

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, 31 October 2008
in the Board Room, Management Building,
Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF

PRESENT:

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson	Dr John Larkin
Cllr. James Dornan (to Minute 18)	Mrs Margaret Hinds
Ms Catherine Fleming	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
Dr Cameron Howie	...	Acting Associate Medical Director, Surgery and Anaesthetics
Mr Niall McGrogan	...	Head of Community Engagement and Transport

ACTION BY

15. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr Donald Blackwood, Ms Sandra Davidson, Mr James Kelly MSP, Mr Ken Macintosh MSP, Dr Ken O'Neill and Mrs Enid Penny.

The Chair welcomed Dr Cameron Howie, Acting Associate Medical Director, Surgery and Anaesthetics Directorate to his first meeting of the Group.

16. MINUTES

The approved Minutes of the South Monitoring Group meeting held on 13 June 2008 [SMG(M) 08/02] were noted.

17. MATTERS ARISING

a) Presentation on Emergency Care and Medical Services

In relation to Minute 11 – Presentation on Emergency Care and Medical Services – Mr Hamilton apologised that the overheads from the presentation had not been attached to the Minutes when they had been sent out to members. A copy would be sent to members shortly.

J C Hamilton

NOTED

b) Monitoring Report

In relation to Minute 12(a) – Monitoring Report – Mr Sandeman asked on what evidence Mrs Bryson and Mr Macintosh had founded their statements that named services had been maintained at the Victoria Infirmary. He believed that these statements had been made on observations rather than concrete evidence. The Monitoring Report to be discussed later on in the meeting was the only kind of information from which anyone could draw any conclusions on named services.

Mr Calderwood reminded members that the presentations and accompanying papers from the three Directorates covering named services had all included patient activity data from 2003 to the present and all had confirmed that named services and support services had been retained and maintained. Members had founded their comments on this evidence and had been satisfied that there had been no diminution of named services at the Victoria Infirmary. He acknowledged that activity levels can go up and down but that was more the way clinical services evolved and changed.

Dr Larkin advised that as the Medical Staffing representative on the Group he agreed that named services had been maintained and that activity numbers did go up and down but that this was not a problem or evidence of any diminution in a service. However, he was concerned that the receipt of results from the laboratory services which allowed him to write to the patient's GP had slowed down since the move to the Southern General Hospital.

Dr Howie commented that this might be more of as a result of moving from written results to the results being available quicker electronically. Key results to clinicians were not being delayed and no clinical issues had been identified in the move from paper-based to electronic results. Dr Larkin pointed out that the delays he experienced were on receiving a typed copy of the results so he could dictate letters to GPs. Mr Calderwood hoped that the move to the new portal would assist with this type of issue.

Mrs Hinds expressed her concern that Information Technology (IT) systems need to be proven and up-and-running before the system it replaces was withdrawn. She was aware of four system failures which included discharge information not being available from the Victoria Infirmary, the Mansionhouse Hospital and Social Work.

Mr Calderwood advised that the Discharge Planning System was in place and he had no doubts with the many thousands of discharges that occasional errors would occur and if these were highlighted to staff at the time it would give them the opportunity to rectify and learn lessons for the future. Mrs Hinds advised that patients and their families did not want to complain.

NOTED

18. PRESENTATION ON SURGERY AND ANAESTHETIC CARE

The Chair introduced Ms Jane Grant, Director of Surgery and Anaesthetics Services, Acute Services Division, who was attending to give a presentation to members on surgery and anaesthetics services with a particular emphasis on the Victoria Infirmary.

The presentational overheads are attached as part of the Minutes of the meeting.

Ms Grant reminded members that she had submitted a paper on 13 June 2008 which set out in detail the services, changes and activity levels from 2003 to the present. Mr Hamilton distributed additional copies to members for information.

Ms Grant's presentation covered:-

- General Surgery
- Urology
- Endoscopy
- ENT Surgery
- Ophthalmology
- Orthopaedics
- Gynaecology
- Anaesthetics, Theatres and Critical Care

Members welcomed Ms Grant's presentation and the clear way the facts and detail had been laid out in the paper and explanations given about movements in activity levels, particularly in relation to some operational difficulties which had been experienced in 2007/08 within General Surgery. Members were pleased to note that these difficulties had now been overcome.

Mrs Bryson enquired about the wait times for podiatry services in the community. Mr Calderwood advised that the Board's Community Health (Care) Partnerships were currently reviewing community based allied health professional services with the recognition that changes and improvements were needed. The review had just started and was at the stage of collecting data on the clinics, patient attendances and waiting times.

Dr Larkin raised the issue of orthopaedic waiting times. Ms Grant advised that all national targets had been met within Orthopaedics and that the out-patient consultant figures were shown and did not include the allied health profession figures; therefore, when both figures were added together more patients were being seen who had been referred by GPs than simply appeared within these statistics.

Dr Howie acknowledged the fluctuations in activity: however, no services had been removed. Once the new ambulatory care hospital opened in the summer of 2009 there would be a change to the working pattern of clinical staff.

Mr Sandeman asked if it would be possible to see a profile of how services would change in the move to the new ambulatory care hospital including shifts from medical staff to nurse-led services. Mr Calderwood advised that there was currently a national debate on collecting in the future data on activity at nurse-led and allied health professional clinics, in addition to a clear recording mechanism for out-patient procedures. The data was not currently collected on a uniform basis and there may be significant cost implications for collecting such data across Scotland in the future. He advised that patients were now subject to improving wait times for out-patient appointments and in-patient

services. NHS Greater Glasgow and Clyde had achieved a 15-week maximum wait for an out-patient appointment from referral to first out-patient appointment and a 15-week maximum wait for in-patient treatment from 1 October 2008 – 6 months earlier than the national target date of March 2009. Wait time for diagnostic tests was 9 weeks with the target of 6 weeks by the end of March 2009.

The role of the new ambulatory care hospitals would be fundamental to re-designing the city hospitals and bringing about improvements in care to patients. The new ambulatory care hospital was not designed to replace the services at the Victoria Infirmary – it was part of a wider plan of changes to achieve that outcome.

Mr Sandeman would have liked to see a published version of the full plan for the services and the changes to be implemented. Mr Calderwood agreed to provide the Group in March 2009 with a profile of services to be provided in the new ambulatory care hospital. The hospital construction remained ahead of schedule and following the hand-over in April 2009 there would be a 13/15 week commissioning period to equip the hospital and prepare it for its first patients in the summer. The volume of activity to be carried out within the new ambulatory care hospital was rising weekly as debates were held with clinical staff in order to meet the new and improved national wait time targets for services/treatments to patients.

R Calderwood

Mrs Hinds was concerned about the report in the media that NHS Greater Glasgow and Clyde was required to find £42m of savings this year – she feared for the impact on services. Mr Calderwood stated that the savings plan was already in place and the NHS Board was forecasting a break-even position at the end of the financial year.

The Chair thanked Ms Grant for her informative and helpful presentation.

NOTED

19. UPDATE ON TRANSPORT

Mr McGrogan gave members an update on transport matters and covered the following areas:

1) Transport and Access Forum

The Transport (Scotland) Act 2005 required the establishment of Regional Transport Partnerships (RTPs) with the task to explain how transport was to be provided, developed, improved and operated in order to facilitate access to hospitals, clinics, surgeries and other places where a health service was provided. Mr McGrogan was a member of the RTP. Mr McGrogan also chaired the Transport and Access Forum which had a number of members from charities, patient representatives and PPFs. It was an informed membership with knowledge of the main issues – the minutes of the Forum could be obtained on line on the Board's website www.nhsggc.org.uk.

2) Strathclyde Passenger Transport Access to Health Care

With the statutory responsibility to improve access to health care for patients, staff and visitors, it had been agreed to prioritise work on access to hospitals in the first instance. Fifteen actions had been

identified and Mr McGrogan highlighted two which were currently under way – TravelLine and Patient Appointments – individualised travel plans for patients – and – Transport Interchanges for Hospitals – the identification of investment priorities for the responsible authorities which would improve existing interchanges, i.e. improved signage, review of lighting provision, seating and shelter.

Further information was on-line – www.spt.co.uk.

3) First Bus Route Development Plan

Mr McGrogan reported that last year NHS Greater Glasgow and Clyde had become the first Health Authority to enter into a signed agreement with First Bus. This was the second route development plan and encouraging improvements had been made – the plan was accessible on-line – www.firstgroup.com/ukbus/scotland/swscot/news/index.

Mr McGrogan highlighted some improvements:-

- a particular bus route had its frequency improved from one bus every 15 minutes to one bus every 10 minutes;
- the trebling of the number of buses to Stobhill;
- the introduction of a 5.00 a.m. bus to the Royal Infirmary
- 2 buggies on buses when previously none were allowed.

All actions were being taken with the intention of improving the quality of bus services.

4) Hospital Based Public Transport Information

More and more information was being produced and made available on hospital sites on public transport to and from hospitals. NHS Greater Glasgow and Clyde was about to introduce 60 Public Transport Information Points in acute hospitals.

5) Access For All – Funding for Hyndland Station and Mount Florida

Funds to improve access to hospitals at 5 West of Scotland train stations had been announced. In particular, Mount Florida and Hyndland were to receive funding to become accessible stations. A lift had already been installed at Mount Florida Station. This would benefit the elderly and those with mobility difficulties.

6) Information regarding assistance for older people or people with disabilities in using public transport

In addition to free access to buses for over 60-year-olds – there were concessionary rates for concessionary card holders of 40 pence for train journeys under 10 miles and subway use.

For disabled users there was a scheme to utilise taxis for rail travellers.

The Chair thanked Mr McGrogan for his detailed updated on transport and felt that many of the changes now taking place were because of his involvement and passion for wanting to bring about improvements in transport services for all.

Mrs Hinds asked if steps were being taken to prevent buses idling at bus terminuses. Mr McGrogan said that buses were being monitored on this – including the emission rates and bus companies could lose their licences for systematic abuse of the requirements placed upon them.

Mr Sandeman was pleased to hear of Mr McGrogan's efforts to bring about improvements to transport, especially for the elderly and disabled. Mr McGrogan advised that under the Disability Discrimination Act, by 2014 bus companies would be required to remove inaccessible buses from operation.

NOTED

20. UPDATED MONITORING TEMPLATE

There was submitted by Mr Sandeman an updated Monitoring Report presented within the template agreed by the Group at its March 2008 meeting. In addition, there was additional information in relation to the activity report which had been produced by the Acute Services Division.

The updated Monitoring Report had been completed following a meeting between Mr Sandeman and Ms Jane Grant. It was recognised that the way of recording activity data in 2002/03 and 2007/08 was different.

Mr Sandeman asked the Group to endorse the sending of the Monitoring Report (excluding the first section of narrative) and the Acute Services Division comments to the Cabinet Secretary for Health and Well-being. He felt that this was the Group returning to its original remit.

Mr Calderwood confirmed that the activity data shown in the Monitoring Report was publicly available via the Information Services Division (ISD).

DECIDED:

That Mr Sandeman's Monitoring Report from 2002/03 to 13 October 2008 be endorsed for sending to the Cabinet Secretary for Health and Well-being.

J C Hamilton

21. NORTH MONITORING GROUP MINUTES – 6 JUNE 2008

The Minutes of the North Monitoring Group meeting held on 6 June 2008 was attached for information.

a) **Monitoring Role of Group**

In relation to Minute 13(a) – Monitoring Role of Group – Mr Sandeman drew members' attention to the statement – "Whilst the presentations were both welcome and informative, there was frustration that the Monitoring Group was not fulfilling its monitoring role and there was possibly a need to debate the future role and remit of the Group."

Mr Calderwood advised that the North Monitoring Group debated the Acute Services Strategy and this had included the cancer services and centralisation of cardiothoracic services to the National Golden Jubilee Hospital. Both service changes had been as a result of different consultation processes which had seen services move. There was an

impact at Stobhill on the interventional cardiology services and the removal of CCU beds and this should have been highlighted to the Group earlier than it had been.

b) **Monitoring Report**

In relation to Minute 15 – Monitoring Report – Mr Sandeman asked for information on the projected Accident and Emergency (A&E) attendances for the Royal Infirmary and Southern General Hospital once the Acute Services Review had been completed.

Mr Calderwood advised that the NHS Board approved strategy would see a move from five A&E Departments to two A&E/Trauma Units and three Minor Injuries Units within the city.

The A&E Department at the Royal Infirmary would accommodate the current attendances and approximately 60% of current attendances at Stobhill (in addition to attendances from the Gorbals area).

The A&E Department at the Southern General Hospital would accommodate current attendances; attendances from the Victoria Infirmary and the Western Infirmary (less the Minor Injuries attendances).

The two A&E Departments would be sized with these attendances in mind together with the increases of the last 3 years and the Minor Injuries being provided more locally. Hence the projection of approximately 130,000 attendances per annum at the Royal Infirmary and 140,000 at the Southern General Hospital.

Mr Sandeman asked if he could also receive the post-coded maps which a North Monitoring Group member had requested. Mr Calderwood agreed to provide this information to Mr Sandeman.

R Calderwood

NOTED

22. DRAFT SOUTH MONITORING GROUP ANNUAL REPORT – 2007/08

There was submitted a draft South Monitoring Group Annual Report – 2007/08 for members' comments.

The Chair advised that he was due to meet the Cabinet Secretary for Health and Well-being on 17 November 2008 to discuss the work of the Groups, including the Annual Report. He asked that members contact him direct or via Mr Hamilton if they had any issues they wished him to raise with the Cabinet Secretary.

Members

Mr Sandeman asked the Chair to raise the need to review the remit of the Group. Mrs Hinds raised the issue of the future of the Group beyond the opening of the new ambulatory care hospitals next summer. The Chair agreed to raise these issues and let members know the outcome at the next meeting in December 2008.

Chair

Members agreed to provide Mr Hamilton with any comments on the Annual Report prior to the Chair's meeting with the Cabinet Secretary.

Members

NOTED

14. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 12 December 2008 in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 11.00 a.m.

South Monitoring Group

Surgery & Anaesthetics

Jane Grant

Surgery & Anaesthetics

Comparison 03/04 and 07/08

- General surgery
- Urology
- Endoscopy
- ENT
- Ophthalmology
- Gynaecology
- Anaesthetics and Critical Care

General surgery

	2003/4	2007/8	Variance	% change
IP emergency	4160	3074	-1086	-26.1%
IP Elective	1603	1411	-192	-12%
Day case	419	317	-102	-24.3%
Elective Total	2022	1728	-294	-15%
OP New	5971	5268	-703	-11.8%
OP Return	7185	6763	-422	-5.9%
OP Total	13156	12031	-1125	-8.5%

General surgery

- Change to emergency receiving
- Consultant retiral
- Two consultants on maternity leave
- Direct access to diagnostic procedures
- Introduction of Nurse Led Clinics
- One stop model of care in Breast Services
- National Access Targets

Urology

	2003/4	2007/8	Variance	% change
OP New	1809	1890	+81	+4.5%
OP Return	2010	2336	+326	+16.2%
OP Total	3819	4226	+407	+10.7%

Urology

- Increased service provision within new hospital
- Outpatients and Day case treatments
 - Cystoscopy
 - Day case procedures
 - One stop Haematuria Clinic

Endoscopy

	2003/4	2007/8	Variance	% change
Endoscopy	3874	5526	+1652	+43%

- 9 week diagnostic target
- 2 Nurse Endoscopists
- Routine waiting time currently 8 weeks

ENT Surgery

	2003/4	2007/8	Variance	% Change
Day case	181	203	+22	+12.1%
OP New	4741	4606	-135	-2.8%
OP Return	4017	5062	+1045	+26%
OP Total	8758	9668	+910	+10.4%

ENT Surgery

- Outpatients and day surgery at Victoria
- Direct access for Audiology
- Introduction of Clinical Nurse Practitioners – 400 new patients
- Consultants focussing on patients with complex long term conditions and cancer monitoring

Ophthalmology

	2003/4	2007/8	Variance	% Total
OP New	3038	2471	-567	-18.7%
OP Return	7503	7168	-335	-4.5%
OP Total	10541	9639	-902	-8.6%

Ophthalmology

- Introduction of one stop cataract service
- Introduction of shared care glaucoma service
- Optometry, orthoptist and nurse led clinics
- 700 new patients in 07/08

Orthopaedics

	2003/4	2007/8	Variance	% Change
IP Emergency	2306	2459	+153	+6.6%
IP Elective	744	716	-28	-3.7%
Day case	395	419	+24	+6.1%
Elective Total	1139	1135	-4	-0.3%
OP New	7011	4364	-2647	-37.8%
OP Return	12738	10782	-1956	-15.4%
OP Total	19749	15146	-4603	-23.3%

Orthopaedics

- Trauma has increase 7%
- Small shift from inpatient to Day case activity
- Fracture clinic activity excluded from 07/08 data
- In 2003/04 elective new outpatients was 4577 – change in outpatient activity is -4.7%
- Introduction of Extended Scope AHP Practitioners to support upper limb and knee services
- Introduction of nurse led clinics
- Introduction of Glasgow Back Pain Service – shifting care into the community
- Change to Podiatric Services – patients seen in community and referred direct to surgery
- Significant reduction in waiting times

Gynaecology

	2003/4	2007/8	Variance	% Change
Day case	956	609	-347	-36.3%
OP New	3885	4206	+321	+8.3%
OP Return	4071	4536	+465	+11.4%
OP Total	7956	8742	+786	+9.9%

Gynaecology

- Following centralisation in 2004, day case figures have remained constant over last 3 years
- Service redesign currently underway to allow obstetrics and gynaecological outpatient services to be delivered within new Victoria Hospital
- Outpatients will include:
 - Gynaecological clinics
 - Colposcopy clinics
 - Menopausal clinics
 - One stop post menopausal bleeding clinics
 - Ante and post natal care
- Day surgery in new Victoria Hospital will include:
 - General Gynaecological investigations and treatments
 - Biopsies under local anaesthetic

Pain Services

- Migration of services from Victoria and Southern General into new Victoria
- Redesigned service includes
 - Psychologist
 - Specialist Physiotherapy
 - Clinical Nurse specialist
 - Consultant anaesthetist

Pain Services

		2003/4	2007/8	Variance	% Change
Day cases	VIC	101	117	+16	+15.8%
	SGH	222	234	+12	+5.4%
DC Sub total		323	351	+28	+8.7%
OP New	VIC	325	406	+81	+25%
	SGH	184	330	+146	+79%
OP Sub total		509	736	+28	+8.7%
OP Return	VIC	1955	2158	+203	+10.4%
	SGH	283	659	+376	+132%
Sub total		2238	2817	+579	+25.9%
Total		2747	3553	+806	+29%

Critical Care

- 5 ITU beds and 8 HDU beds in 2002/03
- Nurse Practice Educators employed to implement development pathway for new critical care nurses
- Competency based preceptorship also established to support recruitment and retention of nursing staff
- Dedicated anaesthetists specialising in ITU
- 5 ITU beds and 8 HDU beds in 2008

Theatres

- 2002/03 - 5 Inpatient theatres, 3 Day surgery theatres
- Currently – 5 Inpatient theatres, 2 Day surgery theatres
- Patient pathway redesign has led to movement of patients from day surgery to outpatient treatments

Summary

- Presentation provides an overview of changes within surgery and anaesthetic services from 2003/4 to date
- Outline of the proposed services in the new Victoria Hospital
- Demonstrates the commitment by NHSGG&C to service improvement and the development of services across South Glasgow including the Victoria Hospital