Minutes of the Meeting of the Greater Glasgow – Acute Services – South Glasgow Monitoring Group held at 2.00 p.m. on Friday, 3rd September 2004 in Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT

PRESENT:

Mr Peter Mullen (in the Chair)

Dr Harry Burns  Mr Ken MacIntosh MSP
Mr Danny Crawford  Mr Stewart Maxwell MSP
Ms Margaret Hinds  Dr Ken O’Neill
Ms Catherine Fleming  Mr David Ritchie
Ms Janis Hughes MSP  Mr James Sandeman
Ms Jane McCreadie  Ms Ann Simpson

IN ATTENDANCE

Mr John C Hamilton  ..  Head of Board Administration – NHS Board
Ms Anne Hyndman  ..  Board Administration – NHS Board
Mr Niall McGrogan  ..  Head of Community Engagement – NHS Board
Ms Kate Munro  ..  Community Engagement Manager – NHS Board

ACTION BY

16. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr D L Blackwood, Mrs Pat Bryson (represented by Mr Danny Crawford) and Ms Nicola Sturgeon MSP (represented by Mr Stewart Maxwell MSP).

The Chairman welcomed Mr Danny Crawford and Mr Stewart Maxwell MSP to their first meeting, representing Mrs Pat Bryson and Ms Nicola Sturgeon respectively. The Chairman also extended a welcome to Ms Kate Munro and Ms Anne Hyndman from the NHS Board, who were also attending their first meeting of the Group.

17. MINUTES

The approved Minutes of the Joint Monitoring Group meeting on 4th June 2004 [N&SMG(M)04/01] were submitted for information.

18. MATTERS ARISING FROM 4TH JUNE 2004 MINUTES

a) In relation to Minute 1 – Apologies and Welcome – Mr Sandeman enquired about the role the Community Engagement Manager would have with the Monitoring Groups.

Mr McGrogan advised that Kate Munro would attend the South Monitoring Group and Mark McAllister would attend the North Monitoring Group and would be assisting with communicating issues discussed at the respective Groups with local community groups and other interested stakeholders.
b) In relation to Minute 3(iii) – South Monitoring Group – Mr Sandeman asked about the fluctuation in the bed numbers from Mr Calderwood’s presentation to the Joint Meeting on 4th June 2004 and the paper on the agenda entitled “Named Acute Services – Beds and Activity”.

It was explained that the figures presented by Mr Calderwood had related to the current bed complement for South Glasgow and the bed numbers in the paper to be considered later in the agenda related to named services only at the Victoria Infirmary.

Ms Hinds stressed the importance of understanding the bed numbers now and in the future. Dr Burns advised that bed number projections were still being worked up with the full involvement of clinical staff. It would be a few months before that work was completed.

Ms Hinds was concerned about where the 64,000 current attendees at the Victoria Infirmary’s Accident and Emergency and the 47,000 attendances at the Casualty Unit, Stobhill would find beds in the future.

c) Ms Hughes enquired about the action agreed at the last meeting to invite representatives of the Area Medical Committee to the next meeting of the Group to discuss a number of the medical issues associated with the future plans for the acute health services in Greater Glasgow.

Mr Hamilton advised that he would now pick up on that action and contact the AMC shortly.

d) In relation to Minute 4(vi) – it was reported that Mr Hamilton had sent a letter to the Minister for Health and Community Care on behalf of the Joint Chairs, highlighting the discussion on the acceleration plans for acute services and the naming of the Ambulatory Care and Diagnostic Centres.

e) In relation to Minute 4 – Outcome of the Chairs Meeting with the Minister for Health and Community Care on 17th May 2004 – Mr Sandeman asked if the Group could see a copy of the Annual Report submitted to the Minister.

It was reported that a high level summary of the Minutes of the Group and the Minutes of the meeting had been submitted to the Minister. Mr Sandeman felt that that was an inadequate Annual Report of the Group’s first year’s work.

f) In relation to Minute 4(iii) – Mr Sandeman stressed that as no proper performance indicators had been identified by the Group, it had not been possible to carry out sufficient monitoring from a robust baseline. He also felt that the information submitted later in the agenda did not cover Medicine for the Elderly, the number of episodes for each specialty and 2003 figures.

The Chair commented that he felt the Group had been information rich and had been given access to all information requested as well as good access to senior managers who had attended the Group.

g) In relation to Minute 3(ii) – Increase in Emergency Admissions and Outcome of Bid for Additional Monies to Open New Beds at the Victoria – it was reported that the reason behind the increase in medical admissions was multi-factorial. Demography of the population, changing nature of family support, improved levels of chronic disease management and increased expectations for medical interventions.

J C Hamilton
On the question of additional beds – these would be made available in general medicine at the Victoria Infirmary following co-location of in-patient Haematology-Oncology Services at the Southern General.

20 beds previously used for patients waiting for nursing or residential homes have been funded as rehabilitation beds for the elderly. Additional funds for acute Stroke Services have been received, resulting in 8 additional beds for Medical Admissions. There would also be 30 additional Geriatric Orthopaedic rehabilitation beds from October 2004.

Dr Burns also reported on the wait times for A&E attendances and the steps being taken to try and improve some of the unacceptable waits experienced by some patients.

Dr Ritchie made it clear that it was now a daily occurrence that patients waited on trolleys – it was no longer just a winter problem. Currently, 2 wards were closed for upgrading and this programme will continue for many weeks yet. The outcome of the Health and Safety Enforcement Notice and the resultant upgradings would mean many beds lost from the Victoria Infirmary.

Dr Burns referred to the ongoing bed modelling work, the benchmarking exercise being considered on the best use of acute beds across specialties and the negotiations that will be necessary in the future with a Public Private Partnership (PPP) partner on bed numbers. The Monitoring Group would receive a copy of the agreed bed modelling exercise once completed.

Mr Sandeman was concerned about the 25% reduction in surgical beds in South Glasgow. Dr Burns indicated that he would prefer to discuss this with the Surgeons before offering a definitive response.

Mr MacIntosh was keen to hear about the NHS Board’s plans to cope with the current pressures and Ms Hughes wanted assurances about clinician involvement in drawing up such proposals. She was also concerned about negotiations with a private contractor on bed numbers and the need to learn from NHS Lothian’s experiences. She emphasised the importance of representatives from the Area Medical Committee attending the next meeting and discussing the current bed modelling process.

If changes were proposed which might lead to an acceleration of the Acute Services Strategy, the Monitoring Groups should be advised immediately and not hear about such an announcement in the media.

Dr O’Neill spoke about the need to sustain named services but also the need to watch for trends in changes to activity and possibly the quality of care.

Mr Crawford was aware of the debate in North Glasgow about splitting emergency and elective work but was not aware of such a debate in South Glasgow.

h) In relation to Minute 3(ii) – and the issue of increased costs of the ACADs - it was explained that the increased cost had been as a result of planning additional services to be provided for the ACADs, both at the Victoria and Stobhill.

i) In relation to Minute 4(vi) – Acceleration of Acute Services – it was reported that a paper with proposals on accelerating the Acute Services Strategy was planned for submission to the 12th October 2004 NHS Board meeting. If this happened, an additional meeting of the Monitoring Group could be arranged for November 2004. This would be further discussed at the end of the meeting.
19. NORTH MONITORING GROUP MINUTES – 16th JULY 2004

As requested, the North Monitoring Group Minutes for its meeting on 16th July 2004 were attached for information.

20. 3rd JULY 2004 LETTER FROM COMMUNITY COUNCIL REPRESENTATIVES

There was submitted a copy of a letter dated 3rd July 2004 from the four Community Council representatives on the North and South Monitoring Groups about the lack of progress on monitoring the continuity of services and progress towards solutions, as well as setting out some proposals for future meetings.

The Chair welcomed the comments from the Community Council representatives and their desire to play a full part in monitoring the continuity of services and working towards solutions. It was, however, important to remain within the remit of the Monitoring Group and it was not for this Group to discuss areas like Maternity, Paediatrics and Mental Health.

The modus operandi of the Group was agreed early on and if the Group wished to change any part of it, he would be receptive to suggestions. He acknowledged that the Joint Chair arrangement at the Joint Meeting on 4th June 2004 had not worked particularly well. Joint meetings were difficult because of the number of attendees and there had to be some balance when discussing detailed local issues pertinent to each Group.

Mr Sandeman spoke to the letter and explained that the Group’s modus operandi had been agreed before the Community Council representatives had joined the Groups and there had been no patient representative on the Group to give their views (this part was disputed by other Group members). The information sought had not been provided; the information for monitoring purposes had been inadequate and there was little evidence of forward planning around the Acute Services Review and little input to the Group from the planning function. He would welcome a more open and inclusive approach.

He felt that there were benefits in holding Joint Meetings – the Acute Services Strategy was Greater Glasgow-wide; NHS Greater Glasgow was a single organisation and national data collection was now on a Greater Glasgow basis. He thought voting was worthwhile and a formalised Annual Report was necessary as the Minister would not always have time to read the Group’s Minutes. He feared that the establishment of the Monitoring Groups may be more about ticking boxes.

Members debated the range of issues raised by Mr Sandeman and the Community Council representatives’ letter and

DECIDED:

1. That there could be advantages in holding Joint Monitoring Group Meetings where specific issues/topics lent themselves to a pan-Glasgow approach.

2. That it was important to stay focused on the Group’s remit; there were other mechanisms for anybody or Group to obtain information from the NHS Board on the services they provided.
3. That the Groups were there to protect services for patients; sustain these services for the period of the Minister’s commitment and be involved in improving services to patients, particularly through being involved in shaping of new services.

4. That it would be helpful to have a more direct planning input to the Group and the Head of Acute Planning would be approached about representation at future Monitoring Group meetings.

N McGrogan

21. PATIENT-LED SERVICES

There was submitted a paper prepared by the Convener, Local Health Council, which highlighted the issues of the Acute Services Strategy from a patient’s perspective. Mr MacIntosh had asked at the January 2004 meeting that such a paper be brought to the Monitoring Group for discussion.

Mr Crawford presented the paper and took members through each section. He emphasised that the Local Health Council had established an agreement with the NHS Board that any significant changes to direct patient services, even within the framework of an agreed strategy, would be publicly consulted upon.

Mr Macintosh welcomed the paper and thanked Mrs Bryson for pulling together the relevant issues into a single paper.

Ms Hughes found the paper particularly helpful on focusing on the issues important to patients, but she also recognised the effect changes can have on staff. There had been many changes recently (and some still ongoing) to staff’s terms and conditions. Staff were the NHS’ biggest asset and had a valuable role to play in influencing and re-designing services for patients. Transport was still a major issue for those in the South-East of Greater Glasgow and she highlighted the current consultation on Car Parking Charges at hospital sites.

Mr McGrogan spoke about the discussion he was having with Ms Hughes on transport issues. He also spoke about the engagement process he and his team were involved in in relation to the ACADs – patient surveys were being conducted this week on patients’ views on what services should be provided from the ACADs; discussions with multi-faith groups on patients’ spiritual care needs and ensuring the ACAD design takes account of all of the requirements of the disability discrimination legislation. Clinical standards and protocols were also important in designing new services.

Mr McGrogan would provide members with a copy of a paper he had been preparing on the Community Engagement Team’s work to date and plans for the future.

N McGrogan

Dr Ritchie praised the upgrading work required by the Health and Safety Enforcement Notice and the positive impact it was having on staff morale. He was concerned, however, at the uncertainty for the future and, in particular, the impact the building work and construction work will have on staff/patients/visitors trying to park near the Victoria Infirmary. He wanted to know what the options were to take account of this disruption.

Ms Hinds remained unconvinced about stand-alone ACADs, where patients will access services in the future and the exact role of Minor Injuries Units.

NOTED
22. **NAMED ACUTE SERVICES – BEDS AND ACTIVITY**

There was submitted from the Director of Public Health a report on:

i) South Glasgow – Acute Services and Bed Activity: 2004

ii) Victoria Infirmary Bed Complement by Specialty and Ward: 2003 and 2004 Comparison

iii) Southern General Hospital – Bed Complement by Specialty and Ward: 2003 and 2004 Comparison

iv) South Glasgow A&E Activity by Hospital Site: January – March 2004)

Dr Burns explained that as a result of discussions at the North Monitoring Group meeting this morning on the same type of data, it had been agreed to include in future reports an additional column which detailed the specialities and any reasons for changes in the bed numbers.

Dr Burns offered to provide members with additional information if any data was missing and was happy to be contacted direct to provide the information sought.

23. **ANY OTHER COMPETENT BUSINESS**

a) It was reported that as part of the NHS Board’s review of the assumptions which underpinned the decision in the Acute Services Strategy on the future provision of Accident and Emergency Services, a workshop was to be held on 15th October 2004 to hear and debate the issues.

Each Monitoring Group had been allocated 2 places at the workshop and members should contact John Hamilton direct if they wished to represent the South Monitoring Group at this event.

b) Ms Hinds raised the recent press article on the consortium leading the ACAD procurement process for Greater Glasgow. She read out a passage from the article which stated that “in the wider commercial property field the company’s (Currie Brown) other cost management consultancy projects included the roll-out of Marks and Spencer’s Simply Food Stores concept across the UK ………”

The firm also has health sector expertise spanning many years.

**NOTED**

24. **DATE OF NEXT MEETING**

The date of the next meeting would be determined by the timing of the Proposals to Accelerate the Acute Services Strategy being submitted to the NHS Board. If these proposals go forward to the 12th October 2004 NHS Board meeting, the South Monitoring Group would then meet on Friday, 5th November 2004 at 2.00 p.m.

Failing which, the next planned meeting for the Group was 2.00 p.m. on Friday, 3rd December 2004 in Floor E Conference room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 3.45 p.m.