was currently being undertaken but figures from previous years could be made available.  
  
  **J Grant**

- the increase in Accident & Emergency (A&E) activity and concerns that the NHS Board has not taken this increase into account in planning for two A&E/Trauma Units for adults in the city. Also difficulties in obtaining figures for A&E attendances at the Royal Hospital for Sick Children;

  Mr Calderwood advised that there had indeed been an increase in attendances at A&E Departments over the last 3 years in the order of 3-4% each year. The planning for the new A&E/Trauma units would be based on the most recently available figures at the time of signing the contracts to ensure the construction of the right size and capacity of A&E Departments. The increases in attendances would therefore be included in the planning of these units.

- the box plots of attendances in the Monitoring Report highlighted current attendances – the highest being at the Royal Infirmary and Victoria Infirmary and lowest at Stobhill and the Southern General Hospital;

  Mr Calderwood advised that the NHS Board had sought a North/East and South/West split for access to A&E services and was planning to create A&E/Trauma Units at the Royal Infirmary for approximately 130,000 attendances per year and 140,000 at the Southern General Hospital. Post-coded maps showing attendance had not yet been provided.  
  
  **J Grant**

**NOTED**

16. **SOUTH MONITORING GROUP MINUTES: 14 MARCH 2008**

The minutes of the South Monitoring Group meeting held on 14 March 2008 were attached for information.

**NOTED**

17. **ANY OTHER COMPETENT BUSINESS**

a) **Matters for the Medical Staff Association**

  There was tabled a paper on items highlighted by the Stobhill Medical Staff Association: the following were discussed:

  i) The lack of postgraduate facilities in the new Ambulatory Care Hospital remained a concern.
ii) Car Parking – patients having to leave clinics to top-up meters and a member raised the issue of the contractors not appearing to have created car parking facilities for their staff as required by the Planning Authorities with the effect that their staff were parking in residential areas. He would raise the issue with the Planning Department.

iii) Support Services – concerns about limited on-site emergency bloods to be analysed in new Ambulatory Care Hospital.

NOTED

18. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 5 September 2008 at a venue to be notified at a later date.

The meeting ended at 10.40 a.m. and was followed by a tour of the new Stobhill Hospital