

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, 15th September 2006 in Meeting Room B,
NHS Greater Glasgow and Clyde, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ

P R E S E N T :

Mr Ian Miller (in the Chair)

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

Dr Robert Milroy
Mr John McMeekin
Dr Paul Ryan
Dr Jean Turner MSP

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 & 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
Mr Alex Russell	..	Scottish Ambulance Service
Ms Rhona Galt	..	Management Trainee, NHS Greater Glasgow and Clyde
Mr Russell Coulthard	..	Management Trainee, NHS Greater Glasgow and Clyde

ACTION BY

18. WELCOME

The Chair welcomed Mr Alex Russell, Scottish Ambulance Service, Mr Jim Crombie, Director of Diagnostics, Acute Services Division, Mr Russell Coulthard and Ms Rhona Galt to their first meeting of the Group.

The Chair thanked those present for accommodating the change of date of the meeting but suggested that the future fixed dates for the meeting be adhered to and, in the absence of a Chair for any particular meeting, the members present would nominate a Chair for that meeting. If the Chair was aware in advance that he was unable to attend any meeting he would approach a member to confirm their availability to Chair such a meeting.

19. APOLOGIES

Apologies for absence were intimated on behalf of Ms Mary Murray and Professor D E S Stewart-Tull.

20. MINUTES

The Minutes of the North Monitoring Group meeting held on 2nd June 2006 [NMG(M)06/02] were noted.

21. MATTERS ARISING

a) Membership of North Monitoring Group

It was reported that Frances Lyall had been appointed to the Partnership vacancy on the Group.

ACTION BY

b) Update on New Stobhill Hospital

In relation to Minute 12(a) – Update on New Stobhill Hospital – Mr Calderwood reported that the NHS Board had signed the contract with the Consortium on 23 August 2006 to build the new Stobhill and Victoria Hospitals. The construction work would commence in November 2006 with an anticipated hand-over date of February 2009. Thereafter, there would be a commissioning period of three months and the incremental transfer of patients likely to commence in March 2009 up to the end of June 2009.

The Full Business Case was approved in July 2006 by the Scottish Executive Health Department (SEHD) and the publicly available parts of the contract with the Consortium would be issued hopefully by the end of September 2006. A copy would be made available to members at that time.

**R Calderwood/
J C Hamilton**

Ms Grant responded to questions from members about the plans currently being developed for the increased activity over the winter months and the intention to repeat the arrangements of the previous years to have flexibility of managing beds across NHS Greater Glasgow and Clyde. It was reported that the demolition of wards at Stobhill Hospital was being managed within the available capacity.

A member was concerned about the occasions where patients had to have their admissions delayed due to increased numbers of emergency admissions but was assured that every effort was made to keep these instances to a minimum.

Mr Calderwood reminded members of the plans for the 12 short-stay (overnight) beds at Stobhill. The beds would initially be provided from an existing clinical area and would then be provided from a new build extension in 2010 adjacent to ITU and Day Surgery Unit. The beds would be from the existing bed complement and the new build was planned to be commenced once the new Stobhill Hospital had been completed. It was likely that there would continue to be an increase in Day Surgery rates – currently NHS Greater Glasgow and Clyde figures lagged behind the UK rate and well behind the rates being achieved in North America. It was the case therefore that there would be a continued dialogue on the number of surgical beds which would be redesignated for the provision of overnight beds at the new Stobhill Hospital.

Mr Calderwood confirmed that ICU beds would remain at Stobhill as long as acute receiving to in-patient beds continued at Stobhill.

Mr Calderwood agreed to provide plans of the new Stobhill Hospital at the December meeting of the Group.

R Calderwood

NOTED

c) Annual Report – 2005/06

It was reported that no further comments had been received on the Annual Report – 2005/06 and therefore it had been finalised, a copy passed to the Minister for Health and Community Care and a copy placed on the website.

NOTED

ACTION BY

d) Bed Modelling

In relation to Minute 12(b) – Monitoring Template – a member enquired about the progress on the bed modelling exercise.

Mr Calderwood advised that the exercise was still ongoing and CHKS were still collecting activity data and comparing figures with similar UK hospitals in order to produce benchmarking material to inform the bed model.

DECIDED:

That a paper be presented to the December meeting of the Group in order to more fully discuss this issue.

R Calderwood

22. COMMUNITY ENGAGEMENT

The Chair welcomed Mr Niall McGrogan, Head of Community Engagement, and invited him to present to the Group on the work of and recent activity undertaken by his team in recent months.

Mr McGrogan's presentation is attached to the Minutes of the meeting.

In response to questions from members, Mr McGrogan acknowledged the strong community attachment with Stobhill Hospital and the affection it was held in by many members of the public. Whilst the NHS Board appeared to be listening much more to the views of the community, it was important that processes were in place to action the comments received and feed back to the community on the outcome. Mr McAllister described how this was being achieved.

There continued to be concerns about the term – ‘Minor Injuries Unit’ – and whether it fully captured the purpose of the Unit. Mr McGrogan advised of the process of ongoing discussions with patient groups on a national basis to see if a more acceptable term which captured the available services could be identified.

Mr McGrogan highlighted the ongoing dialogue with NHS 24 and their intended future involvement with the Community Engagement Team and presentations to community groups and local bodies. This was welcomed.

A member expressed concern that the Patients Forum work at Stobhill was now part of the wider Patient Focus Public Involvement initiative and there was no consultation on this move.

The Chair thanked Mr McGrogan for his informative and enlightening presentation on the steps taken to more fully engage with the public.

NOTED

23. PATIENT TRANSPORT SERVICES – SCOTTISH AMBULANCE SERVICE

The Chair invited Mr Alex Russell, Scottish Ambulance Service, to give a presentation on the Patient Transport Service.

The overheads used in the presentation are attached to the Minutes.

Following Mr Russell's presentation, he responded to a number of questions from members and confirmed the following:-

ACTION BY

- The Ambulance Service meet monthly with NHS Boards and community-based groups in order to discuss improvements to their services and to keep abreast of the new developments in acute services.
- The Ambulance Service did face difficulties in providing an effective service to all out-patients and day hospital patients.
- That notification was required by the Ambulance Service if an escort was accompanying a patient on an ambulance journey;
- Not all patient transport vehicles had a medically trained member of staff;
- Ambulance taxis (saloon car) were often used for patients where this was deemed suitable;
- There were currently 28,000 wasted ambulance journeys – the pilot scheme to contact patients prior to collection had not been continued with at this stage.
- There was a difference in training for the staff who operated the 2 helicopters and 3 fixed-winged aircraft from the training given to RAF Personnel.

Members appreciated the refreshingly honest presentation by Mr Russell and had a concern that ambulance services were under-funded and more could be achieved with greater resources.

The Chair thanked Mr Russell for giving the Group his time and providing such a comprehensive summary on the Patient Transport Service.

NOTED

24. STANDING ITEMS

a) Members' comments on External Impacts on Named Services

i) Postgraduate Facility:

It was reported that funding had been secured to replace the windows in the Sir T J Thomson Conference Centre and the flat roof would be checked for any necessary repairs. The retention of the Postgraduate Facility in its current location was a possibility.

ii) Radiologists:

Due to an increase in the number of CT scans there had been increased pressure on the radiology services. The support of Mr Crombie had been appreciated, together with the temporary 0.6 WTE Locum Consultant post and a 0.1 WTE sessional session from the Royal Infirmary which had been funded to assist in radiology pending the urgent appointment of an additional substantive 1.0 WTE Consultant Radiologist..

iii) Modernising Medical Careers:

As discussed at the last meeting, this was an ongoing concern although, helpfully, funding had been provided for a Senior House Officer post in the Surgical Division to support the middle grade staff structure in the interim.

ACTION BY

iv) Oncology:

It was reported that due to workforce/rationalisation of services, an oncology clinic had been relocated from Stobhill to the Royal Infirmary with no prior consultation with clinical staff or patients or consideration given to the impact on related services.

A wider discussion ensued about the provision of haemato-oncology services across the city once the new Stobhill and Victoria Hospitals were open. Mr Calderwood advised that the previously consulted upon and approved plans would see haemato-oncology services in the North-east and West of the city being provided in the new Beatson Oncology Centre at Gartnavel and the services in the South-side would be provided from the Southern General Hospital.

Members were extremely concerned to be advised of the plans affecting haemato-oncology services as they had understood that out-patient Chemotherapy Services would be retained in the new Stobhill Hospital (members had understood this to be the original intention when the ACAD had originally been suggested).

The new Beatson Oncology Centre was due to be completed in early 2007 and therefore there was time for further urgent debate on this issue. In view of the impact on services and patients, it was

DECIDED:

That an urgent and special meeting of the North Monitoring Group be arranged to discuss solely the issue of the location of haemato-oncology services in the North-East of the city and the Professor Alan Rogers, Director, Beatson Oncology Centre, be invited to that meeting.

J C Hamilton

b) Waiting Times Report

There was submitted, for information, the Waiting Times Report which had been considered by the NHS Board at its meeting on 15th August 2006.

NOTED

c) South Monitoring Group Minutes: 9th June 2006

NOTED

25. ANY OTHER COMPETENT BUSINESS

a) Joint Meeting of Monitoring Groups

It was agreed to liaise with the South Monitoring Group over the possibility of a combined Monitoring Group meeting in March 2007.

J C Hamilton

ACTION BY

26. DATE OF NEXT MEETING

Mr Hamilton was asked to canvas for Friday morning dates in October/November 2006 to arrange the Special Meeting of the North Monitoring Group to discuss haemato-oncology services in the North-East of the city.

J C Hamilton

The next regular meeting of the Group would be held at 9.30 a.m. on Friday, 1st December 2006 in the Corporate Meeting Room, North Glasgow Division Office, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 11.35 a.m.