

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, 7 March 2008 in the Corporate Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Robert Cumming
Dr Roger Hughes
Ms Elizabeth King
Mr Paul Martin MSP

Mr David Whitton MSP

Dr Robert Milroy
Mr John McMeekin
Dr Paul Ryan
Professor D E S Stewart-Tull

IN ATTENDANCE

Ms Sandra Bustillo	..	Associate Director of Corporate Communications (for Minute 7)
Mr Robert Calderwood	..	Chief Operating Officer – Acute Services Division
Ms Margaret Campbell	..	Commissioning Manager, New Stobhill Hospital (for Minute 7)
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 – NHS Board
Mr Niall McGrogan	..	Head of Community Engagement, NHS Board

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Ms Frances Lyall and Ms Mary Murray.

2. MINUTES

The Minutes of the North Monitoring Group meeting held on 30 November 2007 [NMG(M)07/03] were noted.

3. MATTERS ARISING

a) Bed Model – Update

In relation to Minute 22(a) – Bed Model – Update – there was tabled a paper from the Chief Operating Officer providing the updated position on the in-patient bed model for hospitals in Glasgow in relation to the approved Acute Services Strategy. Mr Calderwood apologised that the paper had only just been completed and therefore had to be tabled and took members through the key points of the paper.

The bed model was based on 2005/06 activity and it would be continually reviewed in terms of improved performance against inner-city peer benchmarking and future years activity data. The bed model underpinned the Outline Business Case for the new South Side Hospital.

Mr Calderwood advised that a review by the Beds, Services and Capacity Sub-Group had been submitted to the NHS Board in July 2005 setting out a proposed bed model of 2,766 beds to cover the core in-patient services (a proposed reduction of 264 beds). In comparing like with like with the 2007 version, he advised that with the opening of additional beds to assist with meeting the improved access times and the transfer of beds to the new centralised West of Scotland Cardiothoracic Service at the Golden Jubilee Hospital, there was a net gain of an additional 7 beds.

Taking account of improved access times, benchmarking, demographic changes and trends, the 2007 projected in-patient bed number was 2,912 (a reduction of 135 beds from the projected reduction of 264 beds in the 2005 bed model).

Mr Calderwood advised that the bed model for core acute in-patient specialties did not include the following: clinical haematology/ oncology (this bed model had previously been developed to support the new Beatson Oncology Centre); plastic surgery (including burns); oral surgery; neurosurgery (national decision had been made last week to retain current locations); neurology; neurosurgery - HDU/ITU; homoeopathy; spinal injuries; physical disabled and PDRU. This was a total of 497 beds. Maternity; continuing care and the beds to reflect the Clyde population being treated in Glasgow, namely - vascular surgery; ophthalmology; ear nose and throat (ENT); dermatology and haematology made up the remaining beds to give a total number of adult acute beds of 3,998.

The Final Business Case for the new South Side Hospital would be supported by the Bed Model which would be informed by the 2007/08 activity data and any other developments at that time.

In response to members' questions, Mr Calderwood answered as follows:-

- Particular hospitals during the winter months were at capacity; however, the totality of the acute hospital services across the NHS Board did not reach full capacity, thanks to the winter planning and arrangements put in place to cope with winter pressures.
- Demographic changes to the NHS Board's population was reviewed in line with the regular updated publications of the Registrar General's population projections and this captured changes in the size and demographic make-up of the population.
- Emergency plans were in place for major incidents and with almost 50% of acute beds used for elective procedures these beds could be made available at short notice.
- Medical High Dependency Unit formed part of the overall medical beds number.
- The Ambulatory Care Hospital would open in the summer of 2009 and the short-stay and rehabilitation beds would be available in existing accommodation. Contractors would then demolish some existing accommodation; create the access road, car parking and landscaping and then the intention would be to create the new build short-stay facility as part of the Ambulatory Care Hospital. While planned (as it was not part of the original design and procurement arrangements) the NHS Board had not received a Business Case on this development and therefore it was not possible to give a definitive commitment and timescale for this new build.

ACTION BY

The member who had raised concerns about this matter did not accept that this new build development would occur until he received a commitment from the NHS Board on funding and timescale of the project.

- Once the Ambulatory Care Hospitals were open the NHS Board would review acute beds across the city to ensure delivery of the approved Acute Services Review which would include single sites for some specialties – ophthalmology and ENT - and a review of acute receiving arrangements.

The Chair thanked Mr Calderwood for such a comprehensive report on the bed model for NHS Greater Glasgow and Clyde and for answering members' questions.

NOTED

b) **Utilisation of New Theatres**

In relation to Minute 24 – Feedback on the Topping-Out of the New Stobhill Hospital – Ms Grant advised that the 6 new theatres would be utilised as follows:-

- 2 - Plastic Surgery
- 1 - Ophthalmology
- 1 - Gynaecology
- 2 - Shared – General Surgery, Urology, ENT and Orthopaedics (Oral Surgery may also utilise a theatre session per week).

NOTED

c) **Provision of MRI Scanning in New Stobhill Hospital**

In relation to Minute 25(a)(iv) – Members Comments on External Impacts on Named Services – Mr Crombie confirmed that there would be MRI provision in the new Stobhill Hospital (currently patients accessed MRI scanning at the Royal Infirmary).

NOTED

4. STANDING ITEMS

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

Dr Milroy tabled a paper on items for discussion from the Stobhill Medical Staff Association.

- i) Dr Eric Livingston, Acute Medicine/Respiratory Medicine Physician started at Stobhill on 1st February 2008.
- ii) Postgraduate – internal decoration under way and new carpets to be fitted shortly.
- iii) Car Parking – charges to commence from 9th March 2008 (Scottish Government Health Directorate has determined a maximum of £3-a-day charge); discussions ongoing on accessing vehicles for urgent transfer of clinical staff to the periphery of the hospital campus to attend cardiac arrests.

In addition to existing provision, a further shower and 4 bike spaces will be available for staff.

ACTION BY

2 new bus routes now included Stobhill Hospital – it would be important to market this new provision to encourage usage and retention.

- iv) New Stobhill Hospital – lack of clinical involvement in groups formed to review practices ahead of the move to the new hospital. Clinical Groups established to look at policy and procedures and the Medical Director will attend the Stobhill Medical Staffing Association meeting to try to address concerns.
- v) Surgical staffing – a group has been formed to look at junior doctor cover for surgery and urology across NHS Greater Glasgow and Clyde and there was ongoing work to look at the rationalisation of acute surgical receiving.
- vi) There was still concern at the lack of a response to the lack of availability of ‘flu vaccination sessions for staff at Stobhill Hospital. This would be raised with the Director of Acute Services Strategy, Implementation and Planning.

NOTED**b) Waiting Times and Access Targets**

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 February 2008. Mr Calderwood took members through the performance of the NHS Board against each of the targets and in response to a member’s question, advised that the private health care sector was not a recurrent feature in the NHS Board’s capacity plans to deliver improved waiting times/access targets.

NOTED**5. PRESENTATION ON RADIOLOGY AND LABORATORIES**

The Chair introduced Mr Jim Crombie, Director, Diagnostics Directorate, Acute Services Division, who was attending to give a presentation to members on Diagnostic Imaging and Laboratory Services (with particular emphasis on Stobhill Hospital).

The presentational overheads are attached as part of the Minutes of the meeting.

Mr Crombie agreed to provide Professor D E S Stewart-Tull with information on activity from the Radiology Information System for NHS Greater Glasgow and Clyde for inclusion in future Monitoring Reports to the Group.

J Crombie

The Chair thanked Mr Crombie for his very full and helpful presentation.

6. POSITION PAPER ON NAMED SERVICES – 2002/03 – PRESENT

Mr Calderwood apologised that there was not a separate paper on the position with named services from 2002/03 – to the present as he had arranged for each Directorate presentation to cover this information. He had arranged for the June 2008 meeting of the Group to receive a presentation from the Directorate of Emergency Care and Medical Services and the September 2008 meeting to receive a presentation on Surgery and Anaesthetics. Both presentations would track the activity from 2002/03 to the present. Mr Calderwood also agreed to provide a definitive paper on the named services from 2002/03 to the present for the June 2008 meeting of the Group.

ACTION BY

DECIDED:

That the Group receive a paper from the Chief Operating Officer – Acute Services Division on the position with named services at Stobhill Hospital from 2002/03 to 2007/08.

R Calderwood

7. VISUAL PRESENTATION OF THE NEW STOBHILL HOSPITAL

The Chair welcomed Margaret Campbell, Commissioning Manager, new Stobhill Hospital and Sandra Bustillo, Associate Director of Corporate Communications to the meeting and thanked them for agreeing to attend and share with the members the most up-to-date visual images of the new Stobhill Hospital.

Ms Campbell and Ms Bustillo advised that the DVD members were watching of the new Stobhill Hospital was to be launched via the media next week and would be able to be accessed via the NHS Board's website – www.nhsggc.org.uk.

The Chair, on behalf of the members, thanked Ms Campbell and Ms Bustillo for such a visual and interesting presentation and agreed that a visit to the site would be useful for the members.

8. SOUTH MONITORING GROUP: MINUTES: 14 DECEMBER 2007

The minutes of the South Monitoring Group meeting held on 14 December 2007 were attached for information.

NOTED

9. ANY OTHER COMPETENT BUSINESS

a) Casualty Service – Stobhill

A member enquired as to the timescale of the transfer of the Casualty Service from Stobhill and the commencement of the Minor Injuries Unit.

Mr Calderwood advised that with the opening of the new Ambulatory Care Hospital in the summer 2009, the Minor Injuries Unit would be located in the new building and would cover 50%-60% of current activity. The NHS Board would then review acute medical and surgical receiving arrangements across NHS Greater Glasgow and Clyde and begin to map out the movement of services across the city in line with the approved Acute Services Strategy and clearly any moves would be linked to the clinical safety of patients. It was not possible at this time to put a specific date for these moves/transfers.

The Minor Injuries Unit opening hours would be determined by a review of attendances in order to best meet current demand. Patients with minor injuries outwith opening hours would access the GEMS service and the A&E Department at the Royal Infirmary.

A member expressed her concern about any patient going to the Royal Infirmary for treatment – she wished that the services could remain at Stobhill.

NOTED

ACTION BY

10. DATE OF NEXT MEETING

The next meeting of the North Monitoring Group would be held at 9.30 a.m. on Friday, 6 June 2008 at the new Stobhill Hospital and would be followed by a visit to the new Stobhill Hospital site at 10.30 a.m. for a tour of the new facility.

As the meeting would only be for one hour, it would predominately concentrate on the presentation on Emergency Care and Medical Services.

The North Monitoring Group was not seeking at this stage a joint meeting with the South Monitoring Group.

Locations of future meetings would be considered and arrangements for car parking and the reimbursement of reasonable expenses would be considered as part of determining where future meetings would be held.

J C Hamilton

The meeting ended at 11.40 a.m.