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, 7th September 2007 in the Corporate Meeting Room, North Glasgow CHCP Offices, Stobhill Hospital, Glasgow, G21 3UR

PRESENT:
Mr Ian Miller (in the Chair)
Dr Robert Cumming
Mrs Elizabeth King
Mr Paul Martin MSP
Mr John McMeekin
Dr Bill McRae
Mrs Marian Stewart
Mr D Whitton MSP
Professor D E S Stewart-Tull

IN ATTENDANCE
Mr Robert Calderwood: Chief Operating Officer – Acute Services Division
Ms Jane Grant: Director of Surgery & Anaesthetics - Acute Services Division
Mr John C Hamilton: Head of Board Administration – NHS Board
Mr Mark McAllister: Community Engagement Manager, NHS Board
Mr Niall McGrogan: Head of Community Engagement, NHS Board
Ms Marian Stewart: Head of IT Applications

ACTION BY

11. WELCOME

The Chair welcomed Marian Stewart, Head of IT Applications, who was attending to give the Group a presentation on the benefits of information technology in new care settings.

12. APOLOGIES

Apologies for absence were intimated on behalf of Dr Roger Hughes, Ms Frances Lyall, Dr Robert Milroy, Ms Mary Murray and Dr Paul Ryan.

13. MINUTES

The Minutes of the North Monitoring Group meeting held on 1st June 2007 [NMG(M)07/01] were noted.

14. MATTERS ARISING

a) Update on New Stobhill Hospital

In relation to Minute 5(a) – Update on New Stobhill Hospital – Mr Calderwood reported that construction work was progressing well and currently ahead of schedule. The handover of the building from the Contractor to the NHS Board was on course for the first quarter of 2009, to be followed by a 3-month commissioning period. Operational policies and clinical protocols were currently being refreshed ahead of the opening of the new Stobhill Hospital.
A recent study of Accident and Emergency (A&E) attendees had suggested that a higher percentage of cases were suitable for attendance at a Minor Injuries Unit than the previous study a few years ago had suggested. Clinical staff were now involved in reviewing the possible re-categorisation of A&E attendees: this would lead to less local disruption as more patients than first thought would be able to attend the Minor Injuries Unit at Stobhill rather than attend the A&E/Trauma Unit at Glasgow Royal Infirmary.

A member raised the continuing concerns about members of the public making their own decisions about which service to attend and what to do outwith the opening hours of the Minor Injuries Unit.

Mr Calderwood advised that once all clinical protocols for the Minor Injuries Unit had been completed, the NHS Board would widely publicise which conditions the public should present with at Minor Injuries Units. Leaflets would be distributed within the local communities and GP practices, pharmacies, clinics and other appropriate locations.

The Ambulance Service, NHS 24 and GEMs would be included in the roll-out of the new arrangements and once the opening hours of the Minor Injuries Unit had been determined, clarity would be given on where patients should go out of hours. The Communications Directorate and Community Engagement Team would consider all options for publicising the new arrangements via a public information campaign, i.e. leaflets, TV, adverts, Yellow Pages, radio etc.

In response to a question, Mr Calderwood advised that the NHS Board did not have a formal role in monitoring the performance of NHS 24, but would, if required, challenge any inappropriate referrals.

A member advised that a Clinical Transition Group had been formed and had no clinical input. Ms Grant advised that the Group had been formed to look at the co-ordination of the refreshing and harmonisation of existing policies – sub-groups had been formed with clinical input to carry out the detailed work of a NHS Board-wide basis. The Group had recently been formed and if wider and more appropriate representation was required, this would be considered.

b) Future of Monitoring Group

In relation to Minute 4 – Minutes – Mr Hamilton advised that in accordance with the Minutes of the last meeting, he had written, on the North Monitoring Group’s behalf, to the Cabinet Secretary for Health and Well-being to advise that the Group recommended the retention of the Monitoring Group but that it be merged with the South Group into one single Group and retained until the new hospitals had been completed. The South Monitoring Group had written to the Cabinet Secretary recommending the retention of both Monitoring Groups.

Mr Hamilton advised that the Monitoring Group Chairs would meet with the Cabinet Secretary in the autumn to discuss the future of the Groups.

A member expressed concern about the communication to the Cabinet Secretary recommending a single Monitoring Group – he was of the view that the decision the Group had taken was to retain both Groups so that local issues could be more appropriately scrutinised and discussed.
After discussion the Group agreed that the Cabinet Secretary be advised that the North Monitoring Group would prefer the retention of both Monitoring Groups and an annual Joint Meeting could be held with the South Monitoring Group by arrangement.

A member raised his concern that in the last 3 years the Group had not monitored acute services. Mr Calderwood reminded members that the Group had been set up for a specific purpose and remitted to monitor named services for a 5-year period from September 2002. Any wider monitoring of services in the north, east and west of the city would require a wider remit and different membership to reflect the different patient perspectives. It was likely that from the Spring of 2008 there would be a significant movement of clinical services as the programme of change to acute services commenced, leading to fundamental changes in how and where services were delivered by 2011/13. This would cause a wider interaction with a larger population and an important role for the NHS Board’s Community Engagement effort.

The wider impact of service change was recognised, however, the Group wished to continue with its work on named services at Stobhill until the services were moved.

**DECIDED**

That the Cabinet Secretary for Health and Well-being be advised that the North Monitoring Group recommended its retention until all named services had moved from Stobhill Hospital.

**c) Bed Model - Update**

In relation to Minute 5(b) – Bed Modelling – Mr Calderwood advised that work was still ongoing on finalising the bed model, taking account of the 18-week access targets and abolition of Availability Status Codes and recently issued activity numbers and patient profiles. The revised model had again been shared with clinicians and the bed model was still a necessary part of the Outline Business Case for the new South-Side Hospital. It was hoped to complete the Outline Business Case by December 2007. Members would receive a copy of the supporting bed model once completed for the purposes of the Outline Business Case.

**NOTED**

15. **BENEFITS OF INFORMATION TECHNOLOGY IN NEW HEALTH CARE SETTINGS**

The Chair welcomed Marian Stewart, Head of IT Applications who was attending to give members a presentation on the benefits of information technology in health care settings. A copy of the overheads used on the presentation are attached to the Minutes.

Following the presentation a number of questions from members were answered as follows:-

- Electronic information on patients was secure with protocols developed around patient confidentiality, appropriate and restricted access to the information held. Back-up procedures were also in place.
Improvements in the integration of systems across different specialities within the hospital care setting were ongoing – reducing the need to re-enter patient details: however, on-line booking by GPs of hospital appointments was not yet available.

All community pharmacies are now connected to N3 (the NHS network) and have NHS email accounts.

Medical staff were moving towards digital dictation and the electronic patient record was still at the embryonic stage.

National NHS network and local security measures were in place to deter inappropriate access.

Policies and procedures are in place to correct any data quality issues identified with patient information.

Scanning was being considered for older paper-based medical records – a pilot was under way.

Training for staff in the developing information technology benefits was an ongoing issue and driven by staff’s own needs and their Personal Development Plans.

The Chair thanked Marian Stewart, on behalf of the Group, for such a helpful and insightful presentation and for answering members’ questions so comprehensively.

NOTED

16. MONITORING REPORT

There was submitted a Monitoring Report on patient activity for a range of specialties for 2004/05 and 2005/06 across the NHS Board.

The information would be updated to include the activity to 30th September 2007 for the next meeting and to also include the recently made available A&E figures.

There were no real or significant changes year on year.

NOTED

17. STANDING ITEMS

a) Members Comments on External Impacts on Named Services

None

b) Waiting Times and Access Targets

There was submitted, for information, the newly formatted Waiting Times and Access Targets Report which had been considered by the NHS Board at its meeting on 21st August 2007. This incorporated the waiting times information against the national targets and other access targets set by the Scottish Government – Department of Health and Well-being.

NOTED
18. **ANY OTHER COMPETENT BUSINESS**

i) **No Smoking Policy**

Mr Calderwood confirmed that the NHS Board’s No Smoking Policy applied to buildings and grounds. He would check out the comment about ash-trays in wards in Stobhill and the collection arrangements for clinical waste from wards 4 and 10.

ii) **Consultant Posts and TJ Thomson Centre**

A member reported that an advert would appear shortly for the new Consultant post in Respiratory Medicine; the Consultant Surgical post in Upper GI had been filled and the Radiology post was going ahead.

The refurbishment of the T J Thomson Centre had not yet been confirmed and the damage to an IT cable by external contractors had caused issues of the Disaster Recovery Plan to be considered.

iii) **Car Parking**

With the introduction of car parking charges across the NHS Board’s area a member asked about initiatives to support green transport initiatives and, in particular, the provision of cycle sheds and changing/showers on the Stobhill site. Mr Calderwood agreed to investigate the timescale of introducing these measures.

A member was concerned about the impact on local residents if staff started parking close to the hospital because they could not afford the car park charges: the lack of adequate public transport to the site and now a delay in providing cycling incentives. He felt the policy should be dropped forthwith.

Mr Calderwood explained that one of the key components of the Car Parking Policy was to ensure that patients, carers and visitors had access to car parking at hospital sites. This had not been the case for many years and the sites where the new arrangements had already been introduced had seen a significant rise in the public’s satisfaction levels of gaining accessible car parking on these hospital sites. Disabled spaces were close to hospital entrances; car parking charging covered 7.30 a.m. to 9.00 p.m. and car park permits for staff took account of a range of factors including the need to use a car for work and personal circumstances.

Staff had indeed raised a range of concerns about difficulties in parking and the changes and a review of the policy would be undertaken to take account of all the issues raised by patients, carers, visitors and staff and consider whether any changes would be required.

**NOTED**
19. **DATE OF NEXT MEETING**

The next meeting of the North Monitoring Group was planned to be held at 9.30 a.m. on Friday, 7th December 2007 in the Corporate Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR.

If, however, the Chairs’ meeting with the Cabinet Secretary for Health and Well-being reached a conclusion on the future or otherwise of the Group(s) and a change of date for a meeting was required, then Mr Hamilton would write to members.

The meeting ended at 11.20 a.m.