12. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Ms Catherine Fleming, Mr Ken MacIntosh MSP and Ms Jane McCreadie.

The Chair welcomed Dr Brian Bingham, ENT Surgeon and Chair of Medical Staffing Association, to his first meeting since taking over from David Ritchie and hoped he would find the work of the Group both interesting and rewarding. The Chair had written to David on the Group’s behalf to thank him for his insightful contribution to the Group.

The Chair then welcomed Enid Penny to the Group as the new representative of the Friends of the Victoria Infirmary. The Chair had also written to Ann Simpson to thank her for her helpful contribution to the Group during her 2 years membership.

Lastly, the Chair welcomed back Pat Bryson to the Group in her new role as a representative of the NHS Board’s Patient Forum.

The Chair advised that Dr Brian Cowan, Medical Director, was unable to attend the meeting and deliver his presentation on Evolving Practices in Day Surgery. Dr Cowan would be asked if he would be available to do the presentation at a future meeting.

J C Hamilton

13. MINUTES

The approved Minutes of the South Monitoring Group meeting on 4th March 2005 [SMG(M)05/01] were submitted for information.
14. MATTERS ARISING

a) In relation to Minute 3a) – Review of Assumptions Underpinning the June 2002 Decision on Accident and Emergency Services, Mr Sandeman intimated that he had tried to pursue sight of correspondence from the Minister for Health and Community Care to the NHS Board specifically setting out the terms of the review. He had been advised that there was no written correspondence nor were there notes of telephone conversations. He could only see two explanations – deliberate deception or thorough incompetence, both of which were ‘unthinkable’, but no alternative explanation was offered.

Mr Calderwood referred to the original letter from the Minister approving the Acute Services Strategy and the tasks identified following the Parliamentary debate on the Strategy in September 2002. There was a requirement to establish the Monitoring Groups to monitor named services at Stobhill and the Victoria Infirmary; review the assumptions which underpinned the decision in Accident and Emergency; develop a bed model and that Audit Scotland would have a role in monitoring the NHS Board’s progress towards implementing the Acute Services Strategy. Mr Calderwood reiterated the process set out in the previous Minute which had led to the NHS Board’s conclusions at the February 2005 NHS Board meeting. There was a requirement to update the Clinical Strategy by the end of the year in relation to Phase 2.

Mr Sandeman remained unhappy with the process and the Chair suggested that he write a personal letter to the Chief Executive of NHS Greater Glasgow with his continued concerns.

Mrs Hinds asked if the Acute Services Strategy would be re-visited in light of the launch of the Kerr Report, the report on NHS 24 and the recent announcement about NHS Argyll and Clyde.

Mr Calderwood reminded members about the Minister’s announcement in relation to NHS Argyll and Clyde had stressed that while consulting on the possible dissolution of NHS Argyll and Clyde, this would be carried out on the basis of no changes to the current and approved health-care strategies of the NHS Boards involved.

In relation to the Kerr Report, its findings were consistent with NHS Greater Glasgow’s strategies and a copy of the staff core briefing would be handed out to members at the end of the meeting.

The Kerr Report had discussed Community Casualty Units – in NHS Greater Glasgow there would be 5 Minor Injuries Units open for 12 hours a day; the finalised hours of opening had still to be determined although a study in 2002 had highlighted a significant drop in attendees after 10.00 p.m. and a similar fall-off in calls to NHS 24 had been noted. The NHS Board would consider shortly the Kerr Report recommendations and determine choices for the future and there would be an option of debating further the Kerr Report at a future meeting. There was to be a full Parliamentary debate about the report in the autumn.

b) In relation to Minute 5 – Membership of South Monitoring Group, it was reported that the Public Involvement Group had met and had nominated Mrs Pat Bryson as a representative from the Patient Forum to serve on the Group. The Chair welcomed this continuity of membership, especially following the two other recent changes of membership.
c) In relation to Minute 9 – Monitoring Report: South Glasgow, it was reported that Mr Calderwood, Dr Burns and Mr Sandeman had met to agree a template and set of definitions. This was under way and the process would be developed and refined as needs determined. Mr Sandeman felt a further meeting would be necessary and could include a representative from the North Monitoring Group. The Chair agreed to contact the Chair of the North Monitoring Group seeking a representative.  

The Chair thanked Mr Calderwood, Dr Burns and Mr Sandeman for moving the Group towards a consistent data set to allow future monitoring to take place.

d) In relation to Minute 11 – Date of Next Meeting, the question of holding a further joint meeting with the North Monitoring Group was discussed.

Mrs Hinds was keen to move to a single Monitoring Group in future due to the amount of pan-Glasgow working now under way and the similarity of the key issues faced by both Groups. In discussion it was clear that some members saw the advantage of retaining the two Monitoring Groups to allow each Group to discuss in detail local issues, bus routes and specific matters pertaining to local services. There could still be ad hoc joint meetings when considered relevant.

The North Monitoring Group were keen for the September 2005 meeting to be a joint meeting with the South Monitoring Group.

It was agreed that if Mrs Hinds wished to pursue her suggestion of a single Monitoring Group in the future, she should write a personal letter direct to the Minister on her views.  

Mrs Hinds

DECIDED:

That the next meeting should be the next annual Joint meeting with the North Monitoring Group and the issues to be covered could be:-

i) Update on ACAD Procurement Process

ii) Presentation on Day Surgery

iii) Implications of Kerr Report

iv) Implications of Proposals affecting NHS Argyll and Clyde.

15. NORTH MONITORING GROUP MINUTES: 4th MARCH 2005

The North Monitoring Group Minutes of the 4th March 2005 meeting were enclosed for information.

16. ANY OTHER COMPETENT BUSINESS

a) Mr Sandeman asked for an update of the re-development of the Southern General Hospital. Mr Calderwood advised that the Outline Business Case was being worked on for submission to the Scottish Executive Health Department in October 2005. Thereafter an initial OJEC notice would be placed in November 2005 and the formal notification would appear in January 2006. It was noted that this was about 4/5 months later than originally intended. The exercise to establish the location of the new children’s hospital was still awaited.
In relation to the ACAD procurement process, Mr Calderwood advised of the moves towards preferred bidder status following the value-for-money and affordability reviews submitted to Partnership UK and the Scottish Executive Health Department.

Plans were now under way to seek financial close by January 2006, followed immediately thereafter with construction on the sites.

Enabling works on the new road would commence in August 2005 and temporary car parking facilities would be created.

17. **DATE OF NEXT MEETING**

   It was agreed that the next meeting would be a joint meeting of the North and South Monitoring Groups and would be held at 2.00 p.m. on Friday, 2nd September 2005 in Board Room 1, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

   The meeting ended at 3.00 p.m.

   The meeting was followed by a site visit to the Southern General Hospital where Mr Calderwood explained to members the Phase 2 proposals for the Southern General under the approved Acute Services Strategy.