

# **Greater Glasgow Acute Hospital Services Strategy: South Glasgow Monitoring Group**

**1430hrs, Friday 5<sup>th</sup> September 2003, Floor E Conference Room, Victoria Infirmary**

## **Present:**

Peter Mullen (Chair)  
Dr Harry Burns, Greater Glasgow NHS Board  
Margaret Hinds, Chair, Health Service Forum South-East  
Janis Hughes MSP  
Ken MacIntosh MSP  
Dr Ken O'Neill, Local Health Care Co-operative  
Dr David Ritchie, Chair, Victoria Infirmary Medical Staff Association  
Ann Simpson, Chairperson, Friends of the Victoria Infirmary  
Nicola Sturgeon MSP  
Dr Yvonne Taylor, Area Medical Committee

## **Apologies:**

Pat Bryson, Convenor, Greater Glasgow Health Council  
Jane McCready, Staff Side Chair, Local Partnership Forum

## **In Attendance:**

Dr Brian Cowan, Medical Director, South Glasgow University Hospitals NHS Trust and the NHS Board (for Item 2)  
Jane Sambrook, Manager, NHS Greater Glasgow Ambulatory Hospitals Project Team (for Item 2)  
Jim Whyteside, Greater Glasgow NHS Board (acting as Secretary in place of John Hamilton)

### **1 Welcome and Introduction**

Peter Mullen welcomed members of the group, in particular Nicola Sturgeon MSP, who was attending her first meeting.

### **2 Presentation on the Planning and Design of the Victoria Infirmary Ambulatory Care Hospital**

Peter invited Dr Brian Cowan and Jane Sambrook to deliver their presentation. He noted that, due to the unfortunate absence through illness of Alec McIntyre, Estates Manager, questions about technical and planning issues would have to be saved for another time.

Brian explained the principles behind the modernisation of Greater Glasgow's hospitals. The two new hospitals will be built on the basis of modern medical practice, in which elective and emergency care are completely separated. The new hospitals offered the promise of 'streamlining' the patient's journey by ending reliance on old, out of date buildings. 400,000 episodes a year will attend the 20,000 square metre new hospital.

At this time, staff were working through the PFI/PPP process in order to finance construction of both Stobhill and Victoria Hospitals. Currently there was movement towards the next stage in the procurement process with a potential partner and with the other agencies and interests involved in the process of approving the project. Planning permission would be applied for on the basis of a design worked up by the Ambulatory Care Team as a 'Public Sector Comparator'.

If the NHS Board give the go-ahead to the project, there would be clinical involvement through a Project Board in finalising specifications. Construction would get under way in 2005 and the buildings should be operational by 2007.

Margaret Hinds asked for clarification about the patient base for day surgery at the Victoria Ambulatory Care Hospital. Brian confirmed that the day surgery services would be provided to the entire Southside.

Janis Hughes enquired what would happen if a PFI/PPP contractor's innovations were radically different from the original specifications. Brian said that the Project Team would have to respond rapidly to suggestions and turn around decisions quickly. He and his colleagues would be happy to accept good ideas, for example in the case of theatre and endoscopy space, where no-one had found a solution with which they were 100% happy with.

Nicola Sturgeon asked if there was still time for other bidders for the PFI/PPP to come forward. Brian admitted that receiving one bid to date had been 'disappointing', especially as around twenty companies had originally expressed an interest. The plain fact was that the market place was 'stuffed' with business opportunities as PPP/PFI programmes for schools, roads and hospitals are let out across the country. The NHS Board has decided to proceed to the next stage on the basis that there is nothing more they can do to generate further interest and one bidder is still better than none.

Margaret asked what would happen if it all 'went wrong' and the bidder did not deliver. Brian said that there would be no choice but to re-advertise the contract. It was clear there was nothing wrong with the actual project per se – South Birmingham NHS was issuing very similar specifications for an Ambulatory Care Hospital which would have stand-alone status in five years' time.

Ken MacIntosh wanted to know if the new Victoria Hospital would be equivalent to the outpatient floorspace at the Victoria Infirmary and Southern General combined. Brian said that it was impossible to give a direct comparison. The new hospital was certainly bigger than existing treatment areas at the existing hospitals, but on top of this there would be accommodation for MRI and CT capacity. The Southern General had two endoscopy rooms at the moment and management wanted four but there wasn't enough space – by contrast, the new Ambulatory Care Hospital will have five rooms.

Ken asked if there would be separate imaging services for the remaining acute services at the old Infirmary and the new outpatient accommodation at the Ambulatory Care Hospital.

Brian said yes – ‘great news for patients’ as imaging capacity would double but bad news financially as two separate centres would have to be run concurrently until A & E and inpatient services finally cease at the old Infirmary.

Ken asked what level of GP involvement there was in the project. Dr Ken O’Neill answered that as the issues linked to the fabric of the building began to be closed off, there was now focus on service redesign and integration. There was much GP input to this latest stage in the process. Generally, the trade off agreed with the Primary Care Trust in exchange for the new GPs’ contract was that individual clinicians would have more influence on service redesign.

Peter thanked Brian and Jane for their contribution.

### **3 Approval of Minutes of Meeting Held on 6<sup>th</sup> June 2003**

The minutes were accepted as a true record and approved.

### **4 Matters Arising from the Previous Minutes – Progress on A & E Process**

Dr Harry Burns reminded the group that the NHS Board’s adopted strategy for A & E services was to be reviewed by Ministerial agreement. The next review of the data which informed the A & E Steering Group’s recommendations to the NHS Board was to be undertaken in the spring of 2004.

Margaret Hinds said that she understood the period of assessment of A & E services to be continual over two years. Harry replied that this was not the case as the A & E Steering Group would meet when it had data to discuss. Margaret replied in turn that there must have been a misunderstanding – she and the other Monitoring Group members had been led to believe that another group was looking into the A & E issue; that is why the service had been excluded from the Monitoring Group remit.

Peter said that he too understood that a properly convened group had been dealing with A & E. He intended to take the matter up with Tom Divers. He asked Harry to confirm that the A & E Group was no longer functioning. As Harry understood it, the group was not conducting meetings, as it had no data to examine and would not have any such data available until the next review.

Peter agreed that clarification was needed as to whether or not another group was taking up the ongoing remit of examining A & E issues.

**Agreed:**

#### **4.1 Peter Mullen would seek clarification from Tom Divers on the status of the A & E Steering Group.**

### **5 Matters Arising from the Previous Minutes – Updated List of Named Services**

Harry had been asked to flesh out the definition of the various sub-specialties included within the main headings. He referred the group to his paper as attached.

Ken wondered what the status of Orthopaedic services was in terms of inclusion in the definition of ‘named services’. His view was that the speciality was of central importance to many people in the Victoria Infirmery’s catchment – given the local age profile – and it would seem strange and unsettling to them if it were omitted from the group remit.

Peter said it was time to stop the issue running on. The Minister for Health and Community Care had drawn up the group’s remit. Peter would go back to the politicians and ascertain if the absence of A & E and Orthopaedics was an oversight. He would obtain the answer ‘for once and for all’ by the time of the next meeting.

**Agreed:**

**5.1 That Peter Mullen will contact the Minister for Health and Community Care to determine if the specialities of A & E and Orthopaedics should be ‘named services’ within the Monitoring group’s remit.**

**6 Matters Arising from the Previous Minutes – Update on Process for Two Representatives of the Community Councils to Join the Group**

Jim Whyteside informed the group that a ballot process had been organised via the good offices of the Glasgow City Council Community Councils Resource Centre in partnership with the other Greater Glasgow Local Authorities. Over the summer, eleven Community Councils had put forward candidates for election to the Monitoring group. The ballot, of all Community Councils in South Glasgow, would take place over September, with confirmation of the two representatives chosen expected by the end of the month. Consequently, the successful candidates would attend the next meeting of the group on 5<sup>th</sup> December.

Janis Hughes wished her unhappiness with the process to be formally minuted. She felt that the process unfairly disadvantaged candidates from Rutherglen and Cambuslang – with so many other candidates from Glasgow/East Renfrewshire, there was little chance of people from her constituency being represented on issues that were of vital importance to them.

Margaret Hinds also voiced her unhappiness with the process: she had received complaints from a ‘great many people’ that by conducting the ballot process over the summer, when many Community Councils do not meet, the potential number of candidates had been severely limited. Peter replied that he thought eleven candidates to be actually quite a reasonable number.

Ann Simpson commented that as well as representing the Friends of the Victoria, she was also a Community Councillor. Her Council had agreed not to come forward for election, as they did not feel it would be fair for any single organisation to have more than one representative on the Monitoring Group. She therefore noted with dismay that two of the Community Councillors listed on the ballot form were also members of the Health Service Forum South East. Ann had telephoned the NHS Board to make a formal complaint.

## **7 Any Other Competent Business – South Glasgow Trust Meeting**

Margaret said that a member of the Forum had attended a meeting of the South Glasgow Trust Management Team on the previous Wednesday. She had heard Dr Brian Cowan remark that the impending implementation of the new contract for Junior Doctors would have a knock on effect on rotas and staffing. He had said that this might cause the Trust to accelerate changes to services in advance of the planned schedule.

## **8 Any Other Competent Business – Reporting Monitoring Group Meetings to the Public**

Peter reminded members that he was anxious that the business of the group be conducted in an open and transparent manner and that agreed minutes would be put in the public domain.

Peter was convinced that two things needed to happen: there must be communications activity to make sure the public and staff knew what was going on and it was also incumbent on group members to ensure that *accurate* information was being supplied to all interest groups.

## **9 Any Other Competent Business – Agenda Setting**

Peter said that he wanted to ensure that Group members felt they had ownership of the agenda. Items could be proposed at any meeting for the next meeting and for the periods in-between meetings, if ideas for items occurred, they should be communicated via the Secretariat.

Dr David Ritchie asked if the problem of car parking during demolition could be placed on the agenda of the next meeting

**Agreed:**

**9.1 That ‘Car Parking’ be an agenda item for the Monitoring Group meeting of 5<sup>th</sup> December 2003.**

Margaret requested that Bed Numbers be placed on the agenda.

**Agreed:**

**9.2 That ‘Bed Numbers’ be an agenda item for the Monitoring Group meeting of 5<sup>th</sup> December 2003.**

## **10 Date of Next Meeting**

Friday 5<sup>th</sup> December 2003 at 1400hrs in the Floor E Conference Room of the Victoria Infirmary, Langside Road.

Peter brought the meeting to a close and thanked everyone for attending.

The meeting concluded at 1550hrs.

Jim Whyteside  
11<sup>th</sup> September 2003.