

**NHS GREATER GLASGOW AND CLYDE**

Minutes of the Meeting of the Greater Glasgow – Acute  
Services – South Glasgow Monitoring Group  
held at 9.30am on Friday, 12 December 2008  
in the Floor E Conference Room,  
Victoria Infirmary, Langside Road, Glasgow, G42 9TT

**PRESENT:**

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson	Mrs Margaret Hinds
Mr Eric Canning	Mr Ken Macintosh MSP
Dr John Larkin	Dr Ken O'Neill
Mr James Sandeman	

**IN ATTENDANCE:**

Mr Robert Calderwood	...	Chief Operating Officer, Acute Services Division
Ms Jane Grant	...	Director, Surgery and Anaesthetics
Mr John C Hamilton	...	Head of Board Administration, NHS Board
Ms Kate Munro	...	Community Engagement Manager

**ACTION BY**

**24. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Dr Donald Blackwood, Ms Sandra Davidson, Cllr. James Dornan, Ms Catherine Fleming, Mr James Kelly MSP and Mrs Enid Penny.

The Chair advised that Mr Eric Canning was representing Mrs Enid Penny and was attending his first meeting of the Group. The Group wished to record their best wishes to Mrs Penny.

**25. MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 31 October 2008 [SMG(M) 08/03] were noted.

**26. MATTERS ARISING**

a) Monitoring Report

In relation to Minute 17(b) – Monitoring Report – Mr Sandeman commented that while the Directors' presentations at each of the last three meetings had been well prepared and put together, they had not related to the remit of the Group or named services. They had included other services and it was not possible to conclude that there was no diminution of named services from the presentations and accompanying/

**J C Hamilton**

papers. He pointed out that the discussion on the updated monitoring report later that same meeting had shown that there had been a diminution to some named services.

Mr Calderwood advised that each of the Directors' presentations and papers had covered the relevant dates of the Group's responsibilities – April 2003 to 2007/08; they had each demonstrated that named services had been maintained and the updated monitoring template covered the publicly available activity data and it had been sent to the Cabinet Secretary. It had been explained and minuted that the activity levels for General Surgery in 2007/08 had dropped as there had been staffing and operational difficulties. These had now been resolved and activity levels in 2008/09 had, on a pro-rata basis, risen. The Orthopaedic activity figures were also down but this was because other activity for these Orthopaedic patients was taking place but this data was not currently captured, i.e. allied health professions.

Mr Calderwood advised that the Medical Staff Association of the Victoria Infirmary attended the Monitoring Group meetings and they had never raised the issue of named services within the Victoria Infirmary not being maintained. Activity levels, as was explained at the last meeting, did go up and down – this was demand-led and also reflected patients moving from out-patients and in-patients to day surgery cases or other forms of care. Mrs Bryson agreed and stated that General Surgery and Orthopaedics were in particular susceptible to increases in day surgery rates.

Dr Larkin indicated that at the last meeting his comments were not intended to be interpreted as confirming that named services had been maintained. He had expressed concern about the changes which had been made to elements of Laboratory Medicine which he had thought had given rise to a diminution in service. He acknowledged that patient activity levels generally could go up and down but that was not proof of maintenance of named services or evidence of a withdrawal of a service.

Mr Calderwood again acknowledged that the orthopaedic out-patient figures did not include the allied health professional activity, direct referrals or nurse-led clinics. Nationally, these data were not captured. Mr Sandeman stated that if that was the case the Group could not report on named services if the statistics were now meaningless.

Mr Sandeman enquired if the Monitoring Report had been discussed with the Cabinet Secretary at the Chairs' recent meeting. The Chair confirmed that the Cabinet Secretary had not raised the issue with him or he with her. Mr Sandeman felt this was insulting to the work which had been put into developing the Monitoring Report. The Chair advised that he had before and would again thank Mr Sandeman on the Group's behalf for the effort he had put into producing the Monitoring Template. It was just that it had not been possible to agree on an interpretation of the outcome from the figures. The Chair reiterated that the Directors' presentations and papers had clearly shown the maintenance of named services and on an anecdotal basis he had never met a clinician who had thought the services at the Victoria Infirmary had been run-down.

Mr Calderwood stated that he and his colleagues could provide no more evidence than that which had been provided to the Group to show the maintenance of named services. He intimated that management were not prepared to continue discussing this same issue again and again at every meeting. The Chair asked members if any of them felt that the services at the Victoria Infirmary had been run down. No member raised any comment.

Mr Sandeman reiterated his request from the last meeting for projections for the new Victoria Hospital. Mr Calderwood felt it was important that as he was regularly reminded, the Group should stick to its remit. Therefore, on this basis, as this request was outwith the Group's remit he would not be providing the projections sought. The Chair suggested that Mr Sandeman write as an individual to the NHS Board seeking the information he sought.

NOTED

b) Post-Code Maps

In relation to Minute 21(b) – Monitoring Report – Mr Calderwood passed to members copies of the post-coded maps for Accident & Emergency catchment areas used for planning purposes. While this information was not in the Group's remit, Mr Calderwood advised that he had promised it to members at the last meeting.

Mr Calderwood took members through the two postcode marked maps of NHS Greater Glasgow's boundaries. In respect of the first map which showed the zoning for the five Minor Injuries Units, he highlighted how these were the target population who would attend minor injuries services to be located in the five hospitals, namely the Victoria Hospital, Glasgow Royal Infirmary, Stobhill Hospital, Gartnavel General Hospital and the Southern General Hospital.

With regard to the second postcoded map tabled, this showed the zoning of the city in respect of how patients would flow into the two new A&E/Trauma Units to be sited at Glasgow Royal Infirmary and the Southern General Hospital. He highlighted two areas, firstly in the north-west of the city round the Maryhill area which had been highlighted in green and, secondly, in relation to the Rutherglen/Cambuslang area which had been picked out in brown, and described how these two populations, although zoned to the Southern General and Royal Infirmary respectively, had been modelled so that they could flow into either of the A&E/Trauma Units, taking into account how the population found access most convenient.

Mr Calderwood also highlighted that by modelling the potential for these two catchment areas to flow in different directions, this had the beneficial effect of increasing the modelling capacity that drove the sizing of the two new A&E/Trauma Units

Mr Sandeman thanked Mr Calderwood for provision of the plans and taking members through their significance.

Mrs Hinds raised an issue in connection with patients getting their medication at the right time in hospital and Mr Calderwood stated that he would raise the issue with Dr D Stewart and Mr Macintosh indicated that this had been raised nationally with the Cabinet Secretary.

**R Calderwood**

NOTED

c) Outcome of Chairs' Annual Meeting with Cabinet Secretary for Health and Well-being

In relation to Minute 22 – Draft South Monitoring Group Annual Report – 2007/08 – the Chair advised that he and the Chair of the North Monitoring Group had met with the Cabinet Secretary for Health and Well-being for their annual meeting on 17 November 2008.

The Chair advised that the Cabinet Secretary had asked that he pass on her thanks to all Group members for their diligence and support of the Group's work. She had been pleased to read from the Minutes and Annual Report the breadth of discussions and the responsiveness of Mr Calderwood and his team.

When the Chair had raised, at the members' suggestion, the future of the Group and future remit, the Cabinet Secretary had indicated that she wished to consider this with colleagues and make an announcement later, possibly sometime around the hand-over of the new Hospitals from the contractors to NHS Greater Glasgow and Clyde.

She would consider all options and the Chair was hopeful that by the March 2009 meeting of the Group an announcement will have been made on its future.

The Chair asked the Group members for their thoughts on the future and the following came out of the discussion:-

- The Group required a new remit.
- Retain a Monitoring function until all services removed from the Victoria Infirmary to ensure the intended moves work.
- Cease geographical Monitoring Groups and have one Group for the NHS Board's area or have them service-based.
- Monitor impact on services with the loss of junior doctors from August 2010 and impact of implementing next stages of the Acute Services Strategy affecting the Queen Mother's Hospital, Stobhill, the Victoria Infirmary and the Western Infirmary.
- Recognise the importance of the Public Partnership Forums within Community Health (and Care) Partnerships in terms of engaging with the public on changes to services.
- Further Independent Scrutiny Panels should be considered.

Mr Macintosh summed up his view which was that the Groups had been a helpful mechanism to deal with public concerns and anxieties during the build up to the transfer of services. The Groups could have met less often as it was clear there was no reduction in service levels: however, the regular update on other matters had been particularly helpful. A Group continuing with this local function could be helpful to deal with the next stage of change and the inevitable concerns and anxieties which this will bring.

Mr Calderwood agreed that this summary would be made available to the Cabinet Secretary as part of her deliberations on the future of the Groups.

**J C Hamilton**

NOTED

**27. NORTH MONITORING GROUP MINUTES – 5 DECEMBER 2008**

The Minutes of the North Monitoring Group meeting held on 5 December 2008 were attached for information.

NOTED

**28. ANY OTHER COMPETENT BUSINESS**

a) Ward 12A

Mr Calderwood would look into the toilet provision at Ward 12A, Victoria Infirmary.

**R Calderwood**

b) Day Surgery

Ms Grant explained the pre-assessment process, protocols and back-up for day surgery, particularly as more day surgery was planned for the new Victoria Hospital.

c) Car Park

Mr Calderwood agreed to look into the build-up of litter at the current car park adjoining the new Victoria Hospital.

**R Calderwood**

The Chair wished everyone a peaceful Christmas and happy New Year.

**29. DATE OF NEXT MEETING**

The next meeting would be held at 9.30 a.m. on Friday, 13 March 2009 in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 10.40 a.m.