

**NHS GREATER GLASGOW**

Minutes of the Meeting of the Greater Glasgow – Acute Services – South Glasgow Monitoring Group held at 2.00 p.m. on Friday, 2<sup>nd</sup> December 2005 in Floor E Conference, Victoria Infirmary, Langside Road, Glasgow, G42 9TT

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

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson	Mr Ken Macintosh MSP
Dr Donald Blackwood	Dr Ken O'Neill
Mrs Catherine Fleming	Mrs Enid Penny
Mrs Margaret Hinds	Mr James Sandeman

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

Mr Robert Calderwood	..	Programme Director – Acute Services
Dr Brian Cowan	..	Medical Director
Mr John C Hamilton	..	Head of Board Administration – NHS Board
Ms Kate Munro	..	Community Engagement Manager

**ACTION BY**

**18. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr Brian Bingham, Ms Janis Hughes MSP, Mr Stewart Maxwell MSP and Ms Jane McCready.

**19. MINUTES**

The approved Minutes of the Joint Meeting of the North and South Monitoring Groups held on 2<sup>nd</sup> September 2005 [JN&SMG(M)05/01] were noted.

**20. MATTERS ARISING**

a) Monitoring Report – South Glasgow

In relation to Minute 8 of the Joint North and South Monitoring Group meeting on 2<sup>nd</sup> September 2005 – Monitoring of Named Services: Template – Mr Sandeman advised that he had met with Mr Crombie, Director of Operations and Performance, South Division, and Professor Duncan Stewart-Tull, North Monitoring Group representative, to take forward the development of an acceptable template to capture the necessary data to allow the Group to effectively monitor named services.

The then Minister for Health and Community Care had stated in the Scottish Parliament in September 2002 that he would establish Monitoring Groups to monitor named services at the Victoria Infirmary and Stobhill as part of a 5-year commitment to retain services at both hospitals during the planning of the new ambulatory care hospitals for both sites. In addition to the named services, the South Monitoring Group had added Accident & Emergency and Orthopaedics.

The template had not yet been fully agreed and figures had not yet been made available for Elderly Assessment and Diagnostic Support services.

Mr Calderwood advised that data sets could be back-dated until 2002 if that was what the Group desired; however, inconsistencies would appear in the figures and they would need to be fully explained as changes in medical practice and collating data had changed in that time. The North Monitoring Group had discussed this morning and decided to compare only the current year with previous year.

He went on to say that the Elderly Assessment beds at the Victoria Infirmary had been in Acute General Medicine, but were now Geriatric Assessment – this would now be included in the next set of figures. With regard to diagnostic services, activity figures were only now being collated although there were targets to be met e.g. the 9-week access targets for MRI, CT scans and chest x-rays.

He further advised that since September 2002 the services at the Victoria Infirmary had received:-

- i) investment to ensure that the Ministerial target for Scotland of all patients receiving their out-patient appointments and in-patient admissions or day case surgery within 26 weeks of being put on the waiting list were achieved by 31<sup>st</sup> December 2005;
- ii) £6M investment in infection control and patient amenities;
- iii) additional staff, new services, CT scanners and more patients treated.

The only beds that had been moved were those which had been part of an agreed strategy and in fact these beds had moved to better accommodation elsewhere in NHS Greater Glasgow.

Mr Sandeman was concerned that improvements in the quality of services or activity and bed movements had not been efficiently monitored. He believed that manageable and readable statistics were still achievable and wished to work with Mr Calderwood's staff to achieve this for the next meeting of the Group. In response to a question from the Chair, he saw no need to dissolve the Group on the basis that it was failing to achieve its remit.

The Chair reminded the Group that the Minister had set up the Groups to ensure that named services at the Victoria Infirmary were not run down by NHS Greater Glasgow and all evidence to date had suggested that this had not happened.

In further discussions, Mr Calderwood explained the position of patients with Availability Status Codes (ASCs) – those patients were not covered by the 26 week waiting time target: however, the Minister had advised that in 2007 these patients would also be captured in future waiting time targets. Availability Status Codes are where patients have delayed admission for personal reasons, did not attend their appointment or had other underlying medical constraints which affected their admission date: also included were patients with low clinical priority or who required highly specialist treatment not immediately available or easily accessible.

**DECIDED:**

That Mr Sandeman would meet with Mr Calderwood's staff and Professor D E S Stewart-Tull to produce meaningful and manageable data to allow the effective monitoring of named services.

**J Sandeman**

b) Annual Report – 2004/05

The South Monitoring Group Annual Report was attached for information. Comments had been received on the draft Annual Report from Mr Sandeman and a number of textual changes had been made to the Annual Report. It had now been submitted to the Minister for Health and Community Care.

NOTED

c) Fare4All and Concessionary Fares Scheme

Ms Kate Munro, Community Engagement Manager, tabled for members' information a copy of the Fare4All Interim Report into Public Transport in Glasgow. The Steering Group was Chaired by Mr Paul Martin MSP and the Report tabled for members' information summarised the Steering Group's findings through the presentations and workshops held with the various statutory bodies and community groups. In addition, it was informed by the Community Enquiry and the Fare4All Survey – both of which had been presented at the special Transport Summit held in Glasgow on 21<sup>st</sup> November 2005. The Summit brought together a wide range of interests in Glasgow's public transport, including Mr Tavish Scott MSP and Minister for Transport, MSPs, local Councillors, Strathclyde Passenger Transport, the Scottish Executive, bus operators, the NHS Board, local authority transport planners, voluntary and charitable groups and members of the public who had an interest in public transport in Greater Glasgow.

Key findings had included:-

- i) Routage of buses – good access to the city centre but not from one community to another.
- ii) Safety on the buses, especially at night.
- iii) Health and Safety issues; disabled access and access to bus operators' timetables.

The findings of the Fare4All research and work undertaken would be fed into the consultation on Scotland's National Transport Strategy and for discussions with local bus operators and Strathclyde Passenger Transport Executive. It would be necessary to work with partners to influence the future shape of public transport services and to consider the issue of subsidies and seek improvements in the areas identified by the research carried out.

Ms Munro highlighted the success of an East Renfrewshire local project providing transport for patients and of a Pilot Scheme in the North of the city that provided visitor transport to Stobhill and the Royal Infirmary using accessible mini-buses. She also tabled a copy of the NHS Board's response to the Consultation on Scotland-wide Free Bus Travel for Older People and Disabled People and the response had been framed by the Fare4All enquiry into public transport. Ms Munro indicated that NHS Greater Glasgow had submitted a response to the Executive based on the findings of the Fare4All project. In summary, the response welcomed the extension of free concessionary travel. However, as the Fare4All project highlighted, the scheme would only benefit those who were able to use existing public transport provision. NHS Greater Glasgow would like to see equal priority given to the needs of individuals who were currently unable to use public transport provision.

Mr Macintosh raised the difficulties of engaging the bus operators on routage and in particular access to hospitals including the Southern General. Ms Hinds was frustrated at the withdrawal of bus services that became non-profitable but was pleased to see the legislative requirement from April 2006 for bus operators to consider access to health care facilities.

NOTED

**21. UPDATE: NEW HOSPITAL – VICTORIA**

Mr Calderwood advised on the progress of the planning application for the new hospital. It was anticipated that the Final Business Case would be submitted to the NHS Board and Scottish Executive Health Department (SEHD) by the end of March 2006 and, if approved, this would allow financial close and the signing of the contract with the Consortium by the end of April 2006. The aim thereafter would be to start construction in June/July 2006: with a 27-month construction contract the new hospital should be completed by the end of 2008 and following a commissioning period, patients would be seen in early 2009.

Contracts had been let for pre-construction enabling works for the new road through Queen's Park Recreation Park; the re-alignment of Grange Road/Prospecthill Road; the demolition of the former school and the creation of a temporary car park on the 'nose' site.

NOTED

**22. UPDATE ON NEW SOUTH GLASGOW HOSPITAL**

Mr Calderwood advised that the Outline Business Case would be submitted to the SEHD by the end of April 2006. The technical design team had been appointed.

The bed model, which had been consulted upon, would be re-visited by the Working Group and following re-consideration would be re-issued early in the new year for further discussion with clinical staff, prior to the final bed model driving the specialties and bed numbers for the new South Glasgow Hospital.

NOTED

**23. SHORT- STAY PROPOSALS AND DAY SURGERY**

Dr Brian Cowan, Medical Director, gave a presentation to members on the short-stay in-patient bed proposals for the new hospital at the Victoria and the progress being made on Day Surgery.

The overheads are attached to the Minutes.

In response to a number of questions from members, Dr Cowan confirmed the following:-

- i) NHS Board approval for the short-stay beds would be sought in February 2006.
- ii) Any provision of short-stay beds would be matched by a reduction in the rehabilitation bed complement.
- iii) The short-stay overnight beds would be nurse-led. These patients would not require the attention of overnight medical staff in the building. GEMS would have no role in the short-stay overnight beds – if they did, then the protocols for handling patients overnight had failed.

- iv) Day Surgery generally had high levels of patient satisfaction, however, NHS Greater Glasgow was still at the lower end of the number of procedures carried out as day cases and this would need to improve in future years.
- v) Pre-assessment and better information to patients on their condition on pain control and on being discharged would be essential.

Mr Calderwood agreed to provide Mr Sandeman with the detailed Day Surgery figures for NHS Greater Glasgow.

**R Calderwood**

NOTED

**24. MONITORING GROUP CHAIRS' MEETING WITH MINISTER**

The Chair advised that the Monitoring Group Chairs' meeting with the Minister for Health and Community Care had been moved from 8<sup>th</sup> December to 25<sup>th</sup> January 2006 due to Parliamentary business.

If members had any items for the agenda for this meeting they should contact the Head of Board Administration.

**Members**

**25. ANY OTHER COMPETENT BUSINESS**

Mrs Hinds asked about the reference in the Annual Report to the audit work carried out on the implementation of the Acute Services Strategy.

Mr Calderwood advised that this work was being carried out by Audit Scotland through the NHS Board's external auditors. A range of reports had been submitted to NHS Board Members on the detailed auditing undertaken to date.

NOTED

**26. DATE OF NEXT MEETING**

The next meeting would be held at 2.00 p.m. on Friday, 3<sup>rd</sup> March 2005 in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

Mr Calderwood submitted his apologies for absence for this meeting.

Dates of 2006 meetings:

- i) 2.00 p.m., Friday, 3<sup>rd</sup> March 2006
- ii) 2.00 p.m., Friday, 2<sup>nd</sup> June 2006
- iii) 2.00 p.m., Friday, 1<sup>st</sup> September 2006
- iv) 2.00 p.m., Friday, 1<sup>st</sup> December 2006

All meetings to be held in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 3.35 p.m.