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, 4th March 2005 in Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT

PRESENT:
Mr Peter Mullen (in the Chair)

Dr Donald L Blackwood Mr Stewart Maxwell MSP
Mrs Pat Bryson Dr Ken O’Neill
Ms Margaret Hinds Ms Enid Penny
Ms Janis Hughes MSP Mr David Ritchie

Mr James Sandeman

IN ATTENDANCE
Mr Robert Calderwood .. Programme Director – Acute Services
Mr John C Hamilton .. Head of Board Administration – NHS Board
Mr Niall McGrogan .. Head of Community Engagement – NHS Board
Mr Alex McIntyre .. ACAD Project Manager (to Minute 4)
Dr Margaret Roberts .. Clinical Director for Medicine for the Elderly, South Glasgow (for Minute 8)

1. APOLOGIES

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

2. MINUTES

The approved Minutes of the meeting on 3rd December 2004 [SMG(M)04/04] were submitted for information.

3. MATTERS ARISING

a) Review of Assumptions Underpinning the June 2002 Decision on Accident and Emergency Services

There was submitted for information a paper considered and approved by the NHS Board at its meeting on 22nd February 2005 on the review of assumptions which had underpinned the June 2002 decision on the future shape of accident and emergency services.

The Minister for Health and Community Care had indicated in September 2002 that he had asked the NHS Board to review the assumptions on Accident and Emergency in two years time to see whether they remained relevant and supported the two-site A&E model included in the Acute Services Strategy. At its July 2004 meeting, the NHS Board had approved a three-stage process to re-test the assumptions, one of which was the Workshop held in October 2004 and attended by representatives of the South Monitoring Group.
Mr Sandeman reiterated that he felt the assumptions in the review process were not assumptions. None of the Groups at the Workshop had been able to answer all of the questions and the whole process was flawed.

Ms Hinds commented that one of the NHS Board Members had sought agreement to the decision on A&E being further reviewed in light of the Kerr Report which was due to be published in late Spring 2005. It was explained that the NHS Board had considered the outcome of the review of assumptions on A&E and had confirmed that the two-site model for A&E remained valid. In addition, the NHS Board agreed to consider the recommendations of the Kerr Report once published.

**NOTED**

4. **PRESENTATION ON ACAD – SOUTH GLASGOW**

The Chair welcomed Alex McIntyre, ACAD Project Manager to the meeting and advised that he would give a presentation on the updated position with regard to the development of the ACAD in South Glasgow.

Mr McIntyre indicated that the two ACADs were being taken forward as a single project and it was important that the project remained within the affordability envelope of the NHS Board (the overheads are attached to the Minutes).

Enabling works would commence in May/June 2005 and there was a need to create a new road through the Queen’s Park Recreational site for access to the ACAD during the construction phase. The ACAD would include 60 rehabilitation in-patient beds and would provide endoscopic day surgery for South Glasgow. Most of the car parking for both patients and staff would be underground. Detailed discussions were ongoing with the Consortium and the City Council’s planners on the final shape and design of the building and the nose of the site which it was hoped would be zoned by the Council for residential development.

In response to a number of questions about transport, Mr McIntyre advised that information would be available on public transport routes and frequency, the car parking spaces would number 436 of which 300 would be underground (the numbers determined by the planners) and car park charges would be in line with the NHS Board’s recently approved Car Parking Policy. Currently, there were 200 car park spaces available at the Victoria Infirmary as well as street parking (which the City Council could restrict by zoning it no-parking). A request had been made to the Council that, during the construction works, the nose of the site be available for parking. A reply was awaited.

It would normally be the case that patients from South Glasgow would attend the ACAD at the Victoria for clinics/treatments/day surgery and would attend the Southern General Hospital for in-patient care.

Ms Hinds raised her continued concerns about day surgery patients attending the ACAD becoming critically ill and requiring transfer to the Southern General Hospital. Mr Calderwood referred to Dr Howie’s previous response that the clinical staff were well set up to manage critically ill patients and the combination of the care immediately available, the arrival of the critical care teams, the facilities within the ambulances and then the transfer of the patient once stabilised was a regular feature of current services in the NHS.

Members were pleased to hear that the re-development of the Southern General would include single rooms with en suite.
The Chair thanked Mr McIntyre for his excellent presentation and the images of the new ACAD allowed everyone to better picture the size, location and type of services to be provided.

5. MEMBERSHIP OF SOUTH MONITORING GROUP

A paper was submitted advising members that the Local Health Council would cease to function from 1st April 2005 and new arrangements would be put in place with a Scottish Health Council taking over new responsibilities from that date.

When the Minister had determined the membership of the Monitoring Group, a representative from the Health Council had been included to represent the public voice across NHS Greater Glasgow. In discussions with the Scottish Executive Health Department, it had been agreed to seek the Monitoring Group’s agreement to remitting to the Public Involvement Committee the task of identifying an individual to carry out this responsibility in future.

DECIDED:

That the Public Involvement Committee be asked to nominate an individual to replace the Local Health Council representative on the South Monitoring Group.

6. HAEMATO-ONCOLOGY BEDS

There was submitted a short paper enclosing the letter to South Monitoring Group members following Ms Hinds’ letter about the Haemato-oncology beds.

This issue had been well trailed at the Monitoring Group and Mr Calderwood advised that the in-patient component was to be at the Southern General and day surgery and out-patients would continue to be provided from the Victoria Infirmary. The transfer had led to an additional 12 medical beds being available at the Victoria Infirmary.

NOTED

7. NORTH MONITORING GROUP MINUTES: 3rd DECEMBER 2004

The North Monitoring Group Minutes from its meeting on 3rd December 2004 were enclosed for information.

8. PRESENTATION ON STROKE CENTRE

The Chair welcomed Dr Margaret Roberts who would be giving a presentation on the Stroke Centre.

Dr Roberts explained the background to the development nationally of Stroke Services starting from the National Review of Acute Services by the Scottish Executive Health Department through to the development of Managed Clinical Networks (MCN) and the review of Stroke services within NHS Greater Glasgow with the assistance of national investment.

NHS Quality Improvement Scotland had developed Standards on rapid access to services and CT scanning against which NHS Boards would be measured.
The MCN admission guidelines had been circulated to GPs and A&E Departments, with thrombolytic patients being admitted to the Southern General Hospital – Institute of Neurological Sciences. The patient accesses on admission a full assessment, neurological and general medical services and complex rehabilitative care was provided at the Victoria Infirmary (with post-discharge care being provided locally).

Dr Roberts confirmed these services were available for all patients suffering a Stroke and GPs had direct access to acute beds for emergencies.

Mr Maxwell asked about after-care services. Dr Roberts described the Stroke DART Team’s role which followed up care at the patient’s home for as long as was necessary: there was Day Hospital support and the Community Disability Team involvement in providing training for potential employment where necessary.

The Chair thanked Dr Roberts for such a detailed description of the Stroke Services for patients and its evolvement over recent years to the present model of care.

9. **MONITORING REPORT – SOUTH GLASGOW**

There was submitted a copy of the South Monitoring Report prepared by Robert Calderwood, Chief Executive, South Glasgow Acute Division, which had previously been sent to members, together with a copy of a letter from Mr Sandeman offering additional suggestions and an alternative matrix for future statistics in connection with the Monitoring Report.

There was discussion about the figures provided by Dr Burns, Director of Public Health, Mr Calderwood, Chief Executive, South Glasgow Acute Division, and some analysis offered by Mr Sandeman. An agreed start point, the use of consistent figures for comparison purposes (the audited Information Services Division (ISD) statistics would do this), the incorporation of the Southern General Hospital figures and the inclusion of day surgery figures would lead to a more acceptable basis for future monitoring. The need to model future projections with the ever improving national targets for in-patient, day surgery, out-patient and A&E units would be helpful.

In addition, Mr Ritchie advised that trolley waits overnight were a major problem. The number of medical admissions as well as the number of surgical admissions should be recorded and monitored.

The Chair asked that Dr Burns, Mr Calderwood and Mr Sandeman meet as soon as possible and agree a template taking into account the factors discussed above so that there was a clear way forward to monitor quarterly the services the Group had been remitted to monitor.

In discussing this item, a number of further issues were discussed. The day surgery rates within NHS Greater Glasgow were discussed – the advances in medicine and other technologies had led to greater day surgery rates in other parts of the UK and, in particular, North America. It was likely that day surgery rates would increase significantly within NHS Greater Glasgow over the coming years and there were some concerns about protocols for assessment for day surgery, anaesthetic post-operative pain and home care. It was agreed to invite Dr Brian Cowan, Medical Director, to the next meeting of the Monitoring Group on 3rd June to discuss day surgery issues now and in the future.

The opening hours of the ACAD and Minor Injuries Unit and alignment to the GEMS service were discussed. These would form part of future discussions as the development of the ACAD unfolds.
DECIDED:

1. That a meeting be arranged between Dr Burns, Mr Calderwood and Mr Sandeman to agree an acceptable template for future monitoring purposes.  

J C Hamilton

2. That Dr Cowan be invited to the next meeting on 3rd June 2005 to discuss day surgery issues and rates now and in the future.  

J C Hamilton

10. ANY OTHER COMPETENT BUSINESS

a) Ms Hinds asked that in light of future developments at the Southern General Hospital, whether the Monitoring Group should hold its next meeting on 3rd June 2005 at the Southern General and visit current services and see the location of the future services. This was agreed.  

J C Hamilton

b) Ms Hinds raised the issue of the article in the Health News which suggested that the site for the new Children’s Hospital was to be chosen from the 40 sites owned by the NHS Board. She had understood that as the new Children’s Hospital was to be alongside an adult acute site and maternity services, then there were only 2 sites where this could happen.  

R Calderwood

c) Ms Penny raised the apparent lack of hand wipes at the Coronary Unit at the Victoria Infirmary, introduced as part of the infection control measures within hospitals and to deal with hospital acquired infection. Mr Calderwood would check whether this was the case and rectify, if necessary.  

R Calderwood

11. DATE OF NEXT MEETING

It was agreed that the next meeting be held at 2.00 p.m. on Friday, 3rd June 2005 in the Conference Room, Management Building, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF.

The meeting ended at 3.50 p.m.